

**Failure is not an option: Learner
Persistence amongst Access to Higher
Education learners on a DipHE/BSc nursing
programme**

Kathryn Hinsliff-Smith

**The University of Nottingham
For the degree of Doctor of Philosophy**

2013

Abstract

Since the late 1990s, the UK Government has a policy to support Widening Participation (WP) measures in UK universities. These measures aimed to increase the demographic and socio-economic profile of the undergraduate student population across all UK universities. The target for these measures includes a focus on mature applicants, women entrants, and ethnic minority representation. Latest data (2010/2011) from the Higher Education Statistics Agency (HESA) indicates by far the largest proportion of full-time entrants to undergraduate places is the 'traditional' 19-year entrant with A level qualifications (288,590). By comparison a further 77,155 entrants are mature, those aged over 21, who have gained a variety of accepted entry qualifications. One such recognised qualification is that of an Access to Higher Education Diploma. The Access programme is usually undertaken by mature students, with no previous qualifications, who after successful completion of a one-year full-time course are then able to apply for an undergraduate course. It is estimated that one in four mature entrants will enter a university course with an Access qualification (HEFCE, 2006).

Against a backdrop of a changing and more diverse student population, a discourse has emerged around the retention of HE students. Current data suggests that one in every twelve undergraduates will leave their university programme in the first year of study (Thomas, 2012a). The attrition of students who have entered university is not only an economic cost to the institution and the individual but is considered a wider social cost. Within the body of work on student retention there is an emerging focus on pre-registration nursing programmes, which were traditionally delivered in nursing schools attached to hospitals but since the 1990s are now delivered in HE institutions. Historically there have been concerns about the levels of student attrition from all nursing programmes and this has continued to the present day with individual Schools of Nursing and the Department of Health trying to address the issues around retaining pre-registration nursing students.

Concerns around student retention have given rise to a prolific and substantive body of work around HE student retention both in the UK and wider afield, with much of this work underpinned by the seminal work of Tinto

(2002, 1993). Studies on student retention agree that understanding and addressing the issues of student retention is complex, with multiple reasons why students leave early. The largest proportion of research undertaken on UK pre-registration nursing programmes has focussed on the reasons why students leave pre-registration nursing programmes rather than what makes them stay. The research questions asked in this thesis are not around student retention, although this phenomenon provides a backdrop to the study, but around learner persistence by mature Access entrants on UK pre-registration nursing programme. This research raises important questions about what is enabling mature entrants to persist on their programme, since data indicates that mature entrants account for 46% of all nursing students who enter pre-registration nursing programmes in the UK.

This study is located in one large UK School of Nursing that attracts over 19% of its student cohort as mature Access entrants. This study follows nine individuals through their second year of a three-year programme to understand their transition, through this mid-point year, as an understanding of the transitions for these mature entrants is currently lacking in the literature. The nine participants were recruited via an electronic survey and were interviewed on three occasions throughout their 2nd year of a DipHE/BSc pre-registration nursing course in order to gain an understanding of their lived experiences as mature Access entrants. Data analysis in this study utilised Glaser and Strauss (1967) classic grounded theory (CGT) methodology.

The findings from this CGT study indicate two phases in the participants' journey enabling them to successfully complete their pre-registration nursing programme: *Phase One - pre entry to university and participant journey towards their current course* and *Phase Two - continued journeys in the first 2 years of nurse training* with 5 main categories metaphorically described as: *'Home Territory', 'No Man's Land', 'I Can See Land', 'Lost Bearings' and 'Wearing the Uniform'*. These metaphor categories describe a journey that is undertaken from when participants left school and made their early career decisions, through to participants exploring opportunities of further study and gaining an Access qualification to participants been accepted onto a DipHE/BSc pre-registration nursing programme.

The study findings indicate that despite the known transition hurdles that result in some student nurses leaving their course early, the nine participants in this study were able to persist successfully on their programme. The study findings suggest that there are significant factors that have enabled these nine mature Access entrants to have a 'persistent' approach. These are the 'Learner Profile', 'On-programme' and 'Environmental' factors and are presented as a framework for a grounded theory of mature learner persistence directly taken from the lived experiences of the nine individuals in this study.

These significant factors for a theory of learner persistence include an overarching 'profile of the learner' that enters a pre-registration programme and includes their entry qualification, age, career aspiration, and previous experience of nursing, whilst 'On-programme' factors aid learners' ability to overcome the transitions into university and the clinical practice requirements of the programme. The skills and experiences gained through obtaining an Access qualification and the preparation for higher-level study are significant factors in enabling the study participants to overcome the difficulties that they experienced over their first two years of their DipHE/BSc programme. An additional factor for their persistence was a strong career motivation, a desire to become a nurse. This career motivation underpinned the reasons why participants choose an Access programme, provided a route into university and enabled them to focus on their DipHE/BSc pre-registration nursing programme.

UK Schools of Nursing who offer pre-registration programmes are required to attract and retain the very best student nurses. This presented theory of mature student learner persistence raises important questions about the policy for selection, recruitment, and retention by all HE providers and policy makers of nurse education. The findings demonstrate how different factors enable learners to persist and recommends that these should be incorporated into the recruitment stage and furthermore how to support learners during the 3-years of a pre-registration nursing programme.

Acknowledgements

My first acknowledgement must go to the nine individuals who during their own transition to university and their pre-registration nursing programme; they gave freely of their time to be interviewed during their second year of study. Without them, this thesis would not exist. Whilst they are pseudonyms in this thesis, they know who they are: Adam, Charles, Emily, Emma, Jane, Judith, Kate, Martha, and Patricia.

It seems strange composing this acknowledgement page some five years after I had an initial meeting with Dr. Peter Gates in The School of Education. This meeting was to discuss an idea about a research topic on mature applicants to university, in particular those that enter with an Access to Higher Education qualification. I am eternally grateful to Peter who provided the support and guidance that enabled me to secure funding for the Masters in Educational Research Methods and then further 3-years of funding from the School of Education. My heartfelt thanks for his continual support, encouragement and the occasional coffee!

My thanks must also be paid to Dr. Marion Leducq, my second supervisor, from the School of Nursing, Midwifery, and Physiotherapy who agreed to 'take me on'. This was despite her heavy work schedule and her new role as Retention Lead for the School. Her clinical experience and guidance on aspects of the curriculum was equally important, as was her support during the last 4-years, thank you.

Having been formally diagnosed as dyslexic, as I commenced my Masters programme, I must acknowledge the continuous support that Christine Carter and in the last year, Annie who provided ongoing advice from the student support centre at Nottingham. They gave me the confidence to overcome any writing difficulties I experienced over the past 5 years, and I would like to thank them for this.

And finally, Ross, Amy, and Molly you were there when I needed you and understood my desire to achieve this dream. Love you.

Abstract

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Abbreviations

AVA	<i>Authorised Validating Authorities</i>
A levels	<i>Advanced Level</i>
BERA	<i>British Educational Research Association</i>
BSc/DipHE	<i>Bachelor of Science/Diploma in Higher Education</i>
BSP	<i>Basic Social Process</i>
BTEC	<i>Business, Technology, and Engineering Council</i>
CGT	<i>Classic Grounded Theory</i>
CINAHL	<i>Cumulative Index to Nursing and Allied Health Literature</i>
CSE	<i>Certificate of Secondary Education</i>
DFEE	<i>Department for Education and Employment</i>
DfES	<i>Department for Education and Skills</i>
DoH	<i>Department of Health</i>
DoN	<i>Division of Nursing</i>
FE	<i>Further Education</i>
FECs	<i>Further Education Colleges</i>
FG	<i>Focus Group</i>
FiF	<i>First in Family</i>
GCSE	<i>General Certificate of Education</i>
GHQ	<i>General Health Questionnaire</i>
GT	<i>Grounded theory</i>
HCAAs	<i>Health Care Assistants</i>
HE	<i>Higher Education</i>
HEA	<i>Higher Education Academy</i>
HEIs	<i>Higher Education Institutions</i>
HEFCE	<i>Higher Education Funding Council for England</i>
HESA	<i>Higher Education Statistics Agency</i>
IAG	<i>Information, Advice, and Guidance</i>
ISS	<i>Interview Score Sheet</i>
NAO	<i>National Audit Office</i>
NHS	<i>National Health Service</i>
NMAS	<i>Nursing and Midwifery Admissions Service</i>
NMC	<i>Nursing and Midwifery Council</i>
NVQ	<i>National Vocational Qualification</i>
O level	<i>Ordinary level</i>

<i>OFFA</i>	<i>Office for Fair Access</i>
<i>ONS</i>	<i>Office for National Statistics</i>
<i>ORM</i>	<i>Online Research methods</i>
<i>OU</i>	<i>Open University</i>
<i>PCs</i>	<i>Personal Computers</i>
<i>PCT</i>	<i>Primary Care Trusts</i>
<i>PHD</i>	<i>Doctor of Philosophy</i>
<i>PGCE</i>	<i>Post Graduate Certificate in Education</i>
<i>QAA</i>	<i>Quality Assurance Agency</i>
<i>QMC</i>	<i>Queens Medical Centre</i>
<i>RCN</i>	<i>Royal College of Nursing</i>
<i>SoE</i>	<i>School of Education</i>
<i>SoN</i>	<i>School of Nursing</i>
<i>SU</i>	<i>Students Union</i>
<i>UCAS</i>	<i>Universities and Colleges Admissions Service</i>
<i>UK</i>	<i>United Kingdom</i>
<i>UKCC</i>	<i>United Kingdom Central Council for Nursing, Midwifery and Health Visiting</i>
<i>US</i>	<i>United States</i>
<i>USA</i>	<i>United States of America</i>
<i>WEA</i>	<i>Workers Education Association</i>
<i>WP</i>	<i>Widening Participation</i>

Prologue: Personal and Professional Context

This section is really about the beginning of how this thesis came to be; it tells how as a 'novice' researcher, my journey ends in submission of this thesis, a thesis I am justly proud of. I hope that telling you my story will help to provide the background and the extent to why I feel passionately and at times empathetic about the journeys that the nine participants in this study have taken in order to pursue their desire; a desire to become a registered nurse. I am pleased to say that as I complete the thesis all nine participants have graduated and are now registered staff nurses; they, like me, are starting a new journey.

Prologue – My journey in the formative school years

I was no different from any other child in my years at primary school, a suburban local primary school in a district of Leeds, a large multicultural City in the North of England. I was educated during the late 1960s at an infant and junior school, which was located on the same school site, then moved at the age of 14 to a large (over 800 pupils) comprehensive school. I enjoyed my formative school years although my memory of my first day at school having just turned five, I wasn't born until August, was crying and feeling that the teacher didn't like me much! I enjoyed these early years at school, or rather I cannot remember, other than my first day that I hated going. By the age of 9 or 10, I was very conscious that spelling was something I did not excel in. I dreaded weekly spelling tests and found no comfort from receiving the lowest grade each week. My consolation was that I was an avid reader something which my father was particularly pleased with as we chose our books from the local library; he was also an avid reader. Looking back at my school reports, other than my poor spelling grades and my average reading age, calculated somehow by the form teacher, there was nothing to indicate that I was anything but an average school kid. It was only when I was about to embark on my Masters, having successfully gained a Postgraduate Certificate in Education (PGCE), a 1st Class BA (Hons) and HND, that I was formally diagnosed as dyslexic.

My parents were what we would term 'working-class'. Once my sister and I started at school, our mother worked as a school dinner lady at a local school, a part-time job she held for over 28 years. My father was a trained tailor and ended his working life as the manager of a High Street man's outfitters. My parents were both brought up in Leeds and were from working class families; my grandfathers were both trained electricians and as a result neither served in the Second World War, whilst my grandmothers were responsible for raising the family. My father was raised in social housing on a large new style estate with four siblings and a stepmother, my maternal grandmother died before I was born. Whilst my mother lived quite the opposite in a detached owned property, my grandfather inherited money to

purchase a house outright in 1957. Therefore, although their home circumstances were different both suburbs were very much working class, with social housing or rented back-to-back terrace houses, which was common in these two suburbs of Leeds. Indeed, for the first three years of my life we lived in a back-to-back although my parents had a mortgage on this property before moving to a larger property in a 'better' area.

It was during my time at the comprehensive school from the age of 14 to 16 that I became aware that I had an opportunity to excel in my schoolwork. In transferring from my primary school and selecting my next school, I remember deliberately choosing one that had a better reputation, it 'wasn't as rough'. This was more a judgment of the type of pupils who were attending rather than the academic standards, which we consider nowadays. I found the level of schoolwork enjoyable and relatively easy, we were 'placed' in specific qualification levels whether that be CSE or O levels and it was clear to me, that once placed, you were not likely to move from one level to another. I was acutely aware, even at this stage, that I had a chance to do well, particularly as the rest of my class was rowdy, raucous and enjoyed tormenting the 'soft' teachers. My school reports upheld the view that I was doing well and I quickly got the nickname of 'Swot', winning the annual prize for achievement three years running. Despite this, I was only destined to be entered for CSE exams. How different perhaps from what we expect in our secondary schools of today whereby pupils are encouraged to strive higher and receive ongoing feedback rather than one page annual report received in the 70s.

It was at the end of my first year in the comprehensive that my life changed; my father died. Looking back on this time, I only took one-day leave from school to attend my father's funeral and then my school life appeared to continue uninterrupted. I distinctly remember no mention made at school, although I did have to take a note asking for a day off! The rest of my formal education was very much about doing the very best, not causing any concerns for my mother who was left to bring up two daughters aged 13 and

10, and thinking about a job when I left school. There was never any mention of continuing my education past 16, the world of work was the accepted norm for my classmates and me. At this time, I was not aware of anyone going to college or staying on in the school 6th form, we were in the wrong set!

Working with mature learners

When interviewing my participants, who have similar stories to tell about their formal education, we were a generation that undertook no formal career planning; our career trajectory was about gaining qualifications and entering the work place. However, I distinctly remember a teacher coming to our home and talking to Mum about what I wanted to do. I wanted to go to college and train to be a baker. I was advised that I was clever than that and I should look for work in an office environment, which I did. This was despite, in the last year of my schooling, attending a local training college for a baking taster programme, one day a week. I have no regrets about this decision as this path has led me to where I am today.

My interest in the aspirations of mature applicants to Higher Education was only to crystallise when I started to work in a large Further Education College (FEC) in Nottingham where I was recruited as a Programme Manager for Leisure and Tourism Programmes. During this time, over 5 years, we developed a range of programmes specifically aimed at mature students, in particular women. I realised that I had a similar story and an understanding about the challenges of undertaking further study, particularly the need to make the transition as smooth as possible whilst being supportive of their needs; I too was a 'mature' student. At the tender age of 28, during the early 1990s, mature students were very much a minority; I left a successful career and entered the world of education undertaking a full-time Higher National Diploma followed by a BA (Hons) in Tourism Business Management, gaining a 1st Class before going into FE teaching.

The journeys that the nine participants in this study tell are not dissimilar to those that I came across during my years of working in the FE sector. Many

of the mature students, a majority of whom were women returners, had unmet aspirations, whether that be to gain different employment opportunities or to improve or gain higher qualifications. For many of the learners I encountered, their stories were inspirational. They had a desire to succeed, they viewed this time as 'time for them', and I saw our role within the college to make this happen for them. Today I still have contact with a few of these inspirational students.

My obvious interest and enjoyment of working with mature students continued with my employment in 2002 at an East Midlands university within a newly formed unit: Widening Participation. This was the period when there was clear political agenda to increase the student population and meet the then Labour Government target for higher education "*50% of 18 - 30 year olds gaining some experience of Higher Education*" (Quinn, 2005) brought about by the recent education reviews (Dearing, 1997, Kennedy, 1997). Higher Education institutions (HEIs) were bidding for funding allocations from Higher Education Funding Council (HEFCE) to support projects and schemes in order to meet the Government targets. The HEFCE 1998 circular (HEFCE, 1998) clearly stated how monies would be used for these WP projects,

to build partnerships with other organisations to widen participation in HE
(Thompson, 2000:127)

At my institution, within the School of Education a 'Widening Participation' (WP) unit was created to develop and manage WP initiatives to help meet university wide WP targets over the next 3 years (2002-2005). This was at a time when, excluding the School of Nursing, undergraduate programmes at this institution attracted just over 3% of its student cohort as mature entrants compared to a UK wide mature student population of 22.6% (HESA, 2002). From these early days of targeted WP work the institution has seen increases in its demographic student profile with Higher Education Statistics Agency (HESA) figures indicating that in 2009/2010 some 14.5% (n=860) was new mature undergraduates enrolled, an 11.5% increase (Higher Education Statistics Agency) (HESA, 2011).

The focus for this thesis is not the changing shape of the UK higher education (HE) sector brought about by WP policy, that understandably has some bearing on the participants' and my own career trajectory, but that of the nine participants and their stories, told I hope as an accurate reflection of their journeys. My aim, in this qualitative study is to tell their story, but as Wolcott (2009) warns, it is not to say that my interpretation is the only one, but it is hoped that readers can make their own interpretations of what was told (Wolcott, 2009).

“It is not histories I am writing, but lives; and in the most glorious deeds there is not always an indication of virtue or vice, indeed a small thing like a phrase or a word often makes a greater revelation of a character than battles where thousands die”

(Life of Alexander/Life of Julius Caesar, Parallel Lives [tr. E. L. Bowe]

Introduction to the thesis chapters

Chapter One, UK pre-registration nursing programmes in the Higher Education sector – an overview sets the scene for this study and describes the context of UK pre-registration nurse education that is established within the Higher Education sector. It is a sector that has undergone many challenges including the introduction of Widening Participation (WP) Policy that has influenced a changing profile of entrants to UK universities, including pre-registration nursing programmes. This changing profile includes mature students and those entering with an Access to Higher Education qualification.

Chapter Two, What is known about the challenges of student retention?: Perspectives from UK Higher Education and pre-registration nursing programmes introduces the concepts of student retention and learner attrition within a UK and wider context of university provision and explores this against work by Tinto (2002, 1993) to provide a framework for this study on learner persistence. The chapter describes the language used within the context of student retention before presenting the challenges and emerging themes faced by UK Schools of Nursing. Two clear themes emerge, student recruitment and programme transitions, and these are presented in more detail to underpin the background to which this study was conducted.

Chapter Three, Methodological framework – Classic Ground Theory (CGT) this chapter introduces the dimensions of CGT (Glaser and Strauss, 1967) and how studies are conducted using this approach as opposed to other GT methods. The chapter then provides a rationale for the use of this methodology in light of the research aims and interest that of learner persistence on a UK pre-registration nursing programme.

Chapter Four, Strategies for data collection provides the methods taken for the recruitment and interviewing of mature, Access entrants as participants for this study. The chapter describes the rationale for the choices made including the online recruitment survey and the individual interviews conducted over a 15-month period. Included is the research timeframe for the data collection during 2009-2010 and discussion on the planning and interview structure for the 27 interviews.

Chapter Five, Resolving a desire to be a nurse is the overarching description of the five metaphor categories that emerged from the analysis of the interview data. The analysis of data identified that for the nine participants there were two phases to their journey towards gaining professional nurse registration. Phase One related their pre-entry journey to their current pre-registration university programme with three metaphor categories identified: *'Home Territory', No Man's Land, 'I Can See Land'*. Phase Two describes the participants' continued journey having secured a place on a pre-registration nursing programme having successfully gained an Access to HE qualification. Two metaphor categories describe this second phase; *'Lost Bearings'* and *'Wearing the Uniform'* with two sub-categories: *Role conflict and Degree of self-doubt*.

Chapter Six, What does this study tell us about learner persistence discusses the findings in light of the current literature and identifies new aspects of learner persistence currently not in the literature on student retention or learner persistence. These include the lack of career planning, limited career decisions taken by participants and the influencing factors of parents despite a strong desire to train to be a nurse earlier in the participants' lives. Despite established frameworks for professional socialization within the nursing profession, for these nine mature entrants there was often a conflict between their mature life skills, previous care experience, and them as student nurses, which this chapter describes in more detail. From the findings, this chapter suggests that significant factors should be considered in order to understand a different dimension of student retention, that of learner persistence.

Chapter Seven, Conclusions, Policy, and Practice Implications. This chapter returns to the three research questions and reviews them in light of the findings from this empirical study. This chapter provides over-arching conclusions about the nature of learner persistence for mature entrants to a pre-registration nursing programme and makes suggestions for a review of current policy for student retention strategies on UK pre-registration nursing programmes, drawing upon the established work within the HE sector. Since pre-registration nursing is driven by professional practice guidelines this

chapter also discusses the implications of the findings for nurse educators and the wider nursing profession. The chapter concludes with an overall study summary.

Chapter One

UK pre-registration nursing programmes in the Higher Education sector – an overview

This first chapter sets out the context for the basis of this thesis. The focus for the study is to explore learner persistence amongst mature students on a pre-registration nursing programme at one UK School of Nursing. However, the context of nurse education has changed over the past 20 years and Schools of Nursing are now established within UK Higher Education universities. The chapter describes changes to the HE sector brought about by a Widening Participation (WP) Policy and increasing number of mature and non-traditional learners. The chapter highlights the challenges that pre-registration face in light of WP policy and the move to university based nurse education.

Study Focus

The focus for this study developed because of my experiences of working with mature learners in two local further education colleges in the East Midlands during the late 1990s. At this time, I was acutely aware that more mature learners were wishing to re-engage in education by attending locally provided courses. These courses enabled them to gain or improve their existing qualifications. The end goal at the time for most of these learners, who were predominately women, was to enter the workplace and to 'establish' themselves.

During this time, there were changes and reforms within university establishments. In particular, after the formation of post 1992 universities, these 'new universities' forged strategic alliances with local further education colleges in order to extend their provision and therefore increase their student population. These contractual arrangements enabled many mature applicants to gain access to their local university and higher-level study, which were previously excluded to them due in part to the entry requirements.

Through my work in Widening Participation at a Russell group university, I saw first-hand the same type of learners, mature men and women, who were working towards gaining entry to university with an Access to HE qualification. During this period, my main role was to encourage, support, and raise aspirations of potential applicants to all universities, pre or post 1992 establishments who had gained such a qualification. It is for these reasons that I am well placed to explore, discuss, and understand the phenomenon of learner persistence since this impinges on both my personal journey and in my professional context as a tutor and teacher.

However, since my role stopped at the 'university gate' I had no indication of how these successful applicants coped with their new environments. Nor did I understand how those entering a pre-registration nursing programme, which is different from 'traditional' university courses, were able to cope with the

multifaceted demands of academic life, clinical practice, and their home life that could include partners, children, other caring responsibilities, and in some cases still making a financial contribution to the household.

Studies demonstrate that retention of students within HEIs is a continual problem (Thomas, 2012b, Yorke, 2012, Jones, 2008a); this is no less a problem within pre-registration programmes, which aim to provide employees within the UK health service (Wray et al., 2010, DoH, 2006a, Trotter and Cove, 2005). The retention of students is both an economic and social concern and one that in the last 10 - 15 years has gained prominence in the literature, although the issue of student retention is not new within nursing programmes and has in fact a concern since the 1930s (Deary et al., 2003). However, my interest lies in those mature students who manage to persist on their pre-registration nursing programmes, particularly as they juggle outside commitments and are the very entrants on whom this study will focus. This is against the backdrop of recent work of a large data set of over 12,000 'early leavers' from university. They reported that mature 'non-traditional' entrants, without recent A levels, from the FE sector are more likely to leave (Rose-Adams, 2012:4).

Reviewing the literature identified there is a paucity of work that explores mature student persistence on pre-registration nurse programmes in the UK. The body of work that does exist and includes mature entrants, explores the issues of student attrition, many within the 1st year of pre-registration training (Fergy et al., 2008, Jones and Johnston, 1997). Therefore, a gap exists for a study that examines mature learner persistence, one that considers the experiences after the 1st year. This is because the 1st year is widely accepted to have a number of known triggers for learners to leave early. These are known as the transitions, relating to: clinical placements, academic, and course requirements, personal and social pressures, and financial constraints.

Therefore, I concluded that for this study, I intended to follow the journeys of nine mature Access entrants across their 2nd academic year on a pre-registration DipHE/BSc nursing programme. This study aims to illuminate the academic and personal aspects and how these two worlds are interwoven as they progress through their second year of training. The questions that I seek to explore involve Access entrants who have passed the university 'gate', completed their first year and are about to embark on their second year of training as they appear to demonstrate learner persistence by overcoming and negotiating the known transitions of the first year experience. Mature Access entrants are an important source of recruits for many university courses none more so than pre-registration nursing programmes in the UK. Data obtained from the study site indicates that over the past 4 academic years (2005/06 – 2008/2009) on average 19% of their recruits enter with an Access to HE qualification, indicating the importance of this group of students to this School of Nursing as provided in Appendix 1. Therefore, I pose three main research questions for this study:

Question One: What are the lived experiences for 'persistent' Access entrants on a pre-registration DipHE/BSc programme?

Question Two: What theory emerges about the nature of 'learner persistence' in the context of higher education nursing programmes?

Question Three: How should a new understanding of learner persistence be reflected in future policy and practice?

In seeking to explore these three research questions, I identified that, whilst the issue of retention has been explored within the field of nurse education and in the wider context of UK Higher Education, few studies discuss the differences and dimensions for learners as Access entrants. In addition, there is a paucity of literature on the successful transition into the second year of pre-registration programmes by this group of mature entrants. Current approaches to understanding mature student retention do not adequately answer the questions raised of exploring learner persistence amongst Access

entrants on pre-registration nursing programmes. Therefore, the aim of this study is to examine learner persistence, and learners who are succeeding rather than leaving or 'dropping-out' from their pre-registration programmes. Since it is understood that reasons for attrition are complex and inconclusive (Orton, 2011, Avis et al., 2009), a focus on those learners who are persevering on programmes may be helpful. This is particularly pertinent in light of the planned curriculum changes, an all graduate entry from September 2013 (Melling, 2011, NMC, 2009) and the overall reduction in commissioned places for student nurses in England (Crombie et al., 2013). For these reasons, it is timely that this study explores how and what enables mature Access entrants to persist on programme. By offering an insight into the lived experiences of a group of 2nd year pre-registration nurses I provide a different perspective on the ongoing debate around levels of student attrition on UK pre-registration nursing programmes.

UK pre-registration nursing programme challenges

In the UK, levels of student nurse attrition from pre-registration programmes continues to cause concerns, not least due to the ageing workforce, reduced commissioned places, increasing financial demands on the NHS and an ageing population (Bowden, 2008, DoH, 2006a, Brodie et al., 2004, Glossop, 2001). The issue of attrition and retention from UK pre-registration nursing is not a new phenomenon. A report by Hutt et al., (1985) reported that around 35% of students who started training actually failed to reach registration in England and Wales (Hutt, 1985). The United Kingdom Central Council for Nursing & Midwifery and Health Visiting (UKCC) (1986) also commissioned a review of training as a response to persistent wastage of pre-registration students to qualify (UKCC, 1986). From this the UKCC recommended that attrition and its understanding was a concern, stating that

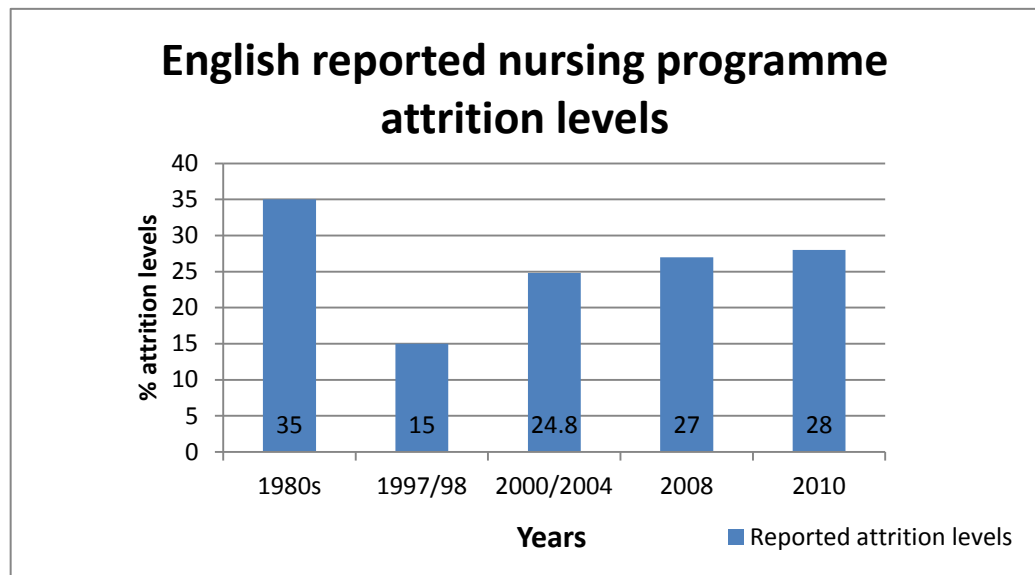
a common definition of attrition.....should be in place across all four countries of the UK (UKCC, 1986).

The UKCC later became the Nursing and Midwifery Council (NMC) who is today the sole body responsible for the registration of nurses and midwives in the UK.

The latest student attrition figures for pre-registration nursing programmes 2010 reports England has a 28% rate compared to Scotland at 30% a reported increase from 2008 of 27% for both England and Scotland (Kendall-Raynor, 2011:14). However, there is some debate about the reliability of data recording student progression, attrition and continuation rates, leading to wide variances in the regions (Crombie et al., 2013). For example London and the South of England report rates of students leaving as high as 30% (Crombie et al., 2013) whereas other institutions report particularly branches of nursing below the accepted 13% DoH attrition threshold (Orton, 2011). Overall, the UK reported rates of student nurse attrition are lower than many other developed countries (Prymachuk et al., 2009) but this phenomenon of student attrition is not limited to a UK context. Studies in the US (Porter, 2008, Jeffreys, 2007b, Rudel, 2006, Shelton, 2003), Europe (Dante et al., 2011, O'Donnell, 2011) and Australia (Birks et al., 2009, Newton et al., 2009) report similar concerns about student nurse attrition.

Graph 1 provides the reported levels of student nurse attrition from pre-registration programmes delivered in England over the past 30 years, indicating that despite good intentions there appears no clear sign that attrition levels are reducing.

Graph One – Reported attrition levels – England



Source: Hutt, 1985, English Nursing Board, 1998, McLaughlin et al., 2008, Kendall-Raynor, 2011* (*for England only)

Notwithstanding that the DoH has an accepted level of 13% attrition from pre-registration programmes delivered in England (Scotland, Wales Ireland have a devolved system for pre-registration nurse education), it is unanimously understood that student attrition not only has a financial impact on institutions but also a wider social impact for those learners that leave early and fail to complete training. It is in the best interests of all stakeholders involved in nurse education to recruit, select and retain the very best candidates for a career in nursing. Indeed in response to the reported higher levels of attrition in Scotland, the Scottish Government have provided additional funding (£5m) to NHS Scotland and the Scottish HEIs to provide an integrated approach to address the issues of student recruitment and retention on their pre-registration nursing and midwifery programmes, such is the level of concern (Sabin et al., 2012).

Whilst it is widely agreed that levels of attrition and measures to address student completion are a priority for Schools of Nursing across the UK, there are other pressures which make this problem more significant. The reduction

in commissioned places generated with workforce planning and centrally funded and then devolved to local health authorities and regions directly affects the funding received by University Schools of Nursing. To illustrate, Table 1 provides the actual commissioned places for all four counties of the UK (England, Ireland, Scotland and Wales).

Table 1 – UK DOH Commissioned places pre-registration nursing

Year	2010/2011	2011/2012	2012/2013
Commissioned places UK	24,800	22,640	21,380

Source: (RCN, 2012:35)

To provide some context to the figures provided in Table 1, in 2006 some 31,500 nurses joined the NMC register, of which over 20,000 were from those who completed their pre-registration training in the UK (Longley et al., 2007:47). Whilst Table 1 shows us that the number of DOH pre-registration commissioned places is reducing year on year, the current demand for registered nurses and the number registering with the NMC is far higher. This has previously been reported and is due to the NHS demand being met by recruiting overseas trained nurses (Humphries et al., 2008).

There are real concerns about the longer term impacts of insufficient numbers of qualified nurses in future decades. Despite the disparities in the commissioned place figures and actual predicted demand within the NHS it illustrates further the importance of retaining as many student nurses as possible and reducing overall levels of student attrition from pre-registration programmes. This is aside from the financial implications of UK Schools of Nursing not meeting their commissioned place targets.

Historical Perspective: Project 2000 nursing scheme

Following the Hutt Report (1985), a new scheme, Project 2000, was launched in 1989. This scheme offered a different model of nursing curriculum away from an apprenticeship style of nursing to nurse education delivered in University settings. By 1997 Project 2000 was fully integrated into higher education offering a 3-year full time pre-registration programme with Diploma or Degree routes and student nurses gained theoretical knowledge and allocated time in clinical practice before achieving their registration to practice.

Project 2000 was viewed as a solution to addressing issues of retention and attrition as well as creating a more diverse student population (Kevern et al., 1999). Prior to this scheme, nurse education was offered in unaffiliated nurse colleges, where the nursing student was employed by the hospital, and where they undertook practical and ward work, living in nursing schools attached to the hospital and gaining registration to practice (registered general nurse, RGN). In essence, what Project 2000 was attempting to address was twofold; the need to reduce 'wastage' and to widen participation in a nursing context. It was reported that Project 2000 did reduce 'wastage' from the reported levels of attrition during the 1980s of 35% to 15% in 1997/1998 (English National Board of Nursing, 1998).

Studies undertaken at the time (Kevern et al., 1999), agreed that Project 2000 did initially reduce attrition levels on UK nursing programmes, but in other respects, the issue of why students were withdrawing was not understood (Kevern et al., 1999, English National Board of Nursing, 1998). More recent studies (Fergy et al., 2008, Mulholland et al., 2008, Glossop, 2001) agree that reporting of attrition rates, ranging from 5% to 30% (Mulholland et al., 2008) presents a confusing and mixed picture of true attrition levels within UK pre-registration programmes. Indeed, a UK survey across all 83 nurse teaching institutions for 2000 – 2004 revealed that of 19,995 student nurses overall attrition rates were 24.8% (i.e. 4,956 dropped out) (McLaughlin et al., 2008). This illustrates the continual problem of

retaining nursing students in spite of changes to the curriculum, methods of delivery, and the move to a university based provider.

A further review in 1999 *Fitness for Practice* was commissioned by UKCC (UKCC, 1999). This review, known as the Peach Report, recommended longer placements in education, and practice to work closer together, in order to address a range of issues including retention, and meet the changing demands by the health service. There is no doubt that applicants arrive at training as well motivated, highly qualified entrants with estimated training costs of £19,370 for a 3-year programme (Mulholland et al., 2008:50). This investment is wasted if entrants withdraw early and fail to gain registration. Unlike many traditional university programmes, due to the vocational nature of the training, new entrants cannot be sourced once programmes start, leaving very few options to fill vacant places.

What is indicated is a persistent and ongoing pattern of over a quarter of nursing students not completing and therefore suggesting a pressing need for a better understanding of the issues surrounding successful retention of all student nurses, although the DoH in their 2006 guidelines on good practice for managing attrition accepts that:

There has always been 'attrition' in the nursing student and midwife population. Indeed, it would be completely inappropriate for a zero attrition rate – human nature being what it is, there are always going to be students who don't reach the prescribed academic standards, who don't possess the necessary clinical competences, whose personal circumstances change or who subsequently decide that they have made the wrong career choice. (DoH, 2006a:8)

For the first time guidelines produced by the DoH (2006), '*Managing Attrition Rates for Nursing student's and Midwives*' charged nurse educators to look at their policy implementation and strategic measures to address the issues of retention and attrition. This direct focus on institutions necessitates the need to understand complex issues of attrition and reasons for student withdrawal

from programmes. Tied with this is the continual pressure to meet targets set by the Governments Widening Participation (WP) Policy and the Department of Health workforce needs. However, despite the desire of policy makers, funders and nurse educators there is still no one accepted measure of attrition, therefore creating anomalies in the recording of true levels of attrition across the UK (O'Donnell, 2011, Urwin et al., 2010, Pryjmachuk et al., 2009, DoH, 2006a) for example, how student interruptions (i.e. for maternity, health or personal reasons) are recorded and learners who transfer to other institutions or courses. This lack of robust data collection, at institutional and national level, results in a mixed and often confusing picture of student retention that clouds the real issues for individuals and nurse educators, although Scotland is now taking a regional approach by considering data across the six institutions who deliver nurse and midwifery education (Sabin et al., 2012).

What research studies indicate is that recruitment and retention of nurses is a national and global concern and is a high priority within nursing research. However, the complexity of the issue cannot be resolved with one solution. A myriad of strategies needs to be examined and implemented at national and local levels. A consideration might be that attrition is inevitable and learners leave for a variety of complex reasons linked to academic, personal, and social reasons or a mixture of all three. Indeed Bowden (2008) considers some elements of attrition to be positive, concluding that students leaving early may be the best outcome (Bowden, 2008:57). However, what the literature indicates is that there has been a research focus on reasons for student withdrawal; but rarely do these studies include the hard to reach learners who have already exited their programme and who may provide a useful perspective on their reasons for non-completion. Likewise little emphasis has been placed on those who succeed, in particular those who despite adversity continue on programme and achieve professional registration. This achievement is the focus for this study; mature learners who enter with an Access to HE qualification, overcoming the academic, personal, and social hardships to succeed.

The UK Widening Participation (WP) Policy

Since the setting for this study is within a university with learners registered on a pre-registration programme, it is important to provide the background to the WP policy and the agenda that this creates within a UK context. Arguably the WP policy creates the single largest impact on the profile of students who successfully enter university.

The UK Governments WP policy became contentious with the recommendations from the Dearing Report (1997) to introduce a tuition fee of £1,000 per academic year. In 2006, these fees were revised as variable tuition fees and subsequently increased from £3,300 in 2010 to a maximum of £9000 per year commencing in 2012 (Wyness, 2011).

Healthcare programmes and pre-registration programmes are not exempt and come under scrutiny from the Government's WP policy since delivery for most programmes is within a university setting. However, the WP policy is not the sole driver of change to recruitment or retention policy within Schools of Nursing. The main stakeholder, the DoH, also drives this. As the main commissioning agent they are therefore holder of the 'purse strings' and the main employer in the healthcare sector. The following section provides an overview of WP, mature student recruitment and pre-registration programmes.

Widening Participation in the beginning

The term Widening Participation (WP) is a term that is often associated with HE provision within the UK, and is used frequently by the UK press, Government Ministers (Denham, 8th April, 2008) and FE & HE staff to describe those efforts to encourage a larger 'take-up' of university places by a wider range of the population. WP may even make specific mention of target groups or minorities, but more recently policy wording mentions 'wider access' rather than targeted specific groups as part of its Government WP pledge (HEFCE, 2010).

WP is not new; in fact as far back as the 1950s there was recognition that something different needed to be offered which would allow others to experience what was an 'elite' system (Thompson, 2000). During the early 1960s it was unusual for working class pupils to proceed into further education after age 16 (Preece, 1999) and even more unlikely for them to enter a so called 'elite' HE sector. Even those that that showed 'promise' were encouraged to sit the local Grammar school entrance test providing 'bright' working class kids with a route into university education and an escape from their working-class roots. During this time, there were still limited choices of HE with only 20 established universities, increasing to 43 during the 1960s, compared to over 170 UK HE institutions now.

The Workers Education Association (WEA), founded in 1903, was one organisation that provided local communities with courses that could offer an opening to other subjects, not necessarily progression to a degree programme, but certainly an insight into the 'establishment' (Thompson, 2000:2). Indeed, the opportunity to gain an insight was viewed as so important that only academics from these 'establishments' could deliver the programmes. Whilst the WEA is still a charity, parallels can be seen between their role and the Government WP policy. The following indicates how the WEA still see its role:

we provide courses for all kinds of adults but we maintain our special mission to provide educational opportunities to adults facing social and economic disadvantage (WEA, 2011)

During the 1990s there were a number of widely publicized reports: Dearing (1997) 'Higher Education in the Learning Society' (Dearing, 1997), Kennedy (1997) 'Learning Works (Kennedy, 1997) and the review by the Department for Education and Science' (1987) White Paper 'Higher Education – Meeting the Challenge' (DES, 1987). Kennedy's (1997) report highlighted the pressing need over the next 20 years to have a workforce with the right skills for a 'knowledge led' society and the key way to create this was through education whether that be pre or post 16 qualifications (Kennedy, 1997). Indeed

forecasters agree that, *"to be economically self-sufficient in the information driven world economy, some form of post-secondary education is essential"* (Kuh et al., 2005:4).

In light of these reviews and the election of a Labour Government in 1997 there were mounting pressures to make key educational changes to the school curriculum and the provision of university education. This was made easier with the Further and Higher Education Act (1992) allowing polytechnics to gain university status, the so called pre- and post- 1992 universities which created a total of 84 universities (Reay et al., 2001). In 1994, twenty of these universities formed the Russell Group, a collaboration of research-focussed institutions. Overall, the Russell Group attracts two thirds of all university research grants in the UK with sixteen institutions in England, two in Scotland, and one each in Wales and Northern Ireland.

In 2000 the first indication of changes to HE were made by the Labour Education and Employment Secretary, David Blunkett in his keynote speech 'Higher Education in the twenty-first century' (Blunkett, 15th February, 2000). This is now viewed as a landmark speech on how the Government viewed the future role of HE in the UK (Thompson, 2000). Blunkett recognised that HE was part of the solution to achieving a global economy. In order to grasp this he viewed the UK as needing to be innovative, to develop new skills whilst creating a sound knowledge base; the role of HE was key to this.

World-class higher education ensures that countries can grow and sustain high skill businesses and attract and retain the most highly skilled people ... (higher education) is at the heart of the productive capacity of the new economy (including the knowledge economy) and the prosperity of our democracy" (Blunkett, 15th February, 2000)

Blunkett (2000) saw HE as the instrument to provide social justice and being able to attend university or take part in it, would create wealth, and improve

life chances. He also used this speech to create a marker that in order to achieve the goals HE institutions needed to change:

A modern higher education sector must be open and inclusive. It must pursue wider social inclusion as an institutional objective. Success must be understood and measured by how far institutions service the population as a whole - and that means people from all social class backgrounds and ethnic groups, and those with disabilities, at whatever stage of their lives. This will mean better access courses and similar initiatives which root higher education in the local community and open up provision to previously excluded groups.....Social justice requires the democratisation of participation in higher education, which, in turn requires reform and modernisation of the sector itself (Blunkett, 15th February, 2000)

This was one of a number of key speeches that indicated that the 'establishment' (HE institutions), under the Labour Government, was not only under review, but, also the nature of HE was to change forever. This was also at a time when Primary Care Trusts (PCTs) were experiencing severe nursing shortages in their workforce. The Government response to this was to pledge 6,000 new nurse education places (DoH, 1999) and to increase the nursing workforce by 20,000 by 2004 (DoH, 2000).

To focus attention on their commitment to a WP policy the Government set a bold target demonstrating their pledge by stating that they intended to:

increase university attendance to 50 per cent of those under 30 by 2010 ... (Quinn, 2005) with at least a percentage point every two years to the academic year 2010/11 (Smith, 2009)

Setting these targets indicated Government recognition that in order to up-skill the workforce and provide more learners with Level 4 qualifications or above (Level 3 is equivalent to A levels and BTEC qualifications), they needed to include a wider age range including those classed as mature, rather than be reliant on a diminishing pool of school leavers, the traditional entrants to undergraduate programmes. However, there was recognition that in order to

attract a wider age range would present some tensions within the HE sector. The Higher Education Minister, Bill Rammell at an OU Students Association conference, demonstrated this in a speech:

We're going to need to get many more mature people into higher education over the next decade.....It's no good expecting large numbers of adults with careers, families or mortgages to behave like 18 year olds and go off to university full-time for three or four years. It is just not going to happen. For most of the 171 higher education institutions in this country the consequences of all that are going to be very challenging. They're going to have to enter what is, for most, very unfamiliar territory. Dealing with older, possibly more demanding and certainly more discerning students. Educating more part-timers, and more students who aren't just part-time, but who undertake most of their learning in their workplace or at home. Coping with a more varied student body, in terms of age, ethnicity, social background, prior qualifications, personal circumstances, and individual aspirations. Embracing closer involvement by students' employers not just in funding higher education, but in designing and delivering it
(Rammell, 2008)

These momentous changes in the nature and scale of UK HE have resulted, in more recent times, in concerns about the 'massification' of the UK HE system (Crosling et al., 2008) replacing the so called 'elite' system of university education (Andreshak, 2001). In order to understand this phenomenon better mass education needs to be understood. Trow (1974) provides one definition:

[Massification] is when the majority of a population (in a country) from the relevant age group participates in higher education. In some countries this is already achieved US, Scotland, Japan (Trow 1974 cited in Thomas, 2008:69)

However, as Andreshak (2001) has highlighted:

While 'mass' in number, an equitable distribution of students from all socio-economic (SES) groups are not yet a reality (Andreshak, 2001)

Academics within universities also questioned the role of the university and the nature of the learning that should take place under this new ethos of university education for all (Andreshak, 2001). Schools of Nursing are not exempt from these trends. Since the mid-1990s when nurse education moved into university settings, they too have undergone a period of transition, first from nurse instructors, to nurse educators, and more recently, nurse researchers (Segrott et al., 2006). As a result, those working in the field of nurse education had to embrace the changing scope of university education and a WP agenda. Such language as "*widening the entry gate*" is what Watson & Thompson (2004) refer to as something entirely different from the language previously used within a context of training nurses (Watson and Thompson, 2004:74). The changing landscape of student recruitment and the role of university education have been driven by the Government agenda on WP and its adoption within the HE sector.

Widening Participation Policy and mature students

A wealth of studies and reports has focused on the UK Government policy to widen participation in the HE sector with particular focus on mature entrants (HESA, 2011, Smith, 2009, Burr, 2008, Jones, 2008b, Greenbank, 2006, Reay, 2003, Stuart, 2002, Thompson, 2000). The focus for these studies has been on issues of social class, gender, age, ethnicity, and cultural context as a growing recognition of the need to accommodate a diverse student population. WP initiatives were initially aimed at encouraging a wider range of applicants who traditionally did not apply to university, including mature learners (Haggis and Pouget, 2002), although now what is termed as 'traditional' in an increasingly diverse student population is debatable (Smith, 2009). To put mature students into context, in 2005/06 approximately 20% of new entrants to HE were aged over 21 and of these 21% were classified as WP entrants with no previous experience of HE or from a low participation neighbourhood (Smith, 2009). The latest HESA figures show that for the 2010/2011 entrants to university 77,155 were classed as mature and 288,590 younger applicants (HESA, 2012). However, for this same cohort of entrants, a higher proportion of mature students failed to progress to their

2nd year with a non-continuation rate of 13.3% compared to 7.2% for younger applicants (HESA, 2012).

The impact of the WP agenda necessitated the need for admissions tutors and universities to look more widely at their potential pool of applicants. This was at a time when projected school leaver numbers, the traditional pool of recruits, were predicted to be decreasing. These changing aspects required educators and those involved in recruitment to review their recruitment and selection policies and practice. This review resulted in a need to look further for potential student nurses, for example mature applicants, European applicants, and current National Health Service (NHS) staff (Steele et al., 2005, Kevern et al., 1999), although nurse education has always attracted mature applicants including those over 21 who come in to nursing with 'life skills'. In addition, UK Schools of Nursing have historically been open to a range of entry criteria for its programmes by offering two routes to registration: diploma and degree.

One such accepted entry qualification is an Access to HE qualification, a qualification aimed at mature applicants who have few or no academic qualifications (QAA, 2009). By actively widening the pool of potential students, nurse education institutions have been recruiting more mature applicants who have undertaken such an accepted entry qualification (QAA, 2008c, Cuthbertson et al., 2004, Coleman, 2002, Glackin and Glackin, 1998). Recruiting mature applicants has enabled Schools of Nursing to meet their targets for WP, in particular the emphasis on 'first in the family' applicants and those meeting social and economic indicators (SES). These indicators are used to fund institutions for their annual Widening Access or WP arrangements as agreed by the newly formed Office for Fair Access (OFFA).

To provide a snap shot of the amounts involved, some £143.5 million was allocated for the 2010/11 academic year (HEFCE, 2010) and a total of £392 million was allocated to institutions between 2001-02 and 2007-08 (Burr,

2008:6). The following Table 2 provides a brief comparison of key institutions for 2010/11 WP allocations.

Table 2 WP allocations for 2010/2011

Institution	Cambridge University	Oxford University	Study Site: East Midlands University	Total allocation for UK institutions
2010/2011 WP financial allocations	£ 419,390	£ 397,170	£ 886,910	£143.5 million

Source: (HEFCE, 2010)

Whilst this Table indicates the extent to which some universities receive considerable sums of money to support WP work, these figures include monies for full-time and part-time students and those classed as disabled. The figures do not provide a breakdown of academic discipline or the nature of the WP activity, but do indicate significant fiscal resources to help deliver a UK WP policy. This policy has received prominence for well over a decade both within the political arena and within UK universities including Schools of Nursing.

The multifaceted aspects of student retention, not least the individual institution dimension and learners' requirements, along with UK WP funding to encourage and support a diverse student population, including those recruited to pre-registration programmes, presents a continual challenge for UK Schools of Nursing. Some of these challenges are no different from those Schools of Nursing in the developed world as they grapple with the complexities of a changing student population, including the demographic profile of its entrants, whilst still maintaining levels of student retention and reducing their levels of attrition (Rich and Nugent, 2010, Burnard et al., 2008, Steele et al., 2005, Cuthbertson et al., 2004). There are increasing pressures on nurse educators to retain pre-registration students, and also to work in tandem with health organisations to retain and offer post-registration

training. However, within the UK, due in part to the financial pressures within the NHS, changing commissioning targets for pre-registration programmes and the continual focus of WP within all UK universities results in a constant and persistent focus on reducing levels of student attrition.

However, the focus has tended not to be on learners who have successfully progressed to university and gained nurse registration, but, rather on those who do not succeed and therefore leave. Since our most valuable asset is our future workforce, institutions need to constantly review how best to support new entrants at the same time as retain a diverse student cohort. This is in addition to meeting strict funding criteria and professional standards of nurse education laid down by the NMC.

Widening Participation and pre-registration nursing programmes

However, there is a crucial difference in funding for healthcare programmes in the UK, in that funding is a direct charge against the DoH budget, whereas non-healthcare students are funded by HEFCE. The DoH is the 'paymaster' as it sets commissions based on its future workforce planning, and funds universities based on acceptable levels of attrition and learner completion and success. Therefore it presents additional challenges for Schools of Nursing and those associated with healthcare education as they are required to meet two exacting funding criteria; DoH and HEFCE, both requiring the very best value for money (NHS, 2010, DoH, 2006a:2). For example, accounting for student registrations at the commencement of the programme by the commissioners, rather than a November cut-off by HEFCE, affects the calculation and funding received by faculties, therefore presenting nurse educators with challenges of ensuring the very best and able candidates are selected from Day one.

Over the past ten years those students who would be classed as non-traditional entrants - women, those over 21, first in the family entrants, ethnic minority entrants, and those with non-traditional entry qualifications -

still account for a large proportion of the student cohort on pre-registration programmes (HESA, 2011). Whilst there is no maximum age limit to enter pre-registration training, latest data indicates that entrants over the age of 26 account for 46% of nursing students in the UK (Longley et al., 2007:48). This age profile is replicated at the study site where both cohorts under study have 56% and 66% of their entrants classed as mature (Slaney, 2012, Division of Nursing, 2010).

Indeed, at the University in this study, between 2005/06 – 2008/09 the average number of Access entrants per cohort was 19% (Appendix 1). These learners make an important contribution to the student population in spite of what would appear at face value to be great difficulties: marginal incomes, low self-esteem, and academic confidence, juggling responsibilities and negative educational experiences at school (Hinsliff-Smith et al., 2012). They are also viewed, by some, as crucial to the Government's HE Agenda (Smith, 2009, 2008, Greenbank, 2006). I would concur with this as evidence suggests that there is already a diminishing pool of school leavers (Bekhradnia and Bailey, 2008) and for many mature applicants a university experience is a 'second chance' and therefore they are more likely to stay and succeed.

Within university health care divisions, there has been a need to review policy in order to reflect the WP Agenda (NHS, 2010), Government reviews (DoH, 2006a, DoH, 2006b) and the planned changes to the nursing curriculum agreed by the NMC (NMC, 2009, 2007, 2004). In addition, studies have been conducted which have focused on specific aspects of recruitment on pre-registration programmes as nurse educators have identified this as a key aspect to their retention policy (Taylor et al., 2010, Urwin et al., 2010).

While pre-registration learners could be classed as successes in meeting the Government's policy, their story ends once they successfully gain access to HE (Reay et al., 2001). It could be argued that WP is not just about increasing the number of underrepresented groups, but also about providing appropriate support which is embedded in the curriculum throughout their

course (Cameron et al., 2011, Haggis and Pouget, 2002). Without doubt, pre-registration training requires candidates to face exacting demands including academic demands at a Diploma or Degree level and the vocational demands of patient care involving placements and shift work.

Whilst studies have been conducted on HE interventions, in particular with younger non-traditional students (Thomas and May, 2010, Byrom, 2008, Heist, 2005, Houghton, 2005), few have been in a pre-registration nurse education context. Those studies that have dealt with the pre-registration nurses report on aspects of attrition rates (McLaughlin et al., 2008, Jeffreys, 2007a, Steele et al., 2005, Kevern et al., 1999), applicant support needs (Steele et al., 2005, Kevern and Webb, 2004), and the demands of curriculum and practical requirements (Cuthbertson et al., 2004, Glackin and Glackin, 1998). These studies all add something to the debate by sharing good practice on the current recruitment and retention policy within UK nurse education.

Therefore, in the light of the policy drivers, it is surprising that there exists no explicit cohesive strategy for mature learners or indeed Access learners who represent a large proportion of the student cohort. Interestingly, at the same time, recruitment initiatives and marketing identify the potential recruitment of mature learners to the profession. Indeed a discussion paper, 'The future nurse: the future for nurse education' (RCN, 2004a), highlights concerns for recruitment and retention in light of the wider WP policy in higher education:

Nurse education has had to meet the challenge of higher education policies to widen access to nurse education and increase the number of nurse graduate programmes. Recruitment of nursing student's to nurse education poses a further challenge because of demographic changes and alternative career opportunities for school leavers (RCN, 2004a)

Access to Higher Education qualification

At first the admission of mature applicants to undergraduate degrees largely increased due to the creation of the Open University (OU) in 1969. Many

mature applicants lacked the traditional entry route qualifications but wished to gain access to traditional universities. They found a mixed response particularly in meeting the requirements imposed on younger applicants by traditional universities. Access courses developed during the 1970s and 1980s across England, Wales, and Northern Ireland (Hayes et al., 1997) provided a means of entry. During this time, the focus was not on a nationwide widening participation, as we might consider it today, but rather programmes were seen as filling a need to provide a route to university. The course attracted women and those lacking any formal qualifications, for example, unskilled workers. Today the gender split is still heavily skewed with women accounting for 72% of learner registrations (QAA, 2011). The intention was to develop specific subject based knowledge and study skills required at higher-level learning. Diamond (1999), as an Access practitioner who delivered these programmes, discusses its early role:

The provision could be designed to meet local needs and be responsive to the expertise of staff and the local communities in which provision was based. It allowed Access programmes, linked to local HE institutions, or be separate from them. It allowed for varieties in the organisation of the curriculum and for experimentation in the way programmes were constructed. In particular, it specifically rejected the conventional A level approach to teaching and learning. In those early days, part of the dialogue between Access practitioners focused on the extent to which Access was a means to effect change within HE itself (Diamond, 1999:186)

Preece et al., (1998) also identified that Access programmes had key features, namely targeting underrepresented groups in HE and collaboration between further and HE whilst offering a clear progression route (Preece et al., 1998). The Government agenda in 1997 indicates similar parallels:

Our priority is to reach and include those who have been under-represented in higher education. They include people with disabilities and young people from semi-skilled and unskilled family backgrounds and from poorer localities (Knowles, 2000:16)

Today, the Access course is still unique in that its sole purpose is to provide the necessary skills for learners to apply and gain entry to university, and is marketed at mature applicants who may hold no previous qualifications (QAA, 2009). Quality Assurance Agency for HE (QAA) is responsible for overseeing a network of authorised validating agencies (AVAs) in England, Wales, and Northern Ireland. There are approximately 350 providers of Access to HE programmes of which over 80% are delivered in further education colleges (FECs) (McLaren, 2008). The aim of this system is:

to promote public confidence in Access to HE as a properly regulated and respected route into higher education (QAA, 2008b).

In 1994, according to data produced by the Higher Education Quality Council (HEQC), there were around 30,000 learners enrolled on more than 1000 different types of Access programmes (Hayes et al., 1997:20) with an estimated 13,000 Access students admitted to HE during the previous year (Hayes et al., 1997:21). Recent statistics produced by QAA (2011) indicate enrolment for all Access programmes is still vibrant despite the introduction of university variable tuition fees in 2006 as shown in Table 3.

Table 3 - Registered Access learners and those successfully progressing to HE 2005 – 2010

Academic year	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Total Access registrations	41,985	37,820	35,275	36,230	39,835
Number accepted to HE	15,060	12,275	12,080	16,690	13,265
Percentage of those that do not progress	65%	68%	66%	54%	67%

Source (QAA, 2011, 2008a, 2008b, McLaren, 2008, 2007, Dentith, 2008)

Table 3 indicates the continued popularity for Access programmes as an accepted means of entry to UK universities, although it only shows those that registered, not those that successfully completed their Access programme. QAA latest figures for 2009/2010 show that of the 39,835 registrations only 26,025 (65%) achieved their Access to HE qualification enabling them to apply to university and an even smaller number, 13,265, of these learners were offered a place on a HE programme (QAA, 2011:2). Even so, HEFCE reported that one in four first time mature entrants to full-time UK degree programmes will enter with an Access qualification, indicating the continual importance of these applicants (HEFCE, 2006:3).

The retention and learner success on Access programmes is a separate issue that has received some attention (Dent, 2008, Steele et al., 2005, Reay et al., 2002, Wray, 2000). These studies report similar issues as studies on HE retention: transitional issues, identification of complex coping strategies and social and cultural issues around completing and progressing to university resulting in those registering for an Access programme not completing as anticipated. Table 3 illustrates this further with the high levels of attrition of those starting their Access programme and actually succeeding in gaining entry to a university. The data does not distinguish those who deferred a HE offer, those receiving partial accreditation, or those intending to complete their Access course the following academic year, and only relates to those learners progressing to a full time HE programme, therefore some caution is needed on the perceived high level of attrition for those not progressing to university-level study.

These are familiar themes, recurrent in studies of mature students, who progress to university programmes (Smith, 2009, Smith, 2008, Trotter and Cove, 2005, Reay, 2003, Davies et al., 2002). It is perhaps indicative that many of these studies discuss student retention as an issue, particularly in light of the accepted and well-documented economic and social cost of learner failure (DoH, 2006a, Yorke, 1999). More recent work in Northern Ireland by O'Donnell (2009) reported another aspect of retention; that of

emotional impact for learners who voluntarily withdraw from training (O'Donnell, 2009). What links these studies is the nature of transition to university. It shows for all entrants, including younger applicants, that many will not meet their university aspirations, and leave early. Regardless of how the cost of students learning is measured what is agreed is that it is a "*lost opportunity for the student, university and the wider economy*" (UCAS, 2011:2).

However, the focus for this study is the transition process for Access entrants whilst on their pre-registration programme. Few studies have explored learner persistence and how learners are able to succeed on a programme despite the complex issues that are widely reported, the precursors for learners who subsequently withdraw.

As the student population becomes more diverse with an increasing number of what is termed 'non-traditional' applicants, QAA has recognised the value of Access applicants (QAA, 2009). Due to the grading changes for the new Access Diploma, introduced in 2010, HE admissions staff received guidance on the parity of offers with A level qualifications stating that:

The target group for Access to HE is adults who have been out of education for some time. They will therefore bring life experiences, but may have few or no other formal qualifications. The lack of other recent study experience means that many students will have a steep learning curve in order to achieve the Access to HE Diploma within the usual one-year course.....Even very able students who are achieving high grades.....by the end of the course are not likely to be achieving such grades from the start of the course (QAA, 2009)

During the period that the UK had a Labour government (1997-2010) there was political discourse on the long-term economic and social rewards of a HE experience. This has continued with a UK coalition government and fundamental changes to the tuition fee arrangements for all university places

excluding those funded by the Department of Health (nursing, midwifery, physiotherapy, medicine).

Access courses, and those learners who successfully gain this qualification, could offer a solution to meet the key WP targets of HEIs. Indeed HEFCE in a comprehensive report *Pathways to higher education - Access courses* (HEFCE, 2006) reviewed the progression, achievement and outcomes of students who registered for an Access programme in the academic year 1998-1999 (n=21,716) (HEFCE, 2006:9). In this report, they identified the importance of Access learners to the HE sector:

Given these achievements, we need to consider what potential exists to develop the 'access course' route. Policies are now in place to secure the funding, address the issue of fees and ensure wider recognition of access course qualifications. Together these have the potential to enable access course provision to make an even greater contribution to increasing and widening participation (HEFCE, 2006:4)

Access entrants to pre-registration programmes

Access learners constitute an important source of applicants in the HE system accounting for over 5% of all applicants to UK HE programmes (QAA, 2011) although a small percentage in comparison to 88% who apply as younger entrants (Bekhradnia and Bailey, 2008). Notwithstanding the huge difference in the number of mature applicants, the number of Access applicants and those accepting places has seen a gradual increase, as shown on Table 4.

Table 4 – Access applicants to UK universities via UCAS 2005 – 2011

Academic year	Number of Access applicants to HE programmes via UCAS	Accepted applicants
2010/2011	27,725	19,165
2009/2010	18,215	13,265
2008/2009	25,555	16,690
2007/2008	22,305	12,080
2006/2007	21,410	12,275
2005/2006	22,555	15,060

Source (QAA, 2011, 2008c, 2008a, 2006a, McLaren, 2008, 2007, Dentith, 2008).

Since entrants with an Access qualification account for a large proportion of mature applicants, it is surprising that they have not received more prominence within the literature on student retention. This is despite the mounting pressures to address student retention on nursing and midwifery programmes (NHS, 2010, DoH, 2006a), and more recent interest from nurse educators to form collaborations to encourage sharing of good practice of student retention (Kendall-Raynor, 2011).

The acceptance of a 'third' and viable route to university (Wray, 2000:1), in particular to traditional health related courses such as nursing, midwifery and physiotherapy, has however presented challenges for learners and HEI faculties. The challenges relate to pressures experienced by younger Access students (Haggis and Pouget, 2002), financial pressures (Knowles, 2000) and coping strategies (Cuthbertson et al., 2004, Reay, 2003, 2002).

In other respects, this attention to Access programmes and the successful progression of its learners, presents opportunities for institutions that attract Access entrants, including those on healthcare and pre-registration programmes. Despite the obvious interest in retention of pre-registration learners, very little focus on Access entrants has taken place. Studies have been conducted which have focused on the mature student question, and therefore have included Access learners as an homogenous group (O'Brien et al., 2009, Prymachuk et al., 2009, Fleming and McKee, 2005, Trotter and Cove, 2005). This grouping links mature students only in that they all enter university at a time well beyond their full-time schooling period (Smith, 2009).

Chapter Summary

Student retention within HE is a continual concern and one, which would appear to have no one solution. Indeed student retention on pre-registration nursing programmes has been a concern since the early 1930s when nurse training was delivered outside of a university setting and only came under the auspices of HE during the 1990s.

This first chapter sets out the scene, describing the retention issues within pre-registration nursing programmes and the context of WP within the UK HE sector. Government policy over the past 20 years has increased the number of applicants to university places, including non-traditional learners: mature students, Access entrants, ethnic minorities, and women. What is significant is the number of successful Access applicants who progress to a UK pre-registration programme, some 4,000 learners were reported as accepting places in 2009/2010 (QAA, 2011). The School of Nursing in this study has a significant number of mature entrants to its pre-registration nursing programmes, many with an Access to HE qualification. Evidence suggests that mature entrants are a valuable source of recruits to many UK nursing schools indicating their continued importance to the future nursing profession.

The chapter laid out the historical background of WP within the UK HE sector and described this in relation to mature entrants and pre-registration nursing programmes. Mature students have long been associated with nursing programmes and since the 1990s. However, despite their importance very little evidence exists which considers how these mature entrants with an Access to HE qualification are able to persist. It is important to understand what enables students to stay on programme because levels of student attrition from nursing programmes are not reducing, in fact 2010 data indicated that for England the attrition rate is 28% (Kendall-Raynor, 2011). Such a loss of students is both a financial cost to the institution and also a loss for the individual and a wider social cost. As the pool of traditional younger applicants is set to fall until 2020, Schools of Nursing are more reliant on older applicants. Therefore, the need to understand clearly how mature students are persisting enables important questions to be asked about the current policy and practice adopted by Schools of Nursing for their recruitment, selection, and overall retention strategies in the future.

Against this background of increasing numbers of non-traditional applicants to UK HE, including pre-registration nursing programmes, there is a continual concern of retaining these students. I believe that despite a dearth of studies that have explored student retention and the reasons for learner attrition, the literature is weak on what is enabling students, in particularly mature students, to persist on their programmes. Ignoring this aspect is a fundamental flaw in tackling student attrition. It is clear that pre-registration nursing students are persisting on programme and indeed gain their professional nurse registration from the Nursing and Midwifery Council within their 3-year programme.

What is currently lacking in the literature is the concept of learner persistence within a pre-registration nursing context. Such a theory would illuminate what is enabling students to overcome the known academic hurdles and the transitions during their training programme, particularly as a focus of student retention, within HE and pre-registration nursing programmes, has been

around the 1st year experience (Avis et al., 2009, Andrew et al., 2008, Yorke and Longden, 2007).

This study, using the narratives of nine pre-registration nursing learners, who entered HE with an Access to HE qualification, provides such an understanding of the lived experiences as they persisted on their 3-year programme.

This first chapter posed three research questions for this qualitative empirical study using a grounded theory methodology in order to understand the lived experiences of mature Access entrants and by doing so what theory emerges from the findings and therefore what does this tell us about current practice and future policy directions for UK Schools of Nursing.

The following chapter will provide a synthesis of the literature within a HE context on student retention followed by a detailed review of the current themes within UK pre-registration nursing programmes.

Chapter Two

What is known about the challenges of student retention?: Perspectives from UK Higher Education and pre-registration nursing programmes

This chapter describes the context of student retention within the UK HE sector and includes an overview of the work by Tinto (2002, 1993) as a useful framework for understanding the complexity of student retention. The chapter describes the evolving language used within student retention and the HE setting.

This chapter provides an overview of the study site and then describes the current literature within UK pre-registration nursing programmes with two clearly emerging themes: Recruitment and Programme Transitions.

Student retention on UK Higher Education programmes

The UK WP policy for higher education has undoubtedly brought changes to the sector. This policy has resulted in a more diverse student population with women alone accounting for a higher percentage of new undergraduates than men, a wider proportion of ethnic minorities (HESA, 2011, 2002) and more young people taking part in specialist WP summer school programmes (Byrom, 2008). However, against this background it is a fact that 1 in 12 UK university students leave their studies in the first year (Thomas, 2012a:14).

Alongside the changing student profile in UK universities there is an extensive body of work that has focussed on student attrition including measures to address growing concerns about retention, in particular, those that are classed as WP entrants or non-traditional entrants. The term non-traditional is used when referring to the type of entrant to UK University programmes and often refers to students who can be classified under one or more of the following in their application to university: age, socio-economic factors, education, ethnicity, and parental employment status. These indicators are used by HEIs who have adopted a WP focus, to indicate students who are non-traditional entrants and came about because of the Labour Governments remit to increase university participation rates to 50% of 18 -30 years olds (Quinn, 2005).

It could be argued that the interest in WP is now concerned with levels of student retention, not just the recruitment to university level study, amongst the targeted groups of non-traditional entrants for whom university level study was seen as a key priority (Thomas, 2008, Yorke and Longden, 2007, Yorke, 1999). With over 10 years Government investment in WP there is evidence that meeting the 50% target for HE participation and progression rates for these targeted groups (mature learners, ethnic minorities, low socio-economic groups) will not be achieved and recent work has focussed on targeted measures to support learners in their transition and subsequent retention in HE (Thomas, 2012b).

In 2007, the National Audit Office (NAO) conducted a review of student retention (NAO, 2007). They reported that whilst the overall picture of retention in England compared favourably with its European neighbours, they urged UK HEIs not to be complacent in their attempts to ensure that all students had the same opportunities to complete their university programmes.

For nurse educators in the UK the issue of student retention within pre-registration nursing programme is not a new concern. Indeed prior to Project 2000 a reported 'drop-out' rate of over 30% was not uncommon on education programmes (Cameron et al., 2011). Whilst the nursing profession will be all-graduate by 2015 (Melling, 2011), there are differing views on the integration of nurse education in to university settings. Whilst some view university based education as a step in the right direction by raising the professional standing of nurses and the foundation of a research culture (Fealy and McNamara, 2007, Longley et al., 2007) others would argue that the nursing curriculum is more concentrated on academic demands rather than nursing skills (Cameron et al., 2011, Taylor et al., 2010). This debate is particularly pertinent in light of two high profile reviews of UK health care, The Francis Report and the Report of the Willis Commission (Francis, 2013, Willis, 2012). Included in these two influential reports are recommendations for fundamental changes to the education of pre-registration nurses, which will no doubt affect Schools of Nursing in the UK and the requirements for students to gain professional nurse registration.

Regardless of the ongoing debate on the educational setting of nurse education, there is an increasing interest in addressing the persistent and nagging problem of pre-registration retention. In the UK, the DoH has an agreed rate of student attrition from healthcare programmes (currently 13%) for which there is a financial penalty and consequences for future commissioned places. Therefore, institutions have foremost a financial interest in addressing their rates of student attrition. This is demonstrated in the growing body of literature, developed over the past 10 - 15 years, that

explores issues prevalent in pre-registration programmes. The problem of student retention is not confined to one institution or country; indeed the US and many European countries report similar concerns about retaining their student nurses.

Whilst the UK HE sector is grappling with the complexity of student retention, a similar focus has been witnessed within the US. Indeed, the US has been at the forefront of measures to address the continual and often challenging position of engaging institutions with the reality that the student body is changing and that puts even more onus on institutions to address levels of attrition.

A number of leading academics (Kuh et al., 2005, Seidman, 2005, Tinto, 2002, 1993, Astin, 1975) have focussed on issues of student retention and college completion. They have considered student retention from a perspective of student success and this aspect is gaining prominence in the UK literature with long-term projects focussing on the diversity and range of interventions that can aid student progression and success (Thomas, 2012b, 2011, Thomas and May, 2010). The seminal work by Tinto (1993) on student retention in US colleges and the issue of student 'drop-out' is still held as a model for the issue of college student retention, and is used as a reference point in many developed countries offering an HE experience, including the UK. The work by Astin (1975), Kuh et al., (2005) and Seidman (2005) have focussed on a wider range of conditions and factors, which might influence the learners' experience in HE. Their work enables a broader picture of student retention demonstrating that the issue of student retention is complex. Student success, which is the over-arching focus for their work shows that, in order for this to occur, there needs to be an understanding of the influences and that these are multivariate and unpredictable affecting the institution as well as the learner (Yorke, 2012, Price, 2009).

Whilst the work by Tinto (2002, 1993) and Seidman (2005) describes a US post-secondary education and issues of student retention their work,

nevertheless they have resonance and practical application to UK HE university issues of student retention, including pre-registration nursing programmes. This is particularly pertinent when HE institutions are seeing increasing pressures to address the levels of student attrition.

Underpinnings of the work by Tinto (2002, 1993)

'Enlightened' HE institutions recognize the importance, both financially and socially, of retaining their students. Tinto (1993) espouses that in order to support learners and create a culture of success there is a need for institutions to create a range of innovations and initiatives that support the 'well being' of university departments, faculty and the university experience for learners (Tinto, 1993). A plethora of reports and studies have been conducted in the UK and USA focused on student retention in Higher Education, and these are now evidenced within pre-registration nursing programmes (Johnson et al., 2009, Kotecha, 2002). Tinto (1993) argues strongly that student retention is not just related to the classroom but a more holistic, university wide view is needed. Indeed studies (Johnson et al., 2009, Last and Fulbrook, 2003, Kotecha, 2002, Lindop, 1991) conducted within UK pre-registration nursing programmes indicate similar views that student retention is not just related to the academic and clinical aspects but to the wider university experience.

In his work, Tinto (1993), refers to the 'longitudinal character' of learners in that many forces are at work as an individual charts his or her path to success in Higher Education (Tinto, 1993:2). It is common that UK institutions base their retention strategies and initiatives on a homogenous student body or one based on specific factors like age or gender. For example, in UK nurse education it is common for all mature applicants, regardless of their age range or circumstances, to be classified together for statistical purposes. A fresh look at this approach may provide evidence why some strategies and policies have not impacted on levels of retention during training. It is not contested that mature applicants have a wide range of life skills that are advantageous to the profession, compared to younger

applicants who enter university. For many older applicants to nurse training they have caring and family commitments, placing different demands on their time. Evidence would show that this requires institutions to be aware of these needs but not to segregate them from the wider student population (Smith, 2009).

Whilst studies within the context of nurse education and learner retention would appear to indicate that entrants with higher levels qualifications are more likely to succeed (McCarey et al., 2007, Wharrad et al., 2003), Tinto (1993) notes that having the necessary skills and academic prowess at school is not the same as required at higher level study. He suggests that entry qualifications are not a good predictor of retention and therefore are not a good and sound measure for whether a learner will be persistent in their study. However, he does suggest that where an entry qualification directly relates to a career choice then this could in itself be a useful indicator (Tinto, 1993:38). For example in the UK, an Access to HE qualification attracts many mature applicants wishing to pursue a higher education experience, including a professionally recognized qualification or registration. Gaining such an entry qualification, as a direct route into a profession, may be more powerful, in terms of retaining learners than gaining a traditional and often non-specific A level. There is currently very little discourse about this very aspect of entry qualifications either within the context of pre-registration nursing or within UK HE and this needs addressing.

It is agreed that students withdraw either because of academic performance, and are asked to leave, or withdraw voluntarily. Tinto (1993) argues that whatever the reason, the outcome derives from the student not willing to engage or commit to learning, referring to learners not "*apply (ing) their talents to the attainment desired goals*" (Tinto, 1993:42) and referring to two types of commitment: social commitment and institutional commitment. Learners who have an institutional commitment may be driven by the desire to achieve at an elite or prestigious university, for example Ivy League institutions in the US and Russell Group universities in the UK. Learners may

perceive that such universities will lead to greater job prospects, career enhancement and thus are more inclined to persist with their goal and not dropout. This current study of nine mature pre-registration nursing students is based at a Russell Group institution and therefore it was interesting to see how their choices of HE establishment were developed and if indeed, as Tinto (1993) suggests, the participants' persistence is in some way a reflection of their end career goals.

In his early work, Tinto (1993) reported that withdrawals were higher for married women than their male counterparts. Exploring this element further, he cites the importance that faculty activities and social aspects of university life can have on learner persistence. The opportunity for learners to engage with other aspects of university life can play an important role in learners feeling part of an institution and thus helping to develop their persistence in 'staying the course'. Indeed, a recent large scale study across 22 UK higher education institutions and 7 projects reported an overarching feature of students staying on programme was:

Students having a strong sense of belonging in HE, which is the result of engagement (Thomas, 2012a:12)

Recent work by Thomas (2012) emphasizes further the need for institutions to consider all aspects of the student experience rather than just the academic requirements of programmes (Thomas, 2012a), something that Tinto (2002, 1993) strongly advocates in his work. The dichotomy for mature applicants is the opportunity for them to engage in such activities while they have other commitments i.e. family, work, commuting issues. Unlike traditional HE courses, all UK pre-registration nursing programmes are delivered to meet professional requirements and the need for 50% practice, often following shift patterns, and 50% learning makes it more complex and difficult for these students to access the traditional student 'activities' (i.e. sports facilities, SU groups).

Within this growing body of work on student retention, spearheaded by the work by Astin (1975, 2005), Seidman (2005) and Tinto (2002, 1993), a new language emerged with terms used to describe and demonstrate what was occurring with the context of student retention, learner attrition and learner persistence. In addition, in the UK words were used to describe different types of WP learners and they became classified according to these terms, such as non-traditional entrant, first in family or first generation learner and for those learners who left prematurely they were classified as 'drop-outs'. Although more recently, in the UK, the term 'early leaver' is used for those that leave a university course early as it is felt to be less emotive than 'drop-out' which implies a sense of failure which from the learners' perspective may not be the case (UCAS, 2011).

Additionally, the literature on UK student retention has included a focus on social class and the impact that this may play in the successful progression of learners particularly WP entrants (Lehmann, 2009, Reay et al., 2009, 2003, Greenbank, 2006).

Language in the context of student retention

With the seminal work by Tinto (1993) around college retention and learner attrition there emerged a concept of 'persistence' which drew attention to the ability of learners to continue on their programmes. His work, based on a US model of higher level college education, provided a distinction between the phenomenon of student retention by suggesting that retention relates to a student staying at one institution whereas persistence refers to a student leaving but re-enrolling at another institution (Tinto, 1993). His contention is that this re-enrolment indicates a persistence to stay within the university system (Tinto, 2002, 1993). Likewise, Seidman (2005) also indicates that, when it comes to retention, it is down to the learners themselves by their:

Desires and actions of a student to stay within the system of higher education from beginning through degree completion

(Seidman, 2005:14)

Reason (2009), another noted US academic, along with Berger & Lyon (2005), concur with the view that persistence is about the individual and what the individual aims to gain from obtaining a university or college place:

Retention is an organizational phenomenon – colleges and universities retain students. Persistence on the other hand is an individual phenomenon – students persist to a goal (Reason, 2009:660)
Retention is about the ability of a particular college or university to successfully graduate the students that initially enrolled at their institution (Berger and Lyon, 2005:3)

Regardless of these differences between retention and learner persistence, all agree that the institution cannot be separated from the issue of student retention. Tinto (1993) suggests that studies of student retention enable a broader framework that goes beyond levels of attrition and student withdrawal. What enables a student to persist is a factor requiring further consideration when dealing with learners 'dropping-out' and the levels of attrition on programmes as it might indicate what measures and support may help to reduce the loss to the institution.

Tinto (1993) is also uncomfortable with the term 'drop-out' stating it could be misleading in labeling all student leavers the same (Tinto, 1993:37). As such a term as 'drop-out' does not take into account students that return, transfer to another institution or another course or merely postpone their studies. Although when Tinto (1993) refers to the different types of leavers: institutional and 'system departure', who refers to the term 'drop-outs' for when entrants leave HE altogether (:8). Tinto makes a clear distinction that learners are only true 'drop-outs' when they leave an HE system entirely, although he provides no time frame for this departure or whether this is from voluntary (individual decision) or an institutional request. This further enforces the complexity of student retention and differing opinions on how best to capture a picture for levels of learner attrition.

In the US they have higher rates of attrition for HE (Reason, 2009:659) and their system of education is quite different from the UK and other Western countries. However, there are similarities for measuring retention and persistence. For example, in Sweden, measurement of persistence relates to the period of study rather than the institution, and when a student completes but not necessarily graduates from university. In Australia, on the other hand, the term 'drop-out' relates to those students who leave the system entirely regardless of time (Seidman, 2005:2). Whereas in the UK there is often a discussion about 'completion rates', those that complete their programme until they obtain their qualification within a given time frame and the 'continuation rate' indicating those learners who progress from one year to another (NAO, 2007:5). Tinto (1993) does however reinforce a view that institutions will experience 'natural losses' as a result of their functioning and that the real issue for institutions is to separate this and address other aspects of 'drop-out'. Indeed the policy by the DOH for an accepted level of attrition at a level of 13% from pre-registration nursing programmes in England demonstrates a similar view (DoH, 2006a).

What these definitions for student retention, learner persistence, and attrition demonstrate is that there may be a conflict of interest between funders, institutions, and learners. Due to the current funding arrangements in the UK, the desires of the institution may be to retain the student and therefore receive the full amount of funding, particularly as fiscal penalties exist when SoN exceed the recommended 13% attrition level (Orton, 2011). However, the learner's goal may be very different in that gaining entry and having a university experience may be the goal in itself. Indeed, what an institution may perceive to be a learner 'dropping-out' from university and not succeeding, may be different from the learner's perception of what they gained from the university experience (Quinn et al., 2005). The term 'drop-out' implies that a learner has left a programme but does not indicate if the learner chooses to pursue HE study at a later date, has transferred to another programme or institution. A study by Quinn et al., (2005) interviewed 37 non-traditional learners who had 'dropped-out' from university and reported

that what might be viewed “*as a life disaster for the student*” (Quinn et al., 2005:1) was in fact life changing for the students with them gaining skills, confidence and life experiences (Quinn et al., 2005). This is a view upheld with the Back on Course Report (Rose-Adams, 2012) finding that many students left due to complex reasons and were often reluctant to leave (Rose-Adams, 2012).

Therefore the use of the term ‘drop-out’ is negative and implies a waste (Longden, 2003) which may not accurately reflect the true position from the learner’s point of view about their experiences at university. Perhaps the fact that within nurse education funding there is an allowance for attrition and learners ‘dropping-out’ leading to an assertion that 87% of learners will stay and therefore gain professional nurse registration. However, this is not the case and levels of pre-registration nurse attrition is still causing concerns (Sabin et al., 2012). In addition, there is a paucity of evidence about pre-registration learners who ‘drop-out’ early from their programmes and how they might view their experience in either a positive or negative light (Moseley and Mead, 2008).

Social Class Perspectives in HE

Underpinning the classification of a WP candidate, or non-traditional entrant to university level study is social class and how this aspect might impact on the opportunities for educational attainment. HESA (2009) definition of social class as:

the hierarchical distinctions between individuals or groups in society that divide them into sets based on social or economic status (HESA, 2009)

This distinction of social and economic factors is clearly evidenced in WP literature and Government policy whereby there is a clear distinction to encourage and support learners who either live in neighborhoods of high social deprivation, pupils at schools with low educational achievement levels, or from families with no tradition of progressing to university (Burr, 2008, DFES, 2002). Using these criteria has enabled WP initiatives and resources

to have a systematic approach to targeting these learners who traditionally would not apply to university. Indeed much of the early work by individual universities and AimHigher, a national organisation with a remit to support WP work across the HE sector, was to encourage and raise aspirations amongst young people (18-30), many who had little or no experience of higher education. These individuals were often referred to as first in their family or first generation to attend university and became a focus of WP as evidence indicates that those with no family history of higher-level study are less likely to consider or progress to university study (Lehmann, 2009, Reay et al., 2009, Reay, 2003, Reay et al., 2001).

Formal education and school environment play an important part in the likelihood of pupils gaining the right qualifications often required by elite or prestigious universities (Byrom, 2008). Individuals who live in socially deprived areas of the UK are more likely to attend schools where progression to university is unusual. Such concerns have arisen about the disparity of school attainment in the UK that following a review and recommendations for university admissions (Schwartz, 2004) the UCAS application now ranks information on applicants schooling, in some cases making lower offers based on this data (Schwartz, 2004).

Much work has been conducted on the difficulties and transitions for learners from lower socio-economic classes (Stevenson and Lang, 2010, Reay et al., 2009, HEFCE, 2007). What these studies suggest is that the transition to university for many learners, including those classed as WP, may not be as straightforward, requiring universities to consider a range of strategies to support these learners if they are to improve their rates of retention across the board. Whilst work continues to ensure that institutions provide a positive student experience, the aspect of social class permeates and is often linked to the reasons why learners leave prematurely (Whittaker, 2008). Studies (Yorke and Longden, 2007, Yorke, 1999) using national surveys to investigate reasons for learners withdrawal found that lack of integration and an incompatibility between the student and institution were underlying

reasons for learners 'dropping-out'. This indicates a dissonance between learners and HEI expectations often linked to a lack of cultural capital from those learners from low social classes (Byrom, 2008, Reay et al., 2001). Evidence on HEI transitions, strongly indicates that social class is a factor for students not applying to university, and likewise is suggested as a likely indicator of underlying reasons why students fail to succeed at university (Byrom, 2008, Archer and Yamashita, 2003). This is despite efforts by HEFCE to state clearly that social class should not be a barrier to Higher Education (HEFCE, 2007).

However, against this background of social class and higher education I contest that social class is not an overt factor for applicants rejecting nursing as a career or indeed, why pre-registration nurses leave their programme early. Schools of Nursing, since the 90s, have been established in higher education institutions but their historical foundations (nursing schools and been employed by the NHS) draw me to consider that social class was not a factor for those learners who wished to become nurses. However, the transfer of nursing education into HE may require nurse educators to consider how this 'new' university culture, away from the traditions of nursing, may affect future student retention. Whilst this factor of culture and learners 'fitting in' is well developed within HE (Lehmann, 2009, Reay et al., 2001), it is currently lacking within nurse education (Rolfe, 2011). This is perhaps where there is a clear distinction between HEI traditions and Schools of Nursing and the social class dimension to student recruitment and retention.

The traditions of HE are strongly class related (Jones, 2008b) whereas the nursing school ethos provides a juxtaposition in that they focus on providing vocational and professional training rather than just meeting academic requirements. The professional registration of a nurse is not based on academic principles but of demonstrating competencies of nursing care. It is only with the introduction of an all-graduate nursing profession from 2013 whereby the entry qualifications are more akin to those required on other university degree programmes that qualifications, and therefore the

opportunities to gain the 'right' entry qualifications, may become a factor for younger applicants. Studies on UK pre-registration nursing programmes have to some degree, explored entry qualifications, age, and ethnicity of applicants without making any direct links to social class as seen in the HE literature on student retention.

A reason for this lack of evidence to suggest social class is a feature of pre-registration nursing may be due to the professions attractiveness to older candidates (over 21). Social class is often determined by occupation and status, using National Statistics Socio-Economic Classifications and Social Class (NS-SEC). For younger applicants to university programmes information is gathered about their parent's employment and qualifications, whereas this is more difficult to assess with applicants who are older or classed as independent living. Pre-registration nursing programmes in England attract a high ratio of older applicants, some 46% (Longley et al., 2007), although more recent 2013 data from UCAS fails to include exact information about recruitment to nursing programmes (UCAS, 2013). This is because UCAS, HESA, or the NMC surprisingly do not collect data on the number of mature applicants, their entry qualification, or course outcome collectively, but instead is only available at an individual School of Nursing level. This crucial data may throw new light on whether social class is actually a feature of pre-registration recruitment as is the case within the HE discourse on student retention.

In this thesis, I did explore the nine participant's previous schooling, qualifications, and therefore their social class, as I was interested in their journey before they undertook an Access programme. I found that all but one of the participants (Adam) had school level qualifications with two applying and having been accepted into a nursing programme when they left school (Patricia and Judith). More interesting is that even as older applicants, seven of the nine participants would be classed as first in their family to attend university, (Charles had already attended university training to be a teacher in his home country, and Kate's father had attended university). It is this

lived experience, as Access entrants, on a pre-registration programme that is the basis for this thesis, since studies of pre-registration programmes report that age and candidates entry qualification are the indicators for those that are more likely to progress (McCarey et al., 2007, Wharrad et al., 2003, Kevern et al., 1999) but to which Tinto (1993) argues is not the sole factor for indicating success on programme (Tinto, 1993).

Pre-registration nursing retention at one East Midlands University

This study was conducted at one large School of Nursing situated in the East Midlands, UK. Its academic standing is based on overall excellence in research activity and in the last round of the Research Assessment Exercise (RAE) in 2008 was ranked in the top five of UK universities for nursing and midwifery research. The School is commissioned, by the local work force plan, to provide 530 pre-registration nursing students per academic year, offering programmes at five centres of learning and has over 100 teaching staff for pre and post registration nursing programmes. It is against this backdrop of excellence that I chose to explore learner persistence amongst a group of 2nd year mature Access entrants.

To provide a context to the study, Table 5 provides details about the makeup of entrants for the two cohorts included in this study, which is typical of the profile of entrants to this large School of Nursing. Whilst the intake of mature students represents a high proportion of entrants to nursing programmes at this School, entrants over the age of 26 do represent a growing proportion of entrants to all UK pre-registration nursing programmes at 46% (Longley et al., 2007).

Table 5 – Profile of entrants on the two study cohorts

	Cohort 08/09 September 2009	Cohort 09/01 January 2009
Total cohort	425	373
Access entrants	87 (20% overall)	48 (13% overall)
Number of mature applicants (>21)	238 (56%)	246 (66%)

Source: (Slaney, 2012, Division of Nursing, 2010)

However, Table 5 only illustrates the profile of entrants at the beginning of their three-year programme. Table 6 provides the context of attrition from the same two cohorts against the learner's entry qualification and those that are 'early leavers' at the end of the 3-year programme. It shows that from the September (08/09) cohort 86 learners left prematurely and from January cohort (09/01) 94 learners left: 180 learners who started a programme and failed to gain professional registration.

Table 6 – Rates of attrition per entry qualification per cohort

Entry qualifications	Cohort 08/09	Cohort 09/01
	September 2009	January 2009
	Total withdrawals and % withdrawal per qualification	Total withdrawals and % withdrawal per qualification
A level	18 (23%)	18 (22%)
Access	17 (19.5%)	10 (21%)
BTEC	10 (12.5%)	22 (28%)
GCSE	33 (25%)	29 (29%)
GNVQ	2 (11%)	3 (19%)
NVQ	6 (15%)	12 (22%)
Overall cohort attrition	86 (20%)	94 (25%)

Source: (Slaney, 2012, Division of Nursing, 2010)

The attrition data for these two cohorts, as shown in Table 6, indicates that whilst the levels of attrition are higher than the accepted DOH 13% levy, the actual rate of attrition by Access entrants is lower than A level entry, the traditional route for younger applicants to pre-registration nursing programmes. Further analysis of the attrition data does indicate however a more significant finding that across the 180 'early leavers', 25% (n=45) of these were initially classed as on an 'interruption' to their programme. However, by the end of the 3-year programme these 25% failed to return, and were therefore classed as leaving the course. Interrupting a programme is an accepted pathway for learners who may choose to stop their programme for a variety of reasons, usually maternity or health reasons, but with an intention to return to their programme within one academic year. This alone would indicate that those on 'interruption' are more 'at risk' of not

returning to their programme. This would indicate a need to address these 'at risk' learners since this might indicate a trend not just at this School of Nursing but also across other UK Schools of Nursing, although this aspect was not explored further in this current study.

Of further note, is the higher attrition rate for the January cohort of 25%, although in order to test any significance other cohort data would be required which was not available at the time of completing this thesis. However, even with only two-cohort attrition data it might indicate a pattern whereby mature entrants with an Access qualification have lower rates of attrition than those that enter with other accepted entry qualifications. This is counter to the HESA data that indicates attrition of mature students on Higher Education courses is higher than younger applicants (HESA, 2012). The HESA data, whilst useful, cannot be used as a direct comparison to the two cohort data from the study site because it does not indicate attrition against student's entry qualification or programme of study, which would enable a better judgement, and be more insightful to the issues of mature student retention.

Emerging themes – UK pre-registration nursing student retention

In 2007, I conducted a literature search for a Masters study focusing on retention of learners on pre-registration programmes. The search strategy accessed the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), INTUTE, MEDLINE, psycINFO, PubMed and Science Direct, using initial search terms: pre-registration, nursing, retention, attrition, 'drop-out', and withdrawal. This initial search identified other key search terms that linked to the main theme of student retention: selection and recruitment, academic, and social support, coping strategies, stress, and studies directly indicating a focus on mature students.

The search identified two main themes in relation to the overarching phenomenon of student retention on pre-registration nursing programmes in the UK: student recruitment and programme transitions. Whilst there are

similarities between themes within HE retention and student transitions in HE, within nurse education there is much more of a focus on the recruitment and selection of candidates. One reason for the strong focus may be that nurse educators need to assess and recruit candidates that they believe will achieve professional nurse registration. Studies on student retention have stated that selection and recruitment is paramount to the overall success rate of institutions (McLaughlin et al., 2010, Mooney et al., 2008, Kevern et al., 1999), and therefore this is seen as an important area for improving levels of pre-registration nurse attrition. Although there is a limited evidence base by which recruitment, selection and retention strategies have been developed within a nursing context (Rodgers et al., 2013). Schools of Nursing are required to assess candidates, including their aptitude to the profession, from their application and interview. This is not the norm within traditional HE recruitment practices; most applicants are offered a university place based on their UCAS application alone.

Student Recruitment

In the UK individual Schools of Nursing have a responsibility to produce candidates that are 'fit for practice' (RCN, 2004b) and are required to conduct face to face interviews with all shortlisted candidates. Nurse educators have to consider a myriad of candidate information on which they must base their recruitment decisions, with an individual's academic ability screened through the UCAS application process. This would include applicants who demonstrate that they can progress on their chosen course whilst taking into account a number of other variables, namely age, entry qualifications, experience, personal characteristics, and their disposition to become a professional nurse.

What the literature suggests is that there is no one solution and Schools of Nursing need to consider a range of approaches. Recent studies (Birks et al., 2009, Mulholland et al., 2008, Jeffreys, 2007b, Kevern et al., 1999) using management data held within their universities examined student progression over the period of a nursing programme. These studies reported a link between the characteristics of applicants (age, gender, entry qualifications,

and country of birth) as a predictor for those that were more likely to progress and therefore persist on programme. It suggests that these factors should be utilised within the recruitment process, not as a stand-alone benchmark but in conjunction with other recruitment methods, such as interviews, role-play, and stimulation.

The dimension of age and entry qualifications is further explored against academic achievement (Ofori and Charlton, 2002, Kevern et al., 1999). They indicated that mature applicants, with high-level qualifications, fared better in comparison to younger applicants with lower entry grades, particularly on the common foundation assessments (Ofori and Charlton, 2002, Kevern et al., 1999). These are similar findings to a quantitative study where mature students performed better overall than younger applicants and were more likely to stay (Mulholland et al., 2008). This is significant as recent work has identified that over the past 30 years the average age profile of UK nursing students has increased (Wray et al., 2010).

In the UK, studies (Mulholland et al., 2008, McCarey et al., 2007, Wharrad et al., 2003) have investigated the entry qualifications against the programme outcome of gaining professional registration. These studies, two in the UK (McCarey et al., 2007, Wharrad et al., 2003) and a study in an Italian nursing school, reported learners entering with higher-level qualifications were more likely to remain on programme and suggest that this factor should be taken into account when recruiting applicants. In light of the move in the UK to an all graduate profession by 2015 and changes to the accepted entry qualifications to the nursing degree programmes will require nurse educators to consider age and entry qualifications if levels of retention are to be improved (Melling, 2011, Taylor et al., 2010).

Since all suitable applicants to nursing are interviewed, work has also been conducted on assessing personality and the learner's self-efficacy (psychological attributes) as an indicator of those that are likely to stay on programme (Callwood, 2012, McLaughlin et al., 2008, Deary et al., 2003).

Whilst the outcomes from these limited studies were favourable in indicating those that were more likely to leave, the approach of profiling candidates and assessing nursing attributes at the interview stage are controversial. Since it is widely acknowledged that student retention is a complex issue therefore requiring more than one approach to 'solve' the problem (McLaughlin et al., 2008). However, pre-registration recruitment is both costly in terms of time and resources so measures that enable this process to be effective at identifying and retaining the most suitable candidates can only be a positive outcome for the learner and institution.

Within the domain of recruitment, studies are beginning to identify other aspects that could be effective in the drive to reduce levels of attrition, since it is agreed that it is too simplistic to consider only one reason why students leave programmes early (McLaughlin et al., 2008, Glossop, 2001). Recent Scottish studies (Donaldson et al., 2010, McCallum et al., 2006) report the use of interview score sheets (ISS) in the selection process to assess candidates prior to final selection. In Scotland, where levels of nurse and midwifery attrition are reported to be the highest in the UK (in comparison to Wales, Northern Ireland, and England) (Sabin et al., 2012), they are addressing the issues of attrition with a national strategy funded by NHS Education for Scotland (Rodgers and Stenhouse, 2010).

A study by Donaldson et al., (2010), in Scotland, used ISS across six cohorts on their DipHE/BSc adult branch programme, measuring results against the first year pass rates for all modules. The ISS scored each candidate on a number of factors including communication skills, how the students demonstrated an understanding of nursing, subject knowledge and entry test results. The study concluded that the ISS alone was not a very good predictor of success for those likely to fail, but that this type of approach and the data identified could be useful to provide "*the right support for individualised student need*" (Donaldson et al., 2010:655).

Work has also been conducted in Wales investigating a method to predict those that would 'drop-out' from a pre-registration programme (Moseley and Mead, 2008). The findings and subsequent conclusion are worthy of comment as the study's predictive tool from interview, highlighted those learners who with additional support, could be retained on programme thus reducing the Schools' overall attrition levels. However, the conclusions drawn from the Scottish and Welsh studies would indicate that conducting a selection interview is only one aspect of the recruitment process, and furthermore none of the Scottish studies (Donaldson et al., 2010, McCallum et al., 2006) conducted evaluations of student progression after using ISS, therefore not indicating if ISS made any difference to the longer-term retention of learners. In addition, there is some caution on reliance of the management data systems held by Schools of Nursing for student profile and retention statistics having received criticism in the past (DoH, 2006a).

The literature purports the view that UK HEIs are aware of the significance that pre-entry support, interview selection, and the first year experiences can have on the likely retention of learners (May and Bridger, 2010, Smith, 2008, Yorke and Longden, 2007, Yorke, 1999) and indeed links to extensive work conducted in the US and UK on reducing student attrition (Thomas, 2008, Tinto, 2002, 1993). However, it is only more recently that this has received attention within nurse education, and much more work is required especially in light of the major changes to the pre-registration nursing curriculum from 2013.

What this synthesis of recruitment and selection studies indicates is how this process of gaining the 'right' candidates, not just university students, but those that will gain professional registration, is fraught with difficulties, and it appears that no one solution is solving the issue on UK pre-registration nursing programmes. Without doubt student retention is a complex phenomenon with multivariate influences why students leave their pre-registration programmes earlier than they intend (Glossop, 2001). Whilst work has focussed on the recruitment and selection of candidates there is no

conclusive evidence that the mechanisms successfully retain students. This is not to say that nurse educators should refrain from conducting a variety of means to assess candidates at interview. However, what is currently lacking in the literature is any longitudinal, evaluative, multi-centred work exploring recruitment and selection efforts against learner outcomes. Such work would enable a more accurate picture of whether such measures do reduce student attrition from pre-registration nursing programmes.

The underlying issue for most UK Schools of Nursing is the financial cost attributed to their levels of student attrition and the continual pressures for value for money and accountability. There is clear evidence that nurse educators are aware of the underlying issues that student attrition causes, not least the social and financial costs to the learner but also to the institution. This is demonstrated in the growing number of studies examining, what is perceived to be a crucial starting point in addressing student attrition, the recruitment, and selection of candidates. What is becoming evident in the current discourse of attrition on pre-registration programmes is the student journey or transition. The student journey, starting from day one and through to professional registration is viewed as important since it is now understood to be key in reducing levels of student attrition on UK pre-registration nursing programmes (Andrew et al., 2009, Avis et al., 2009, Mulholland et al., 2008). As witnessed in the work on student retention within UK HE (Thomas, 2012b, Yorke, 2012, Yorke and Longden, 2007) learners successful transition is seen as pivotal in the student's ability to progress and this aspect is gaining some momentum within pre-registration nursing.

Programme Transitions

Within the literature, on pre-registration nursing and student attrition, there is an evidence base for the reasons why learners leave programmes earlier than anticipated. Whilst the reasons students leave pre-registration programmes is not the focus for this thesis, it was a starting point in order to understand the context to which the nine participants entered and how they might overcome difficulties on the programme. The ability of learners to

negotiate the phases of transition on pre-registration programmes has being shown to be a factor in learners success and their retention on programme (Karousou, 2010, Avis et al., 2009).

Studies, in a UK context, have investigated the three broad themes for student withdrawal: personal (Wray et al., 2010, Andrew et al., 2009), academic failure (Prymachuk et al., 2009, Shelton, 2003) and clinical placements (Thomas et al., 2011, Mulholland et al., 2008, Pearcey and Draper, 2008, Burns and Paterson, 2005). The first two themes (personal and academic failure) are familiar and reported in the HE literature (Rose-Adams, 2012, Thomas, 2012a, Yorke and Longden, 2007). What these studies indicate unreservedly, is that learners who 'voluntarily' leave a programme do so for a variety of reasons and it is often difficult to ascertain the true reasons. It is notoriously difficult to discuss with learners who have already decided to 'drop-out' (O'Donnell, 2011, Urwin et al., 2010, Glossop, 2002). The dimension of clinical placements or practice experience is relevant to those programmes where a component of their qualification is assessed in a vocational setting (i.e. social work, teaching, midwifery, nursing, physiotherapy) and studies in these context report similar issues of identifying reasons why learners leave (Cameron et al., 2011, Glossop, 2002). This presents difficulties for institutions, as there are often a number of reasons why learners 'drop-out' with no one solution that can be the panacea to resolve the continual issue of student attrition.

However, while there are some similarities to the issues that learners and institutions face whether delivering pre-registration programmes or other university programmes, there exists two distinct and unique features for pre-registration attrition; the clinical placement (Melincavage, 2011, Thomas et al., 2011, Levett-Jones and Lathlean, 2007) and coping mechanisms used by pre-registration learners (Steele et al., 2005, Evans and Kelly, 2004, Jones and Johnston, 1997). These two aspects appear to be important because it is now accepted that student nurses have to negotiate a number of transitions: into university and into a professional setting, whilst on their compulsory

practice placement (Melling, 2011, Higgins et al., 2010, Avis et al., 2009). These two distinct features appear to be intrinsically linked, learners are required to complete 50% of their training on practice placement and they also need to develop a range of coping mechanisms to 'survive' the rigours of university level study. Therefore, the following provides an overview of the unique context of UK pre-registration nursing and student retention discourse.

Within the arena of student retention, attention has been paid to how learners develop coping strategies (Evans and Kelly, 2004) in addition to the growing body of work on reasons why learners withdraw from programme (Urwin et al., 2010, Last and Fulbrook, 2003). However, these studies stem from an historical perspective of individual stress whilst undertaking nurse training. Early work on nurse training focussed on the patient dimension and how this may induce high levels of stress for the trainee nurse (Sellek, 1982, Parkes, 1980, Birch, 1979) but during this time, and prior to Project 2000, this work was viewed in isolation to the continual concern about student 'wastage' from nurse training and merely detailed how the clinical component of training presented difficulties for learners. It was only with the influential work by Lindop (1991) that the significance of stress, during nurse training, became a consideration for the reasons for the loss of trainees (Lindop, 1991, 1989, 1987). In his early work, Lindop (1987) began to explore levels of stress and the coping strategies adopted by learners and the support provided. Whilst incidents related to all spheres of training, including the academic dimension, he later highlighted how the main instigator of stress, within the clinical setting, were ward staff attitudes to trainees (Lindop, 1989), a worrying aspect that has been reported more recently (Melling, 2011, Evans and Kelly, 2004).

In further work by Lindop (1991), he investigated 413 learners at one education centre in the North West of England, finding similar results to the reasons of stress, mainly from the clinical environment, but he concluded that the same levels of stress were exhibited by those who stayed and from those

who had subsequently left the programme (Lindop, 1991) drawing him to the conclusion that for some learners they were able to adapt and overcome these periods of uncertainty and stress rather than 'burn-out' (Lindop, 1991:119). The work by Lindop (1991, 1989, 1987) and others (Sellek, 1982, Parkes, 1980, Birch, 1979) led the way for work on the correlation between work related stress and an individual's coping strategies used during this time. However, more importantly it began to question how the nursing curriculum should provide support for all trainee nurses in the future, as it began to see a link from these aspects to the emerging literature on reasons for student withdrawal (Last and Fulbrook, 2003).

A study by Jones and Johnston (1997), in Scotland, paid particular attention to the new Diploma programme and they were interested to assess the coping strategies by 1st year student nurses. What they reported was how "*problem focussed coping*" that was adaptable to a variety of incidents enabled learners to remain on programme but were unable to provide any other conclusive evidence of actual strategies for learners, although they did observe that "*offering a few strategies [for learners] such as the provision of information was not enough*" (Jones and Johnston, 1997:481). Whilst elements of stress appear to be an acceptable element of nurse training, and can be a motivating influence (Evans and Kelly, 2004), there appears to be an acceptance that it is more desirable to prepare student nurses with a clear understanding of the demands placed upon them in order for them to develop their own coping strategies (Evans and Kelly, 2004) with the positive result of retaining more learners.

Whilst most of these studies, on stress and coping, have focussed on whole cohorts of student nurses, some attention has been paid to the question of mature entrants (Steele et al., 2005, Cuthbertson et al., 2004, Kevern and Webb, 2004). Whilst these studies did not situate themselves within the context of stress, they were considering what enables learners to continue with the known demands of the nursing programme and the complexity of juggling study and home life. The commonality between these studies

indicates that mature students, who continue on programme, are able to prioritise and organise the different strands and demands on their time, including their 'outside commitments' and have developed a variety of support networks, both inside and outside the HEI (Steele et al., 2005).

Along with Steele et al., (2005), a further study by Glackin and Glackin (1998) examined mature women entrants and reported that the needs and concerns of mature women undertaking nurse training were pertinent to their personal circumstances and related to the pressures and participant conflicts of multiple roles; that of mother, wife, lone parent and/or income provider (Steele et al., 2005, Glackin and Glackin, 1998). These two studies, along with others (McLaughlin et al., 2008, Cuthbertson et al., 2004, Kevern and Webb, 2004, Reay et al., 2002), have identified that for mature nursing students, especially women, there are many hurdles in gaining nurse registration. Reay (2003) conducting a study on twelve working class women attending an Access course found different elements of guilt in their dual role. Their guilt was around their own learning and an "*activity which subtracted time and energy from their maternal responsibilities*" (Reay, 2003:309).

Feelings of guilt and the requirement to 'juggle' a range of demands including academic, clinical and personal were evident in a study of Access entrants on a pre-registration diploma course at one East Midlands university (Hinsliff-Smith, 2008). This study illustrated how feelings of guilt manifested themselves in the language used by the participants, in particular when relating to the care of children and responsibilities passed to young people by the participants (Hinsliff-Smith, 2008).

Prymachuk & Richards (2007) found that nursing students with childcare responsibilities experienced more difficulties with work-life balance than those without caring responsibilities. While this aspect is not surprising, their findings indicate this was more problematic for those with school age children and they were more at 'risk' of stress and thus likely to 'drop-out' of programmes (Prymachuk and Richards, 2007). Childcare and the relative

ease of securing pre-school places compared to after-school provision and holiday cover during the academic year could account for this. The study also indicates personal problems rather than the educational aspects of the programme as an indicator of 'at risk' candidates, suggesting that being a student is not the issue, but the 'outside' aspects are what causes stress (Prymachuk and Richards, 2007). The findings indicate that identifying 'at risk' students earlier could reduce the likelihood of the student leaving due to 'external' pressures.

What the literature presents is a picture of UK pre-registration nurse training acknowledging that student nurses are exposed to academic and clinical environments, but which some students may experience difficulties in the transitions and therefore without help, support and guidance they may 'drop-out'. Whether it be the academic workload, demands on their time or the realities of clinical practice (Edwards et al., 2010), what is abundantly clear is that these are the very reasons cited by those learners leaving prematurely (Deary et al., 2003). Therefore, it is clear that in order to reduce the number of 'early leavers', nurse educators and curriculum planners need to consider these multiple demands, of academic and clinical, on the learners and how they might best support the next tranche of learners as we enter a new phase, the all graduate curriculum.

Chapter summary

What I have presented in this chapter suggests that there are many similar issues around student retention and possible solutions between pre-registration programmes and UK HE programmes. However, there currently exists little evidence that nurse educators are embracing the extant literature around the subjects of student retention and learner attrition from a UK perspective or from a broader viewpoint. There may be two reasons for this.

Until the early 1990s, nurse education was delivered outside of a university setting, and is still closely aligned to the requirements of the professional body, the NMC. Many nurse educators originate from employment within the

NHS rather than an academic career, leading many nurse educators to see themselves foremost as practitioners rather than academics. The expansion of evidence-based practice within the nursing profession has highlighted the need for nurse educators to develop and create a research-based culture. Whilst this predominately involves clinical research there is evidence of an emergent research culture around pre-registration education, including an evidence base for student retention.

Secondly, a fundamental difference for pre-registration programmes is the need to meet professional standards evidenced by students through clinical practice. This very dimension, accounting for 50% of training, necessitates a different strand of student retention that the HE literature lacks. Within the pre-registration literature, it is agreed that the clinical practice is a key transition marker and is reported as a reason often cited for early withdrawal (Thomas et al., 2011).

It is only more recently that work has been undertaken to understand key concepts of student retention and learner attrition within pre-registration education. Conversely, this work is often constructed in isolation of other aspects, like curriculum design, profile of students and course requirements unlike a review of policy and practice for pre-registration training for nurses and midwives in Scotland (Sabin et al., 2012, Rodgers and Stenhouse, 2010). Despite DOH good practice guidelines for student attrition in England, Wales and Ireland (DoH, 2006a) they still lag behind Scotland on implementing good policy and practice across regions or countries. This is surprising bearing in mind that levels of attrition are considered unacceptably high in the rest of the UK too and Schools of Nursing have a financial obligation to meet commissioned places.

This chapter detailed the language used within the context of WP and the UK HE sector in order to elaborate on the developments within the field of student retention. The eminent work by Tinto (2002, 1993), Astin (2005, 1975), and Seidman (2005) articulates that student retention and learner attrition are complex requires comprehensive strategies that consider the

institutional need, student desires and how policy can direct faculties and Schools to achieve these goals.

The chapter identified the importance of mature applicants to pre-registration nursing programmes and their continual presence in HE, despite worrying higher levels of attrition compared to younger applicants (HESA, 2012). Notwithstanding this, the two study cohorts (08/09 and 09/01) illustrate that not only are mature students an important source of recruits to nursing but across these two cohorts, Access entrants are just as likely to persist on programme like younger applicants or those with other comparable entry qualifications (i.e. A levels, BTEC).

The following chapter will describe the methodology framework chosen for this study in order to examine how a group of nine pre-registration mature Access entrants are able to persist on their programme.

Chapter Three

Methodological Framework – Classic

Grounded Theory (CGT)

This chapter describes the methodological framework for this study, that of CGT. The chapter introduces the dimensions of CGT and how studies are conducted using this approach as opposed to other GT approaches. The chapter then provides a rationale for the use of this methodology in light of the research aims and interest; that of learner persistence on a UK pre-registration nursing programmes.

Concepts of grounded theory (GT)

Any Google search using 'grounded theory' will highlight the seminal and highly critically acclaimed work by Glaser & Strauss and their book "*The Discovery of Grounded Theory. Strategies for Qualitative Research*" (Glaser and Strauss, 1967). At this time, this book presented a new methodological approach to developing theories, one based on an inductive approach to data analysis which, generated a substantive theory 'awareness of dying' about deaths in hospital, after receiving a public health grant from the Division of Nursing in the US. This grounded theory continues to be frequently cited within social sciences, yet it is a difficult concept to grasp, particularly as Glaser and Strauss have since independently developed separate GT methods.

This independence, and indeed resentment, on the part of Barney Glaser, is illustrated in letters exchanged between him and Strauss included in the opening chapter of the book '*Emergence vs. Forcing. Basics of Grounded Theory Analysis*' (Glaser, 1992). The disagreement, between Glaser and Strauss, emerged after the first publication of a jointly written book by Strauss and Corbin in 1990 and a second edition in 1998 (Strauss and Corbin, 1998), which Glaser thought disregarded and misinterpreted how the original work was developed (Glaser, 1992:1). Glaser also takes issue with the trend to jargonize the GT vocabulary (Glaser, 2009a). His contention is that later GT texts, in particular, Bryant and Charmaz (2007), jargonize the vocabulary, thus losing the power and the 'grab' of the 'core category' and so, in essence lose its meaning to fit into a qualitative data analytical approach. Therefore, it is not true to a Classic Grounded Theory (CGT) methodology in the way Glaser and Strauss originally conceived it. It was only in the Strauss and Corbin (1998) book that they acknowledge that their approach to GT deviates from the original method published in 1967 (Strauss and Corbin, 1998:10), and in a more recent article Corbin refers to their method as an *Straussian grounded theory* (Corbin, 2007).

In the academic world there is still confusion about the different approaches and styles of GT, which is not helpful and indeed may be daunting for a novice researcher considering using any form of GT (Bryant and Charmaz, 2007:3, Bryman, 2004). Despite this confusion, it remains a prominent methodological framework within the field of nursing, education and business studies, continuing to receive prominence as Glaser continues to expand and write about his CGT methodology (Glaser, 2009a, 2009b, 2008, 1998, 1992, 1978, Glaser and Holton, 2004).

The reasons for the prominence of CGT within the field of nursing may be for a number of reasons. Its early roots in clinical nursing (Glaser and Strauss, 1971, Glaser and Strauss, 1967), and other published studies choosing this approach, involve patients or end users, describing human experiences to uncover different types of phenomenon. Because of this, the data collection methods are more akin to the qualitative tradition and research that uses interviews and questionnaires. However, its application is not only restricted to a qualitative paradigm, as Glaser's own dissertation used quantitative data (Glaser, 2008). I conducted a database search using terms grounded theory + nursing + published post 2000, and identified over 13,000 articles with 8,541 of these listed on the Cumulative Index to Nursing and Allied Health Literature (CINAHL) indicating a wealth of studies that have used this methodology.

Different grounded theory perspectives

As indicated earlier there are different GT methodologies, so prior to selecting the most appropriate GT for this study, it was useful to compare the differences in these methods as shown on Figure 1. There are some common elements between them and ultimately it is a researcher's choice. Hunter et al., (2011) provide a simplified and useful table to illustrate the key differences in order to review the competing approaches and discourses which should be in tune with researcher beliefs and values (Hunter et al., 2011:8).

Figure 1 Comparison of grounded theory methodologies

	Classic (CGT)	Straussian
Identifying the problem	Emergent, no initial literature review	Experience, pragmatism and literature
Conduct of research and developing theory	Laissez-faire theory generation	Paradigm model theory verification
Relationships to participants	Independent	Active
Evaluating theory	Fit, work, relevance and modifiability	Validity, reliability, efficiency and sensitivity
Coding	Open coding Selective coding Theoretical coding	Open coding Axial coding Selective coding

Source (Hunter et al., 2011:8)

This comparison enables a novice researcher to assimilate the differences whilst considering the most appropriate approach based on their research question, researcher style, the phenomenon under study, and their ontological and epistemological stance. As Walker and Myrick (2006) summarise:

It is not the differences that matter so much as the understanding of these differences and the making of informed and knowledgeable choices about what one will do in their research. Perhaps it is more about the researcher and less about the method (Walker and Myrick, 2006:558)

One newer approach not included in Figure 1 is that of constructivist GT (Charmaz, 2006). Whilst this approach has gained interest and application to nursing studies (Licqurish and Seibold, 2011) it was not a consideration for this study. Whilst its main thrust is for a collaborative partnership between the participant(s) and the researcher, two major drawbacks exist for its

application to a PhD study; time and resources for true collaboration, and innovation as a confident new researcher (Hunter et al., 2011:9).

Whilst trying to gain an understanding of the approaches and dimensions between Glaser and Strauss, the sampling methods presented a range of terms that I thought added unnecessary complications. Strauss and Corbin (1998) provide additional procedures for coding; these are axial, and selective and sampling; open sampling, relational and variational sampling (Brackenridge, 2009:116). As a novice researcher, I found the additional complexity of dealing with more new terms confusing and cumbersome. By adding extra layers of what I perceived to be jargon there were more hurdles to jump, all in the hope of securing data that crossed different dimensions, which under a CGT methodology would still provide a thorough and comprehensive view of the participants lived experiences.

Having initially read what I believed to be one grounded theory approach, I realised that there are indeed different grounded theory techniques, all presenting a range of terminology and methods providing theoretical concepts to a grounded theory, all inducted from the data. Having untangled these different approaches and the methodological 'sparring' (Hunter et al., 2011:9), I felt more comfortable with what I perceived to be a less complex and jargon ridden method, CGT. This is the approach presented in their original book (Glaser and Strauss, 1967). However, where there is commonality of meaning, references from a wide range of GT are cited. The choice of CGT is for purely pragmatic reasons.

CGT is a methodological approach whereby the theory is shaped by different stages of coding and by constantly re-visiting the data. The theory presented later in this work will be presented as a reflection of the data I collected during this study, although Glaser & Strauss (1967) warn not 'to beat the reading into intellectual submission' (Glaser and Strauss, 1967:8), but to present the themes as a factual account of the 'life histories' exposed through one to one interviews. My aim is to construct theory from the data collected

based on what I see and hear. CGT enables a new perspective and is more likely to generate insights which are more accurate of the social process and phenomenon (Kenealy, 2008).

To aid understanding, within CGT there are four defined stages in the analysis, as shown in Figure 2. Each of these stages will be described in more details and its application to this study in Chapter 5.

Figure 2 – Four stages of CGT analysis

Stage	Purpose
<i>Codes</i>	Identifying anchors that allow the key points of the data to be gathered
<i>Concepts</i>	Collections of codes of similar content that allows the data to be grouped
<i>Categories</i>	Broad groups of similar concepts that are used to generate a theory
<i>Theory</i>	A collection of explanations that explain the subject of the research

Source: (Holton, 2011b)

What makes grounded theory ‘grounded’?

What makes GT grounded is a question often asked within academic text (Artinian et al., 2009, Bryman, 2004, Stern, 1994). The answer should be because it is ‘grounded’ in the data, although I am aware that this is neither a comprehensive nor a defensible position. Nevertheless to be a grounded study, it has to have something to do with the data, and therefore must be linked to the data and be in context, in this case the lives of the participants. The aim is to answer a social question that stems from the experiences of the study participants. A proposition provided by Schreiber and Stern (2001) is worthy of note as they suggest that grounded theory is more concerned with how participants create and respond to experiences, rather than an

ethnographical approach of exploring what they think or how they perceive their world (Schreiber and Stern, 2001:12). Watson et al., (2008) go further stating:

that whilst there is a difference in the epistemology of these methodologies they are held together by a desire to present a representation of human experience that is grounded in the individual and their subjective interpretation of events and the meaning that it holds
(Watson et al., 2008:5)

In essence, what GT seeks is to explain and predict phenomena, to enable prediction and explanation of behaviours by advancing a theory that is useful in its application, and provides a better perspective on human behaviour. The goal is to generate theory that accounts for a pattern of behaviour which is relevant and problematic for those involved (the participants and/or researcher) (Artinian et al., 2009:93/978). For me, the use of grounded theory provide a non-formulaic construct of how the data is collected and coded which would eventually shape the resultant theory. This is not to say that GT has no guidelines; indeed, there are clear stages to the whole process, from research hunches, methods of data collection, coding, and writing up all of which involve investigators skill to shape the study.

CGT does not do all things, but has a particular niche in qualitative research, although it can be used in a quantitative paradigm and with a mixed method approach (Holton, 2011b). The best way to describe CGT is to think of the researcher's interest and the analytic ideas that emerge, from the phenomena, and therefore lead to asking the question *what is going on here?* (Strauss and Corbin, 1998:114). A grounded theoretical study may begin with a theoretical stance, and remain open to the possibility of *a priori* theories, since for CGT, truth is not discovered, but actively constructed and reconstructed by people in the course of their daily lives (Schreiber and Stern, 2001:44). Such *a priori* theories are not used with a CGT study as they may unduly influence the researcher and therefore the direction of the study

compared to a Straussian approach whereby the literature is sourced and more likelihood of testing existing theories.

Whilst CGT, is viewed as an inductive-deductive approach (Cooney, 2011), it is not inductive in the traditional sense (Olavur, 2008). This is a further aspect where Glaser and Strauss differ. In their original book, Glaser and Strauss (1967), differentiate between inductive and deductive methods and their relation to the data meaning, seeing an inductive approach as:

more trustworthy than logico-deductive theory for the simple reason that the latter often requires forcing of data into categories of dubious relevance to the data's meaning (Glaser and Strauss, 1967:98)

In Strauss's later work with Juliet Corbin (Strauss and Corbin, 1998), there is a move to a deductive model with minimal inductive handling of data, summarised in their statement and calling into question the inductive style evident in CGT:

verifying inductively what we proposed deductively (Strauss and Corbin, 1998:111)

In the CGT process the researcher moves backwards and forwards between theory testing and data collection and analysis (Green and Thorogood, 2009:203). The researcher is conducting the study assumption-free by suspending their theoretical knowledge of the field, partly through the limited literature review stage, and by using a 'constant comparison' of the data. This inductive-deductive cycle is also useful when qualitative studies are scrutinised for rigour, and in CGT, evaluating the presented theory.

Generating substantive theory

The application of CGT is to generate a substantive theory that illustrates and 'fits' better what is happening than an existing theoretical framework, since it is about systematic discovery of theory aiding our understanding of a phenomenon. Glaser & Strauss (1967) noted that:

discovery gives us a theory that 'fits or works' in a substantive or formal area [...] since the theory has been derived from data, not deduced from logical assumptions (Glaser and Strauss, 1967)

This is based on the notion that theory in the social sciences has to cover many bases and predictions, and offers an explanation to advance theory in order to be practical and operational now and in the future (Bryant and Charmaz, 2007:3). We need this connection to explain or predict, otherwise we are just describing (Hage, 1972:3 cited in Strauss and Corbin, 1998:22). Theory is an explanation of phenomenon rather than only a set of findings that add knowledge and make a substantive contribution. Glaser, Strauss and Corbin agree that there are two types of GT to emerge: substantive and formal (Strauss and Corbin, 1998, Glaser and Strauss, 1967).

It is useful at this point to refer to Strauss and Corbin's (1998) understanding of how a GT develops:

It denotes a set of well-developed categories (e.g. themes, concepts) that are systematically inter-related through statements of relationships to form a theoretical framework that explains some relevant social phenomenon. The statement of relationships explain who, where, what etc., (Strauss and Corbin, 1998:22)

Whilst Glaser (2008) would agree with the explanation of what GT theory is, the main differences appear to be in the construction of such a theory, the process a researcher needs to undertake in order to develop a substantive GT.

In their original study of death and dying in US hospitals Glaser and Strauss (1965) presented a substantive theory on the social process of death and dying which enabled them to publish their seminal work on GT (Glaser and Strauss, 1967). Later, in their last joint work, Glaser and Strauss (1971) explored this concept further and presented their formal theory relating to death and dying known as a 'status of passage' (Glaser and Strauss, 1971:177). Whilst they presented two separate theories expanded from the

initial data collected, they agreed that at the study outset a researcher needs to be clear about what is the focus; formal or substantive theory. However, through the study there may be an overlap which requires further development to a formal theory (Glaser and Strauss, 1971:177).

This study of pre-registration mature Access entrants will present a theory about the social phenomenon of learner persistence by individuals who have shared their lived experiences. It aims to contribute to academic knowledge about mature student retention within HE. Its wider remit is to provide a platform on which the academic community can begin to understand better the phenomenon by those experiencing and living it. Substantive theory is grounded in research on one particular substantive area (Glaser and Strauss, 1967:79) the area is learner persistence in pre-registration nurse education. However, the theory developed here has relevance to other contexts and other social perspectives, for example, transitions in HE by any mature applicants.

Justification of a CGT methodology

As this is a CGT study, it did not seek to verify a previous hypothesis, unlike a Straussian approach, but instead built inductively an understanding of the issues, realities, and concerns of the participants. The aim for this study was to gain an understanding of the participants' journeys, and how during these journeys, they were able to persist on programme. Adopting CGT methodology resulted in the identification of concepts and theories not currently widely reported in the literature, which are directly relevant to the lived experiences of the participants in this study. Indeed using the process of CGT identified different aspects of learner persistence that are discussed in detail in Chapter 5. Ultimately, this approach enabled identification of participants' main concern; and how they went about resolving this concern or issue.

In deciding which methodological approach to use, I needed to answer my three research questions:

Question One: What are the lived experiences for 'persistent' Access entrants on a pre-registration DipHE/BSc programme?

Question Two: What theory emerges about the nature of 'learner persistence' in the context of higher education nursing programmes?

Question Three: How should a new understanding of learner persistence be reflected in future policy and practice?

Firstly, I was aware that the use of CGT is one which may provide challenge and may require defending as an acceptable choice (Jones, 2009:23). With an interpretivist view of how individuals construct their world, I had other methodological choices for a qualitative study, notably action research, evaluative research or an ethnographic study. Whilst accepting action research can be a powerful tool for change at a local level, I am not in a teaching role although I am located in a School of Education. In addition, although this study may offer opportunities for professional development of teachers within the nurse education context, this was not my intention at the outset nor my planned career projection (Cohen et al., 2007:297).

Secondly, my three research questions, concerning an interest in the persistence of Access entrants on pre-registration programmes rather than I was intrigued by the lives of the entrants and their ability to stay on programme. The individuals rather than the policy or interventions prompted my curiosity. The use of evaluative research methodology would have been appropriate had I decided to compare entry qualifications entrants and successful outcomes on the pre-registration programme.

Thirdly an ethnographic study was potentially a preferred choice, particularly as it is an approach where people (the participants) are studied in their everyday settings, and the processes by which they give meaning to their world are explored (Anderson-Levitt, 2006). Becoming immersed in the

setting, as an 'insider', was of interest in order to understand the behaviour of these individuals. In addition, the appeal of collecting data via observation, open-ended interviews, and the use of new technologies, such as video analysis and artefacts, such as drawings and photographs, was a consideration.

My underlying contention was that existing concepts and theories might not exist or answer the research question as to what is happening within the participants' lives that is enabling them, as mature entrants, to remain on their programme. Therefore, using CGT, I believe, allowed a choice of data collection tools, one-to-one interviews, focus groups, surveys, or diaries, and the potential to use new technologies. For this CGT study, I initially chose interviews. Therefore, CGT is an appropriate methodological choice as it enables the study to be relevant to those who are 'telling' and 'living' the experience, the participants themselves. CGT provides a closer link to those being studied as the focus is to tell a story of what is happening and to reveal their 'concern' and how this affects their behaviour. CGT focuses on identifying the participants' concern through an inductive approach rather than applying *a priori* theoretical perspective and thereby provides the 'best fit' for the three research questions. CGT, as opposed to other methodological approaches, provides a detailed understanding of a particular phenomenon that affects a group of learners within pre-registration nurse education. The fundamental difference between CGT compared to other inductive approaches is that theory is developed and verified at each stage throughout the study (Schreiber and Stern, 2001:11).

Studies that use CGT aim to present closer resemblance of the situations and real lives of the participants. Understanding the phenomenon of learner persistence will provide an opportunity to address some of the pressing issues which are pertinent to UK pre-registration programmes; changing commissioning targets; all graduate programmes; the WP agenda, and an ageing workforce necessitate the need for levels of attrition to be addressed (Hinsliff-Smith et al., 2012, Cameron et al., 2011).

Reviewing the literature

Added to the personal aspects of methodology choice I also referred to GT literature in nurse education. Schreiber and Stern (2001) conducted a detailed database search using the CINAHL database, a reputed source of literature, and revealed that GT is the second most popular qualitative methodology in clinical nursing research (Schreiber and Stern, 2001:XVi). This search, conducted some 10 years ago, indicates GT is, however, more prominent in clinical studies than in explorations of the experiences of those undertaking pre-registration programmes or end users of clinical services (i.e. the patients). However, what is common in studies using GT is that it is predominately used when there is little or no research in the subject area (Watson et al., 2008), when a positivist paradigm is unable to answer the questions posed, and when an interpretivist approach offers the promise of a different understanding of the research concern.

I conducted a broad literature search from the six widely used databases (psycoINFO, ISI, OVID, CINAHL, and MEDLINE), using search terms 'higher education', and 'learner persistence' and confirmed 136 published articles that used GT methodology. A further search including the term 'pre-registration' provided three relevant studies all conducted in the UK (O'Donnell, 2009, Bowden, 2008, Kotecha, 2002). Whilst studies exist which focus on student retention within pre-registration programmes, only one study is currently published using a GT framework (McLaughlin et al., 2010). This study, located in Northern Ireland, found a plethora of research on student retention but less so on student motivation to enter pre-registration nursing programmes. This recent study, using student essays, reported 'altruism' and 'influence of others' as major finding about motivation to nurse (McLaughlin et al., 2010:404).

A notable difference between the different GT methodologies is the extent of the use of literature prior to or during the collecting of data. The contrasting GT approaches of Glaser (CGT), Strauss (Straussian) and Charmaz (Constructivist) indicates that only a CGT approach is dogmatic in the view

that conducting a focussed and detailed literature review at the commencement of a study may blur a researcher's ability to seek out new emergent theories (Glaser, 2009b, 1998, Glaser and Strauss, 1967). However, as a relatively new researcher, I needed to expand my knowledge of social science theory in addition to the wider field of student retention as required at the early stages of a PhD. Indeed, CGT proponents do appreciate that the conventions of a PhD limit this stand point (Holton, 2011a, Jones, 2009). However, bearing in mind the usual conventions of a UK thesis, the structure of this thesis is different from the usual thesis style due to the standpoint taken that the literature review was indeed conducted in a different and distinct way in order to stay true to a CGT methodological framework.

Yet Schreiber and Stern (2001) who are proponents of CGT suggest it is not wise to dismiss conducting a literature review and stress that doing so can aid the identification and scrutiny of emerging themes and concepts to test the rigour of your theories (Schreiber and Stern, 2001). Indeed this is the approach I chose, conducting an initial 'wide sweep' of the literature in the broad and substantive field of student retention within higher education and pre-registration nursing programmes. This identified a number of concepts relating to mature applicants progressing and succeeding in university, including those undertaking pre-registration programmes. Having conducted a study in 2007-2008 (Hinsliff-Smith, 2008), I already had a breadth of knowledge and an understanding of the field of which three key aspects were dominant: coping strategies, stress and entry characteristics including age, gender and qualification. The second part of the literature review resulted in a more detailed and focussed examination once my coding and initial concepts were forming. Therefore, the initial literature review is incorporated into a Chapter 2 (What is known about the challenges of student retention: Perspectives from UK Higher Education and pre-registration nursing programmes) to provide the context for this study which is focussed on learner persistence but sits within a field of student retention.

Qualitative researchers are often challenged to demonstrate generalizability from their study, and as such are required to demonstrate that the sampling is representative of the population (Bryman, 2004). However, Glaser (1992) warns against the traditional notion of generalizability as the focus for a study, citing that GT '*is a process analysis, not a unit analysis*' (Glaser, 1992:117). Therefore, as a qualitative study 'generalizability' was not a consideration as the focus was on theoretical saturation through the data collection (Bryman, 2004:334, Glaser, 1978). Charmaz (2006) would agree with Glaser that rather than generalizability, a study using GT principles, should aim to provide 'generalizable theoretical statements' (Charmaz, 2006:46). In essence, if the interpretation of the data is to be conceptually sound and broad, it will provide the potential for the theory to be applicable to a range of related contexts, in this case not just pre-registration nurse education.

In order to demonstrate the application to other context it is suggested by Chiovitti & Piran (2003) that the researcher needs to make the context real so that readers can visualise the setting (Chiovitti and Piran, 2003). I would concur with this view although accepting that background context does not result in the theory being automatically transferable to other settings or populations. Therefore, I have interwoven pictures (metaphorically speaking) of the nine participants, with an account of their journey, demographic data, and a description of the setting for this study.

To summarise my justification for CGT, it was an attractive proposition for this study as it enables me to answer two initial questions - *what is going on here?* and *what methodology choice would fit my researcher style?* I am referring here to my theoretical perspective and my ontological and epistemological position. With an interpretivist viewpoint, I was clear that my intention was to frame questions to provide meaning about people who are 'living' the experiences; and to understand their actions as they make sense of the world and their own perceptions of it. This meaning provides the context and motivation for their behaviour. Whilst I accept that, I am making

interpretations based on what 'I see and hear'. These interpretations are based on my own value judgements, constructed from my cultural norms, values and will be discussed in the following chapters.

Theory testing

GT theory does not produce a set of definitive findings or descriptions but instead produces an 'on-going conceptual theory' (Hunter et al., 2011). This CGT study has enabled a conceptual theory directly derived from a single study of a non-homogenous group that of mature Access learners, that can be applied and tested in the wider field of mature entrants to university. In essence, the outcomes and conceptual theories discussed in Chapter 4 indicate and account for the behaviours of a social dimension of mature Access learners that is currently lacking in the literature.

In order to judge the quality of CGT, Glaser and Strauss (1967) presented criteria: fit, work, relevance, and modifiability (Glaser and Strauss, 1967:237-250), with Glaser further stating:

A grounded theory is neither right or wrong, it just has more or less fit, relevance, workability and modifiability (Glaser, 2003:151)

These four criteria provide a useful framework for the assessment of the theory as described by Holton (2008):

Fit – refers to the emergence of conceptual codes and categories from the data rather than the use of preconceived codes or categories from extant theory

Work – refers to the ability of the grounded theory to explain and interpret behaviour in a substantive area and to predict future behaviour

Relevance – refers to the theory's focus on a core concern or process that emerges in a substantive area. Its conceptual grounding in the data indicates the significance and relevance of this core concern or process thereby ensuring its relevance

Modifiability – refers to the theory's ability to be continually modified as new data emerge to produce new categories, properties, or dimensions of

the theory. This living quality of grounded theory ensures its continuing relevance and value to the social world from which it has emerged (Holton, 2008:78)

These four criteria will be revisited and reviewed against the substantive theory presented in the final chapter, and will be the assessment method for testing how this theory relates to the data, and therefore explains the participants' behaviour, whilst explaining the participants' main concern, that of a 'desire to become nurse'. In concluding this study, I will present the relevance to the School of Nursing in which this study is situated, and also the notion of learner persistence and its modifiability to educational settings, particularly those that attract mature applicants.

Working with two supervisors enabled an open and frank discussion on what was emerging from the data, helping me to see 'the wood from the trees'. Both supervisors have extensive knowledge of quantitative and qualitative work but they were initially unfamiliar with the application of this methodology to a PhD study. The advantage was an opportunity to become the 'expert' and 'sales person' in CGT methodology and the processes involved for the application and appropriateness of this methodology to answer my research question. It is recognised by many academics and followers of CGT that the student (novice researcher) climbs a steep learning curve (Holton, 2009). CGT is about a range of processes, however it is stated that the best way to learn how to do it is 'just do it' (Glaser, 2009b, 1998, Green and Thorogood, 2009). Barney Glaser himself applauds the virtues of novice researchers as they tend to bring a freshness and a thirst to be creative, and are open to explore other approaches when the literature does not fit or is not relevant (Glaser, 2009b:1), and to this end I hope I succeed.

Theoretical perspective

In a PhD, there is an expectation that mention will be made of an ontological and epistemological position. Whilst philosophical sources were consulted, I have spent most of my research training aiming to answer this very question,

what is my position? what is my overarching philosophy? I would agree that this is one of the most daunting tasks for a novice researcher, yet one that enables researchers to plan their study (Welford et al., 2011:38). This is particularly perplexing when one realises that one's research question and the paradigm/theoretical perspective leads to a grounded theory methodology in which, according to Glaser & Holton (2004), 'no preoccupation is necessary [.....] ontology and epistemology or interpretation' (Glaser and Holton, 2004:10). This is where there is a conundrum, as some scholars might feel uncomfortable about using such a method which is not underpinned by a grand philosophy, and that in some way it needs to be 'legitimised' (Hernandez, 2008).

Drawing from my beliefs, my value system, and reviewing the choice of methodological framework and the construction of the research questions, enables me to draw conclusions on my philosophical position. My subjective view of sociology is one that aims to add a meaning to individuals 'lived' experiences, believing that they (the participants) shape their world with the many interpretations of their actions by researchers. These interpretations are all valued, adding a different and new dimension to the phenomenon. My interpretivist intention is to view the lives of those who are experiencing the phenomenon and make a valid and new contribution to knowledge.

Ethics

Working with two supervisors, from different disciplines, enabled an open and frank discussion on the different requirements of the School of Education which subscribes to the British Educational Research Association's Revised Ethical Guidelines for Educational Research (BERA, 2007) and School of Nursing (SoN), which subscribes to the Medical School ethics committee guidelines and where my masters research project also received ethical approval. Ethical approval was granted by the School of Education in July 2008.

Having gained ethical approval from the School of Education I requested, via e-mail, permission to conduct research within the SoN, as the proposed participants were registered students within this school. After submitting an outline of the project, a protocol list with timescales, objectives and aims, the Head of School granted permission for the research to be undertaken. Following this, I proceeded to gain ethical approval from the Medical School ethics committee. After a lengthy and protracted procedure, ethical approval was eventually gained in July 2009 after minor amendments to the wording of the 4-page participant information sheet.

In order to feel secure, participants needed to trust that what they shared would not be traceable, particularly as they continued their training for another year. In order to secure their trust, I assured them of their anonymity and provided pseudonyms for all participants. This was also a consideration when deciding to circulate the introductory e-mail via academics, in that students did not feel pressurised to participate just because they had received an invitation from a tutor. In order to mitigate this I ensured that the introductory e-mail explained that their involvement was voluntary and that at any stage they could withdraw from the process, without redress. This was reiterated in the participant consent form, information sheet, and covering letter that were sent as an attachment with this initial e-mail (Appendix 2, 3 and 4). The online survey also stated this clearly and I provided an additional hard copy of the documents when we met for our first interview. After this interview, I forwarded a copy of their signed consent form along with my signature to the participant's home, together with a thank you note for their participation. Since I was hoping to interview them on several occasions, it was important that I assured them of my best intentions.

Prior to gaining ethical approval from the School of Nursing, I also met with the academics who I thought would be able to facilitate the distribution of the introductory e-mail and any follow-up e-mails, in order to provide an overview of the project, details about their involvement and to answer any

questions or concerns. This was made somewhat easier as academics were involved in a preceding study involving pre-registration nurse participants.

Chapter Summary

The aims of this chapter are to provide an overview of the principles of CGT as first presented by Glaser and Strauss (1967) and its relevance and application to this study. The chapter demonstrates how using principles of CGT meets the study aims and research questions by providing an open but detailed framework within which data becomes meaningful and relevant to the participants whilst contributing new knowledge.

Within the context of UK pre-registration nursing programmes, they are facing increasing pressure to address the issue of retention and levels of attrition from programmes. The likelihood of reduced student commissions, due to economic pressures within the NHS, will ultimately affect Schools of Nursing as they endeavour to maintain a strong economic stream and face penalties for student attrition (Crotty, 1998). There is also a commitment by the DoH for continued Widening Participation on pre-registration programmes by attracting a diverse workforce that reflects the changing face of the NHS (NHS, 2010).

Whilst this CGT study may not offer conclusive answers to the research questions, it does enable a fresh dialogue about what is enabling learners to persist on pre-registration programmes and offers useful insights into a phenomenon which is currently lacking in the HE and pre-registration literature.

In the following chapter, I provide the rationale for the research methods chosen, illustrating why use of an on-line survey and one to one interviews provided the most appropriate tools to capture data on learner persistence. The chapter includes a detailed profile of the participants for this study and outlines the interview schedule and the timeframe for the collection of data.

Chapter Four

Strategies for data collection

This chapter presents the methods taken for the recruitment and data for this study. The chapter describes the rationale for the choices made including the online recruitment survey and the individual interviews conducted over a 15 - month period. I have included a timeframe for the data collection during 2009 - 2010 and a discussion of the planning and interview structure for 27 interviews conducted.

Included in this chapter is a storyboard for each of the nine individuals, all Access mature entrants, who willingly shared their journey on their nursing programme at one School of Nursing. The chapter concludes with a discussion about researcher bias particularly in light of my previous work in the area of Widening Participation.

Introduction

Being able to collect information is the easy part (Richards, 2005:33). We collect information all the time in our everyday lives, but converting this into useable data is the role of the researcher through the research process. Data is the information which is collected and given meaning to and may challenge our notions of understanding a particular phenomenon. In order to collect meaningful data it is crucial that appropriate tools are selected. The following section aims to provide the rationale for my data collection choices from participants who are enrolled on a pre-registration DipHE/BSc nursing programme at one East Midlands University. This institution was chosen, as it is an established provider of pre-registration nursing programmes offering the four branches of nursing available (caring for adults, caring for children, caring for people with mental learning difficulties, caring for people with learning difficulties) across five teaching centres. The School is a large provider with over 500 commissioned places per year, and because it offers two intakes per year provides an opportunity to compare two cohorts within the same academic year. In addition, it also attracts a large proportion of mature applicants (over 50% of each intake) both male and female, and those entering with an Access to HE qualification.

Carrying out the fieldwork

The research activity was conducted over a 15-month period from July 2009 to October 2010 in three stages: setting up the study, participant recruitment and conducting three one-to-one interviews with nine participants (27 interviews altogether), as illustrated in Figure 3. In September 2009, an introductory e-mail and online survey link was forwarded to a September cohort followed by the same e-mail to a January cohort in December 2009 (798 registered learners). Nine participants who agreed to be interviewed were contacted directly and individual interviews arranged during their first term, September to December 2009, prior to them commencing their initial second year placements. For the January cohort this was conducted during January and February 2010. The second and the final interviews were arranged at approximately three monthly intervals, although these dates

varied due to placement commitments and academic holidays making it difficult to meet during shift patterns or during periods of holiday, and in fact I was only able to meet one participant during a practice placement.



The nine study participants

This study is based on the lived experiences of nine mature learners who gained entry to a pre-registration nursing programme after completing an Access programme at a local FE college. This study is about their experiences, as mature learners, who have persisted on the first year of their programme and are about to embark on the second year. Their narratives are threaded throughout this thesis as they shared their experiences with me over a 12-month period with three, one to one interviews. Their stories are important as my conjecture is that these participants are no different from other mature students who undertake a UK pre-registration nursing programme at university, they are overcoming the hurdles presented from facing new challenges of university level study whilst balancing the needs of others; their family. In order to provide anonymity, each participant was given a pseudonym and their centre of learning is referred to as either A, B C or D Participants were either enrolled in September 2008 (08/09) or January 2009 (09/01) cohort.

The following provides a storyboard for the nine participants who volunteered to share their experiences and who are central to this thesis:

Adam is 31 with 4 dependent school age children and lives with his partner. Born in Wales he left school at 16 with one ungraded qualification and lived independently on benefits for the early part of his adult life. At school, he was encouraged to become a motor mechanic rather than a nursing vocation, but this did not work out and Adam spent time on benefits or low paid work. He wanted to become a nurse when leaving school but he was conscious of stereotypical images of a profession only suitable for females. It was whilst on a Princess Trust scheme, as a carer of disabled adults, that nursing became something he could see himself doing. It was only after having his children and settling in the East Midlands that he explored nursing further. He started a full time Access programme and after successful completion in June 2008, he started on an adult branch pre-registration programme in Jan 2009 at centre D. Neither of his parents attended further or higher education.

Charles is 45 and arrived in the UK in 2003 from Africa where his wife and three children have remained, they are financially dependent on Charles. Charles wanted to be a nurse but 'culturally' it was not possible so he gained a teaching qualification and worked as a secondary teacher before arriving in the UK. Prior to commencing his Access course, full time, he worked in a care home and was a volunteer carer for a mental health charity. He started his programme at centre D in September 2008 on a mental health branch.

Emily is 33 and chose to continue her education at 16 by attending her local sixth form college obtaining 'A' levels at the same time as working part time for a large supermarket chain. Having gained her 'A' levels she was still undecided about her career choices and decided to work full time with the aim of gaining a place on Tesco's management scheme. She worked at a local branch for over 7 years, getting married before realising her original aspiration of becoming a nurse. This was brought about when she suffered a life-threatening medical emergency, which made her question her career aspirations at a time when her marriage was failing. She undertook an Access programme full time in 2007 and on completion was offered a place on the child branch in September 2008 at centre A. Both her parents worked in semi-skilled professions gaining Level 3 qualifications.

Emma is 29 and a mother of 2 school age children and a newborn. She left school with a desire to become nurse but she thought "she wasn't good enough" and so trained to be a hairdresser. Her mother is also a hairdresser and her father is employed in manual unskilled employment. She is the first in her family to go university. She attended her local college full time to obtain her Access qualification and gain a place at centre C. After deferring her place for a year, to have a baby, she enrolled in September 2008 on the adult branch. During her second year on the course, she separated from her partner but continued without interruption.

Jane is 44 and a mother of 1 daughter. After leaving school, she worked in an office where she met her husband. Soon after the birth of their daughter, Jane sought advice on training to be a nurse, an aspiration she had from leaving school. She was advised to gain an Access qualification from her local college and having gained this she started on the adult branch at centre A in September 2008. Prior to starting her course, she worked part time as a catering assistant in a school. Jane's family had no experience of Higher Education; she is the first in her generation to attend a university.

Judith is 38, was schooled at a local grammar school, which she "detested." She left with a minimum number of qualifications but wanted to go in to nursing but at the time, her mother was diagnosed with a terminal illness so she decided to train as a hairdresser. She qualified as a hairdresser, got married, had 3 children, and then worked in travel retailing. Her Access qualification was gained part time at a local college where she undertook additional qualifications and gained relevant nursing experience for an out of hours emergency care support team. She joined centre A on a child branch programme in January 2009. Judith's parents both worked in semi-skilled professions and gained no further qualifications after they left school.

Kate is the youngest participant aged 22. From school she progressed to 'A' levels and applied for nursing programmes. During her study, she lived independently as her parents moved away from the area, living initially with her boyfriend's family before renting a flat with her boyfriend. Kate applied, but was not offered a nursing place on two occasions, and was advised to gain more nursing experience and an Access qualification. She worked full time in a care home before starting a full time Access course and undertaking additional qualifications to ensure she gained a place third time round. She started on the adult branch at centre D in September 2008. Kate's father attended university at 18 and her mother since leaving school has undertaken Level 4 (HND) qualifications, they both work full time in professional careers.

Martha is 38 and wanted to be a nurse from an early age at school. The breakdown of her parent's marriage, at a time of Martha sitting her school exams, resulted in lower than anticipated results. Her father refused to support her financially through sixth form so she had to leave school at 16. Initially she worked in a solicitor's office before entering the police force where she worked for over 10 years. She started her full time Access course in 2007 and enrolled at centre B on the pre-registration adult branch in September 2008. She is married with no children and has a dependent mother who lives locally. Martha's father is employed in a semi-skilled profession, whilst her mother has not worked since having children and has gained no further qualifications since leaving school. She is first in her family to attend university.

Patricia is the oldest participant in this study at 49. She is a single mum of three boys, the youngest child is still at school, and the two others are on training courses. When leaving school she applied and successfully gained a place on a cadet-nursing programme. However, at the time, she was nursing her mother, who had a terminal illness, and after her death, Patricia became legal guardian of her younger sister. Patricia made a career in retail management before starting a family. During this time, she completed a part time 2-year Access course with the intention of applying to nursing again. Due to her husband's work commitment, and later the breakdown of her marriage; she did not feel able to apply for a nursing place for another 10 years. Patricia started on the adult branch at centre C in January 2009. Patricia was unable to confirm the profession or qualifications of her father.

Pilot online survey

As is good practice, I conducted a pilot of my online survey, distributed to PhD colleagues in the School of Education and Division of Nursing. This was via a separate and controlled electronic link, closed after the pilot, in order not to contaminate responses and data with the 'live' survey link. Since I did not have contact with pre-registration nursing cohorts or groups of postgraduate nurses enrolled within the Division of Nursing, using PhD students from two different levels of study was for practical reasons; to conduct a pilot survey with pre-registration nurses I needed to negotiate with academics and tutors to identify a group and then circulate the e-mail. I was careful to consider survey overload resulting in limited responses that could have a 'knock on' effect on the launch of the main study. However, my PhD colleagues were very constructive and provided suggestions, which enabled a change in wording about nurse education terminology and the layout for some sections. Revisions made to the final section included the contact details for the follow-up interview and making this section compulsory to indicate their willingness to be involved further or not. Since their further involvement required three individual interviews across their second year of training, it was important that I clarified this on the survey (Appendix 4).

Having successfully conducted a pilot and made revisions, I was able to distribute the survey via an academic from the SoN. The academic, a well-respected and experienced tutor, had regular contact with two-second year cohorts and added kudos and legitimacy to the study. This support was crucial, as during this time there were a number of on-going studies within the school, with a focus on nursing programme retention and a Government review of healthcare provision at the institution (Avis et al., 2009, QAA, 2006b, Wharrad et al., 2003). Fortunately, these studies did not have an emphasis on Access entrants and were predominately quantitative in design. I thought it was imperative that the participants understood the value of this study, for them, for other Access entrants, and for the School of Nursing, and so indicated how crucial their help was to the study outcomes and conclusions. This was emphasised in all future communication with potential

participants. The construction of the introductory e-mail bore in mind ethical guidelines, by clearly stating that participation was voluntary. The learners, all those on the second year cohort, received the e-mail (n = 135), but only those who wished to participate further needed to provide their contact details. Regardless of the level of participation, all students received an attachment of the consent form, participant information sheet and a covering letter (Appendix 2, 3 and 4).

Stage One - Online Data Collection Ethics and 'Netiquette'

As with any form of data collection, the use of an online survey requires the researcher to consider the ethical implications for its use. Whilst research using online tools for data collection is becoming more widespread there are still concerns about the use of material generated through this medium. Johns et al., (2004) suggests:

At present for most internet researchers it is likely that gaining access is the least difficult aspect of the research process.....What has become more difficult is determining how to ensure ethical use is made of text, sounds and pictures that are accessed for study (Johns et al., 2004:179)

However, these ethical dilemmas relate to a range of online research methods (ORM). Madge (2007) suggests that a researcher code of conduct is a useful benchmark and that it should be flexible and dependent on the form of online data collection method (Madge, 2007). It is particularly pertinent as new ways of capturing data are explored, giving rise to new forms of ethical concerns for the use of data which is not consented by the authors of such material (Madge, 2009b:4).

The relative ease of using web based surveys, like www.surveymonkey.com or www.poll daddy.com, which are freely available; make them an attractive tool for capturing data. However, these free services are limited therefore provide basic analysis tools. For this study, the ability to create a free short survey (less than 10 questions) easily distributed, via the university e-mail

intranet system, offered benefits over creating other survey tools. I did consider personally distributing a survey and introducing the research through visiting all five educational centres. However, this would have involved negotiating with over 20 academic teaching staff in order to ensure that I approached all second years regardless of branch or location. I considered this route neither practical nor offering any guarantee that I would attract more participants or even engage with all potential Access students. I was also likely to gain a better response speed from an online survey than from a postal or self-completing questionnaire, estimated to be six times faster at response levels (Tse, 1998). Therefore, the use of a free web provider still enabled me to meet my aims to generate interest and to recruit Access participants for the next stage, an interview. The other added benefit was that I was confident that by using the university e-mail facility the entire second year cohort would receive the introductory e-mail and electronic survey link.

In choosing this approach I was also mindful of 'netiquette', a new term used to describe the relationship and conduct between those within the internet community (Sharf, 1999). Etiquette exists for most aspects of our lives so it is no surprise that etiquette for users of the internet are established. Without doubt, the widespread use of the internet has changed some of the ways that society communicates and for this reason, 'netiquette' has evolved (Sharf, 1999:244). Madge (2009) explains that:

Netiquette relates to unspoken rules that may change dependant on the type of online venue (Madge, 2009b:15)

Hall et al., (2004) raise issues of netiquette for the online researcher (Hall et al., 2004). In their study, using newsgroups as its data generator used two online venues, that of e-mail and a web-based survey. Whilst my introductory e-mail was circulated via an academic in the School of Nursing in the main body of the e-mail, careful consideration was given to specific aspects of the communication including the subject heading, identification of me as the researcher, emphasising that I was not based in the School of Nursing, and

within the subject area that I was 'up front' on the nature of the study and the reason for the e-mail. These are the aspects described as crucial so as not to alienate potential respondents (Hall et al., 2004:244). My online survey also made a point of thanking participants both at the beginning of the survey and at the end demonstrating an understanding of 'netiquette' and its application. I reassured participants of confidentiality and anonymity and reiterated this on page two of the survey after a concise introduction to the study (Appendix 4).

I adopted a stage function on the survey whereby I could indicate the sections still to be completed. The aim was to make the survey concise and capable of completion within a time requirement of no more than 10 minutes. It was important to let participants know their progress in order to increase the response and completion rates. Therefore, as stated earlier the overall aim was to engage participants in the second stage of the study, that of an interview, therefore it was important that I encouraged users to complete the whole survey particularly as the last section related to their personal details and their willingness to engage in an interview.

Participant recruitment

The recruitment of participants is of paramount importance to any study but can be fraught with anxieties for the researcher reliant on participant interest and willingness to take part. Despite best intentions, researchers are in the hands of others. Use of electronic means of attracting participants and collecting data is becoming more widespread and an accepted approach in both qualitative and quantitative studies. Similarly, the use of social networks such as FaceBook and Twitter, has seen an increased interest from researchers as a means of collecting data (Coverdale and Hill, 2010). This is true for many disciplines, nurse education included. However, I thought that use of social networking was not an appropriate research tool as there is limited take up from student groups on the use of such media within the study site.

Second year cohort

The rationale to limit my research to those mature Access learners on their second year of programme was informed by the initial literature review. This indicated that whilst studies exist with a focus on retention, and not learner persistence, most consider mature students as homogenous and include Access learners. I was also able to identify that, despite a large number of students successfully completing and progressing to their second year of training, limited studies exist on the transition stage of year one to second year of training. The literature review did support the proposition that the first 12 months of training, the common foundation year, has the highest level of attrition from pre-registration nursing programmes (Wray et al., 2010, Avis et al., 2009, Glossop, 2001). This relates to both voluntary and academic failure and the reasons for withdrawal are notoriously complex. Kotecha (2002) provides clarification on voluntary wastage, a term commonly used in nurse education:

Learners leaving courses of their own volition – as opposed to being compelled to leave due to disciplinary action or exam failure (Kotecha, 2002:211)

Since the focus for this study is learner persistence, it was appropriate to focus on those students, in particular mature entrants, who have overcome the hurdles normally associated with the first year of training. While the first year of training is a common foundation programme, students undertake a range of clinical placements, negotiate shift patterns, participate in a range of academic settings, and successfully complete assessments therefore; there is no major change in the academic and practice requirements during the first and second year of training. The third and final year of training, whilst similar in academic demands (assessments, clinical placements) to the second year, provides a different perspective on persistence, whereby third year learners are concerned about their professional registration and future employment prospects (O'Brien et al., 2009, Kevern and Webb, 2004).

Since I was interested in learners' experiences and transitions, having access to two discrete cohorts was beneficial as it provided a comparison of experiences and may indicate any differences or similarities. I was fortunate to attract participants from both intakes: September 2008 (08/09) cohort and January 2009 (09/01) cohort. Six participants were from the September cohort: Charles, Emma, Kate, Jane, Judith, and Martha and Emily, Adam, and Patricia from the January cohort as shown on Table 7.

Table 7 – Breakdown of participants per cohort (September, January)

	September 2008 (08/09)	January (09/01)
Participant	Charles, Emma, Kate, Jane, Judith, and Martha	Emily, Adam, and Patricia

The nine participants covered three branches of nursing; six Caring for Adults, two Caring for Children, and one Caring for People with Mental Health Problems with no participants for Learning Difficulties although Access entrants are registered on this branch of nursing but they did not indicate their interest to participate. Three interviews were undertaken approximately three months apart although this was not prescriptive as it depended on the stage of their training. For example, there were times when I interviewed the students whilst they were on placement, study days or during their formal lecture time in university. On one occasion, I conducted the final interview with Emma at her home due to the practical difficulties of conducting the interview at any other place or time.

For this study, statistics gained from the School of Nursing confirmed that Access entrants, recruited to Diploma level courses, over the past six years account for an average of 19% of their total nursing cohorts (Appendix 1). Table 8 shows that for this study the two second year cohorts had a total number of entrants with an Access qualification (n=135) from an overall number of 484 who enter as mature applicants, many with a range of other

accepted entry qualifications (A level, BTEC, NVQ, GCSE, Degree). Whilst this academic year (2008/2009) indicates a lower average of those entering with Access qualifications, they still represent the most popular entry qualification for mature student nurses at 28% of all the entry qualifications.

Table 8 – Profile of entrants to study cohort 1 and 2 (September and January)

Cohort (Year and Month).	Gender Spilt and Female & Male	Total entrants per cohort	Total mature entrants (over 21) and % of total cohort	Number with Access qualification and % of overall mature entrants
Cohort 1 08/09	380 & 45	425	238 (56%)	87 (37%)
Cohort 2 09/01	331 & 42	373	246 (66%)	48 (20%)
Totals	711 & 87	798	484 (61%)	135 (28%)

*Source: (Division of Nursing, 2010) *These figures relate to the enrolment statistics at the start of the Diploma programme and do not take into account interruptions, academic or voluntary withdrawals from first to second year transition.

Table 8 indicates that during this study, 135 Access entrants, across two cohort intakes, were enrolled at the University on a full-time DipHE/BSc programme. However, during the study data was unavailable to confirm successful progression from the first to second year of training. The anecdotal evidence suggests that while some Access entrants had withdrawn in their first year, a large number of Access entrants persisted on the programme through to their second year of training. Of note is the high percentage of entrants classed as mature, those aged over 21, within the two cohorts, demonstrating the significance of these applicants to the overall number applying to the institution as shown on Table 8.

The difference in the lower number of Access entrants for the January intake is because full-time courses finish in the summer allowing applicants to progress to a September intake, although some Access learners do delay

their start until a January cohort. This is also the case for other entry qualifications with the January intake traditionally attracting lower numbers. The task was how to approach potential participants who were geographically scattered in five educational centres of learning. These five centres form the basis of this study as they are all centres of nursing for institution and all attract Access to HE entrants to their pre-registration training programmes. Along with the geographic spread of participants, it was more complex because in their second year learners are located in their chosen nursing branch (caring for adults, caring for children, caring for people with mental learning difficulties, caring for people with learning difficulties). As a result, their taught modules may not be delivered in their centre of learning, for example, 'caring for children' learners meet at different sites across the academic year.

Online survey results

The timely nature of the study also necessitated the need to secure participants from the 135 registered as Access entrants, develop a dialogue, and arrange interviews promptly after participants had completed the survey. Indeed Harris (1997) reports that online surveys are much more likely to be returned within 48 – 72 hours, thus providing an opportunity to follow-up respondents quickly (Harris, 1997). This was the case for this study, of the 17 survey respondents from 135 Access learners, 8 were registered within 12 hours of the first circulated e-mail with a further 7 responses within 48 hours and only 2 responses outside of the 72 hours but still within 5 days of receipt, further demonstrated in Table 9 below.

Table 9 – Online survey response levels

E-mail and Survey Distribution	Responses	Timescales
September Cohort 29th September, 2009	8	6 within 12 hours, 2 over 72 hours
September Cohort Re-launch 26th October, 2009	5	2 within 12 hours, 3 within 48 hours
January Cohort 14th December, 2009	4	all within 48 hours

Source:(SurveyMonkey)

The use of an online survey enabled me to analyse response rates and, if so desired, identify times when participants chose to complete the survey and how long it took them to complete. Since I had indicated on the introductory e-mail that the survey should take a maximum of 10 minutes to complete, I wanted to be sure before circulating to the January cohort. Despite it being their allocated day of leave for some students, they still logged onto their student e-mail account and completed the survey. This is something that might be useful for further contact with participants, but also for academic staff when deciding the best time to send out vital information for learners.

I agree with Madge (2009) that receiving responses does not necessarily equate to quality of responses but rather it indicates that your survey has received some interest (Madge, 2009a:3). Table 9 illustrates the response levels per second year cohort providing a response rate of 14% for the September cohort and only 8% for the January cohort. The difference in response rates might be because a follow-up reminder e-mail was circulated to the September cohort some four weeks after an initial e-mail (on the 26th October 2009) increasing the initial responses from eight to thirteen shown in Table 9. This is advocated by Crawford et al., (2001) who reports a doubling of responses from sending one reminder e-mail (Crawford et al., 2001).

Since the institution has two pre-registration nursing cohorts, I was keen to gain wider representation of Access entrants on a second year programme.

Therefore, the same e-mail was circulated on the 14th December 2009 to the January cohort generating a further four responses and three volunteering to be interviewed as shown on Table 10. However, I did not circulate a follow-up reminder e-mail to this cohort as they were about to go on a three week Christmas break and I thought that any further responses were unlikely until mid-January, some four weeks after the initial e-mail. I also considered the length of time for data collection and data analysis and that I had successfully secured nine participants across the two cohorts, six from September (five female and one male) and three from January (two female and one male). The skewed gender split is representative of the current UK position where 13% of those applying to pre-registration nursing programmes are male (Longley et al., 2007) and at the study site the male/female ratio remains static at 1:9 (Melling, 2011:125).

Table 10 – Confirmed interviews from the on-line survey

Centre of Learning	Gender & Participant numbers	Branch of Learning
A	Female - Sept (1) and Jan(1)	Caring for children
B	Female - Sept (2)	Caring for adults
C	Female - Sept (1)	Caring for children
	Jan (1)	Caring for adult
D	Male - Sept (1)	Caring for people with mental health problems
	Male - Jan (1)	Caring for adults
	Female - Jan (1)	Caring for adults

By January 2009, the survey had generated 17 responses of which 9 participants agreed to take part in the interview stage, matching the criteria of Access entrants, mature (over 21), having studied at a local college and therefore classed as local students, successfully completed their first year and enrolled on the second year of training. The overall response rate of 12.6%

compares favourably with the literature which suggests that 10% or lower is the norm for online surveys (Witmer et al., 1999:147).

My response rates may be slightly higher than the literature suggests due to additional features that I included; the use of an introductory and carefully worded e-mail; a welcome screen on the survey; providing a short survey (Crawford et al., 2001:147); leaving personal questions and contact details to the end (Frick et al., 2001) are recommended within such data collection methods. I was also mindful that the increasing use of the internet and the novelty factor of completing online surveys could present a problem whereby students are saturated with requests and are less likely to respond. As Kaye and Johnson (1999) found when conducting a Yahoo! survey inquiry, more than 2,000 online surveys exist, although these are not posted direct to recipients e mail accounts but are in the public domain (Kaye and Johnson, 1999:324). The survey response rate of 12.6% is based on those Access learners (n=135) who were initially enrolled as first years and does not take into account any learners who were no longer on programme, or are classed as on 'interruption' who are learners who have requested this pathway but intend to return to their study later. This is common practice amongst pre-registration programmes in the UK.

From the 17-survey responses, only 12 participants had fully completed the survey-providing pause for reflection on the limitations of this data collection method. Three respondents fully completed the survey, but declined the offer to participate further, creating a dilemma. As suggested by Capurro & Pingel (2002):

an ethics of care needed to be adopted based on the assumption that researchers would be respectful to the participants for the interests and values even if they declined to take any further part in a study (Capurro and Pingel, 2002:194).

It was for this reason that I decided not to contact or 'push' these participants further into taking part in the study, or include their data in the

overall findings. At best, it provided some basic demographic data and preliminary and pre-entry data that would not add to the overall study findings. With hindsight, in order to include their data, it would have been easier to include a simple tick box for all participants, an "I ACCEPT" box for all data to be used, regardless of fully completing the survey. Adherence to ethical guidelines was observed with the survey and interview collection with all nine participants completing consent forms, receiving a 4-page participant information sheet, and covering letter (Appendix 2, 3 and 4).

There is divided opinion on the use of online surveys for only those who have access to the internet can take part in the study, creating a bias in the representation of the population (Madge, 2009a:17). This was not the case in this study. All pre-registered students are required to have access to the internet; indeed, it is taken for granted that learners would have access to personal computers (PCs). Because of this, I thought that all Access learners in the cohort were eligible to take part using their university e-mail account, although in some cases, access to a PC might be more problematic if shared in a family environment. In view of the ethics of participant traceability by using their university e-mail account, I considered this low risk. I also allowed the participants to provide an alternative e-mail account if they wished. Only one participant, Emily, provided a Hotmail account, but after meeting, she reverted to her university account. Her rationale was that she thought she would check her university account more often and wanted to make sure we could keep in regular contact for future interviews.

Stage Two – Participant Interviews

The aim of the online survey was to generate interest amongst Access entrants on a pre-registration nursing programme and to interview them over the second year of their programme. Therefore, the timing of the email distribution was important to maximise participant's interest and to be able to interview them at the beginning of their second year of study. The participants for this study were not only students who faced different academic demands compared to traditional university students (longer-term

dates, 42 academic weeks rather than 35 weeks, and a 37-hour week on clinical placements) and they may have outside commitments as mature learners. The e-mail was therefore distributed within 2 weeks of the cohort returning from their summer vacation in September 2009, when they had scheduled taught theory modules in university. This provided the returning students within an opportunity to complete the survey at their convenience before academic workload pressures and clinical placement allocations.

I was also aware, having conducted the first interview with three participants, 'snowball' sampling may be a feature for data collection (Bryman, 2004). At the first interview, three participants indicated their enjoyment of the interview process and of sharing their experiences as they had not discussed their journey to HE or had been involved in a research project in this way. The students' sense of self-worth was enhanced by being given an opportunity to be valued through their personal contribution to the study. They all volunteered to recruit and 'spread the word' to help recruit more participants, initiating a 'snowball' effect. Indeed, Emily did encourage Judith from a child branch, but not in the same cohort, to complete the survey. Indeed, Martha felt so passionately about the Access entry route that she discussed the project with her personal tutor and her tutor group, although this did not materialise into any further participants for this study. With hindsight, this was an aspect I could have followed up and potentially generated new participants, although the tutor group did receive the introductory e-mail, the same as Martha, but chose not to complete it.

Within the field of nurse education there has been an acceptance over the past 20 years to more qualitative research studies with the use of focus group interviews (Kevern and Webb, 2001). Interviews are particularly useful in drawing upon the experiences of the participants, in this case nursing students (Kevern and Webb, 2001:323). The aims of this research study required an insight and depth of data, which I thought could be, better obtained, via an interview than a questionnaire or other approach. As the methodology for this study is based on the principles of GT I thought

interviews were the most appropriate to identify conceptual theories and remove any preconceptions of either the participant or researcher.

I carefully considered the format for the interviews and prior to recruiting participants, I planned to conduct a number of focus group interviews. The reason for this was that I had successfully managed focus group interviews for the preceding study in 2007-2008, although all participants were recruited from one centre of learning, Woodside, making interview practicalities much simpler (Hinsliff-Smith et al., 2012). I was also involved as a researcher on a School of Education (SoE) project facilitating focus group interviews with young people (Gates et al., 2009). A consideration was that by conducting this style of interview I could remove any actual or perceived power relations between the interviewees and myself. Focus group interviews are also viewed as a more 'naturalistic' method of collecting data as they relate more to everyday conversational situations (Morgan, 1997).

However, there are limitations with focus group interviews namely; ensuring the right balance of participants per group; ensuring an equal distribution of 'listening and talking'; and, encouraging quiet members and handling those that dominate. For this study, the choice of interview was negated due, in part, to practical considerations. Whilst all nine participants were students at the East Midlands institution they were based at four educational centres, identified as A, B, C or D, making ease of organising a group interview problematic and virtually impossible based on their current work demands, both academic and clinical. Although they were all second year students they were spread across different centres, different branches of nursing and across two separate cohorts, therefore having differing timetable commitments.

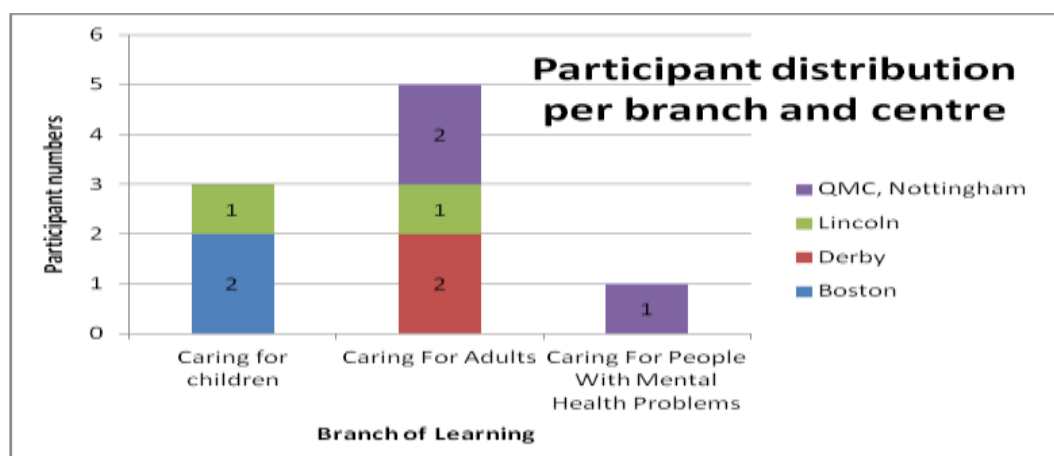
Wilkinson (1998) discusses the value of focus group interviews where the participants may already know each other which could be an advantage in the process of collecting data (Wilkinson, 1998). However, for this study, as well as negotiating a convenient time and place for all, I needed to consider how respondents would feel during the interview. Wilkinson (1998) discusses this

in detail in relation to the importance of ambiance and how the atmosphere created in the interview setting can tell you about the interactions:

When a group of people are telling stories, cracking jokes, arguing, supporting one another, and talking over one another' [...] this helps researchers to understand the person in the context of a social world (Wilkinson, 1998:120)

Whilst I value and understand that such an atmosphere can create a space for collecting rich data, this atmosphere will not be automatically created by bringing a possibly disparate group of people together in the same place. In this study, the participants were not familiar with each other, although there was a commonality in that their first year is a common foundation programme so they attended joint lectures for some modules and assessments. However, in the main there were 180 students attending a lecture in a traditional lecture theatre, hardly conducive to assuming that they would know each other in a group interview. Looking closer at the participants' responses not only did I have to consider that I had recruited from two cohorts, which did not meet for academic purpose or socially but also that they were displaced geographically and on different branches of learning, as shown in the previously listed Table 10 and on Graph 2.

Graph 2 - Participant distribution per branch and centre of learning



I had to be realistic about how I could facilitate the collection of data whilst considering the convenience to participants whom I was wanting to interview on three occasions throughout their second year. I also thought there was a need for continuity in the data collection method in order to elicit a deeper layer of high quality interactive data, a feature of CGT (Glaser, 1992). Therefore, I was of the strong opinion that the approach I took at the beginning needed to be adhered to throughout the process as changing an interview format during the collection phase may disrupt the flow and ease of conversation, which would reflect in participant responses and cause 'harm' to the participants (Madge, 2007). As is so often the case in research, an element of flexibility is required, particularly when a crucial element of the study, the participants, are fundamental and, as such, researchers need to review constantly their methods and approaches. Therefore, I decided to change the interview approach from focus group interviews (FG) to individual interviews. This decision was to prove justified when, at our first interview, participants spoke very openly, and frankly, about their personal circumstances and journeys to HE, something that might not occurred in an FG interview.

The advantage of using interviews was that it would allow for a joint or co-construction of meaning by confirming interpretation during the interview, thus alleviating many ethical concerns about power and the imposition of meaning (Wilkinson, 1998). Although ultimately the interviewer has control of the interview, this should be mediated by the interview style and approach adopted. Being able to clarify the meaning of the participants' responses not only occurred within the interview but also in subsequent interviews when I could go back to comments of areas discussed previously. A key aspect of CGT is that the researcher is able to reach data and theoretical saturation by re-interviewing the participants or by seeking new participants in order to reach saturation.

An unexpected aspect to recalling our previous conversations was my sense of engagement and that I was 'actively' listening to them. This was

something that developed over our three planned interviews and became apparent whenever we met on other occasions. We had a connection through being able to talk about personal aspects of their lives, for example recent holidays or family activities; in this way we developed a researcher participant relationship, a bond and trust. This may be something that develops in other longitudinal style studies, but in the main, these studies in pre-registration nursing programmes are in the quantitative paradigm, particularly on student retention issues (Newton et al., 2009, Wharrad et al., 2003, Leducq, 2002) and therefore this study adds a new dimension, that of student 'voice' over a one year period.

Interview structure and schedule

Having decided to conduct individual interviews I decided upon a semi-structured interview scheme for the first round of interviews. I thought that this type of scheme, rather than a formal and pre-scribed schema, would allow a 'conversation'. Consideration for the interview structure was to provide a platform on which to base the interview questions whilst ensuring that the questions would engage the participants in the discussion (Appendix 5). The aim of the interview schedule was twofold: to help to maintain direction and flow and to 'control' the interview. Gillham (2001), talks about the interview as similar to a conversation, one in which the researcher is required to 'control' or manage, something which is a fundamental skill of a researcher (Gillham, 2000:1). Although the caveat to this is that the interviewer needs to be aware that they are not just steering the conversation; an ability to listen and an ability to clarify what is being asked of the participant is something Kvale states is crucial for interviewers (Kvale, 1996).

The nature of questions also receives attention in the literature, particularly how to elicit different responses. For example, Kvale (1996) suggests there are nine different types of question that an interviewer could select. These range from the introductory questions (Can you tell me about?), probing questions (You mention X, why was that?) through to interpreting questions

(So you thought.....) (Kvale, 1996). However, Charmaz, as a constructivist GT is more succinct, suggesting just three types of questions, initial opening questions, intermediate questions and ending questions (Charmaz, 2002). As such, it was my intention that my interview questions should cover a range of suggested styles. Both introductory, structured (moving them from one topic to another – their previous school experiences then their Access course), direct (tell me why you decided not to undertake the Degree?) with questions covering three main areas: previous education, 1st year Diploma experiences, and Looking Forward. This was in order for each participant to have an opportunity to share their experiences around different areas and provide possible links to our future ‘conversations’.

Green and Thorogood (2009) suggest that types of interview styles, semi-structured and structured, are interchangeable. I did indeed find that the style of the first round interviews altered dependent on participant responses moving from a ‘narrative’ interview or ‘semi-structured’ interview (Green and Thorogood, 2009:94). An advantage of having a narrative style was the ability to ask more probing questions based on their response. Using a semi-structured interview schedule for the first round of interviews with interviewer prompts, I was able to elicit participant responses whilst allowing any unexpected differences to be explored further (Gillham, 2000). Spradley (1971) advocates that doing this provides respondents with an opportunity to add their own voice and allow their own vocabulary to be used; this in itself can be useful for a researcher (Spradley, 1971 cited in Brenner, 2006:362).

The interview schedule was framed on a model used by Spradley (1971) in which ‘grand tour’ questions are asked, where the dialogue would present cues to identify the expectations, language, and levels of response (Spradley, 1971 cited in Brenner, 2006:362). Patten (2002) goes further by suggesting that a useful frame for initial interview questions are ones which are descriptive of the participant’s current experiences (Patten, 2002 cited in Brenner, 2006:363). The advantage in an interview is that these descriptive research statements allow confirmation of this perspective by the participant

or present probes by which a participant can share their own perspective, thus allowing greater dialogue and 'rich' data (Geertz, 1973). Kitzinger (1994) discusses the importance for researchers to 'learn the language' and the social context for participants, which she illustrates by way of a focus group interview with three 17-year old girls and the use of their language in a context of school (Kitzinger, 1994). For my study, the social context relates to the individual circumstances while undertaking an Access course and continuing into HE. Showing an appreciation that I have some understanding of their journey and their choice of 'language' was helpful, for example, when discussing their entry to "this elite university" (Martha) and for Jane how she thought, "she wouldn't get into there."

As a researcher, I acknowledge that I am an instrument in the data collection process and that I need to be reflective, to look at myself in the context of how others might see me as a facilitator. It provided the basis for how I might ask questions, my style of interviewing and how these might influence responses from the participants. By listening to previously recorded interviews, I identified a number of phrases or words used regularly, for example "is that ok" (closed question) or "could we talk about?" after asking 'grand tour' questions or probing questions. Whilst these would appear re-confirming, I became aware of the possible obtrusive nature, and how this could signal the 'wrong' response to the question by participants. When listening to the second and third interviews I was aware that my style was much more relaxed and I was less concerned about asking specific questions, it was much more a conversation rather than an interview. This was more about my relative ease and growing confidence not only in my style of interviewing but also in the relationships between each participant and me. The interviews provided an opportunity for me to show interest in them as individuals and share a common knowledge. This was useful in order for the participants to gain an understanding of why this study was important and provide some ownership in the project. This helped gain trust in me as a researcher and also provided participant ownership through 'their voice' (Wilkinson, 1998).

The aim was to allow the respondents to have the confidence to talk freely and to be able to express their true feelings when probed. The building of rapport and empathy was crucial, particularly as I was intending to interview them on three occasions. Wilkinson (1998) highlighted this as providing participants the opportunity to exploit a feeling that the researcher is 'working for them' (Wilkinson, 1998). This was characterised in a similar study of women undertaking an Access course in a further education college (FEC) by Reay (2003) who admitted that the relationship with her participants in a small-scale study was different from her larger scale study with similar participants:

Suffice to say that while I recognise that at times my affective responses towards the women were an asset, at other times they were problematic, as I tried to untangle my own conflictual feelings about education...(Reay, 2003:303)

Reay (2003) identifies, through this study, that the role of the researcher and the relationships forged can have some bearing on how you interpret and present your findings presenting an ethical dilemma based on your philosophical position. It is for similar reasons that I acknowledge any researcher bias and discuss this later in this chapter.

Pilot interview

As is good practice in any research, a pilot interview was conducted. I was able to facilitate this pilot with a current pre-registration Diploma nurse who had also entered university with an Access to HE qualification and had just started her third year of training. Having conducted a proceeding MA study in 2007/08, I contacted all seven participants from this study seeking their assistance, although I was not able to offer them any monetary incentives, only coffee and cake! I was pleasantly surprised to receive four favourable responses and from this was able to arrange a meeting with Avril (anonymised), a mental health branch student from Woodside. We met in a mutually convenient location one week before my first interview in order to test out my interview schedule, timings and responses to questions. The

purpose of conducting a pilot interview, as I saw it, was threefold: to test my tool; to gain valuable feedback from the interviewee; and, to help 'settle my nerves' for conducting the real thing, although we both approached the interview with total professionalism. I conducted the interview as I intended with an introduction to the study, digitally recording the interview and taking moderator notes. These notes enabled me to note particular interest areas that I might want to explore in future interviews and to 'tease' out in the current interview for clarity.

Whilst I had everything carefully planned, I could not foresee that en-route to the early morning interview there would be an announcement in the national press about a major policy change for pre-registration nurse education in England. It was confirmed that from 2013 it was the intention of the NMC, to bring the nursing profession in-line with other health professionals (i.e. midwifery, physiotherapy, medicine), by making them all-graduate programmes. I was fully aware of this planned curriculum change, in fact I was involved in the discussion whilst employed at the university some 4 years earlier, but I wondered how this announcement might influence my participants. Since the study aim is to explore learner persistence, I considered it important to ask about this aspect, how it might affect their continued persistence, particularly during their second year transition.

Within the interview schedule, I included a question on the differences participants thought between their first and second year experiences. This was included for a number of reasons. At the institution, all Diploma students have the option, dependent on 1st year grades, to register for additional degree level credits in their second year of study. I was keen to ascertain if participants had decided to register for this additional academic workload and if so what their rationale was for doing so. Whilst the pilot participant was a 3rd year student, I was aware that she also had this option but I was not sure of her decision and likewise the rationale behind it. In essence while the NMC announcement affects new entrants to training from 2013, all my participants were making decisions about their end qualifications and career

progression whether that be a Diploma or Degree qualification. Therefore, within the pilot interview I decided to include this aspect in our interviews.

The pilot interview was a useful tool for ironing out any questions that were superfluous or needed further refining or for identifying prompts to gain a better flow of conversation. It was also good to reacquaint myself with the student who I had first met some 4 years earlier whilst she was undertaking her Access course at a local Further Education College. The interview lasted for just over one hour, including the additional question on her decision about undertaking additional Degree level credits. From the responses, I made some changes to the order of questions, for example when I asked about caring responsibility I found that this was covered in a previous question around their Access course and questions on comparisons to their 1st year experience.

Conducting the interviews

All interviews, except one, were conducted with agreement from participants at a University site. Due to childcare issues I conducted the final interview with Emily at her home. I carefully considered the layout of the interview room making sure each participant would feel at ease whilst still allowing a professional ambience to the interview. It was also important that sufficient personal space be presented during the interview (Gillham, 2000:32). This became particularly pertinent when interviewing participants at centre D, the largest centre of training. At the other three centres (A, B and C) the participants volunteered to book a seminar room that in all cases accommodated at least six people. However, at centre D, having conducted one interview in a large shared library workspace, future interviews were conducted in purpose built bookable quiet rooms. The drawback was that these can hold a maximum of two people and had fixed fixtures and fittings. Therefore, whilst the ideal is a space sufficiently large to be comfortable this was not always practical and a compromise was required (Gillham, 2000:32).

The length of the interview was open, although I had indicated on correspondence that each interview would last no longer than an hour. The interviews lasted between 43 and 75 minutes, were digitally recorded, and during the interview I took moderator notes that contained some of their responses that I recorded on a blank interview schedule. Being able to focus on asking questions and taking moderator notes was a skill that I needed to develop as each interview progressed, and I certainly, honed that skill as more interviews were conducted. My sense of confidence grew, particularly as it became clear that a similar pattern of responses emerged as more interviews were conducted. One aspect, which occurred with Charles, was, while I took notes, there was limited eye contact, which resulted in him stopping when he saw I was writing. In order to remedy this in my pre-ample with remaining participants, not only did I reiterate that the interview would be recorded, but also that during the interview at some points I may have limited eye contact, but I was still fully listening, and that they should continue to talk freely. Participants quickly responded off record that they “were familiar with this” as many of their tutorials are conducted in a similar manner” (Jane and Kate).

It was therefore important that in explaining the context of the study, I made participants feel at ease when I explained the study aims and some of my background. For the first round of interviews, a similar pattern developed with much rapport and sharing experiences, which immediately provided a different feel for the interview, one of mutual respect. However, the first encounter with Emily was more difficult for me. Despite a very open conversation by phone to set up the interview, the ease of developing rapport was made more difficult for me due to the area in which our first interview was conducted, an open library space. Despite my initial anxieties, Emily clearly had no such anxieties; she was very open and freely discussed the personal circumstances of her journey to HE.

In my experience, the preamble before the start of the ‘taped and formal’ interview was crucial to ensure that the participants were at ease and that I

conveyed a sense of the format. I facilitated this with the offer of refreshments every time we met, which in most cases participants readily accepted. This provided the opportunity to 'connect' with participants in an informal way by discussing their current clinical placement or something personal to them, something we had shared in correspondence or from a previous interview. Although each participant agreed to be interviewed, it was helpful to reiterate details about the study and to clarify their understanding and how their involvement would shape the study (Gillham, 2000:40).

Developing rapport was crucial and, in order to initiate it, I allocated time to chat, catch-up and make the participant feel at ease, this was all done without the recorder playing. It was also imperative to make participants feel 'safe', in that each participant was confident to express freely their views and feelings without repercussions. I reaffirmed that responses were anonymised and that the tape could be stopped at any point during the interview or items deleted in the transcription. During the 27 interviews, the tape ran continually and no participants asked for responses to be excluded from the data analysis.

In the preamble and on the participant information sheet I was careful to include details about my previous career at the University, even detailing my job title and work with Access learners. However, this was not a detail that participants asked for further clarification of, or appeared unduly concerned that this might influence the data or study outcomes. I did reiterate the aim of the study, how it was funded, and that it was for PhD study and not directly connected to their School of Nursing. The rationale for this was to ensure that 'social responding responses' are not received, whereby the respondent feels the need to be 'morally worthy' (Green and Thorogood, 2009:96). This was particularly pertinent at the first interview when I was interested in how they selected the university. I did not want a 'hygiene' response to any aspect of our interview, one that is cleaned up and not as frank or honest as it might be, as this might skew the analysis of data.

An important element to the interview style was the use of probes. My experience of collecting data from the pilot MA study of mature students became very useful in deciding which probes to use for which questions. In my experience asking participants, particularly mature students, to talk about their experiences presented no problem of gaining responses. However, in order to gain meaning and a depth of data the use of probes was crucial. These probes were used to tease out responses particularly when flippant comments were made. Probes used during the first round of interviews were "could you tell me more about that" or direct probes to statements, "you mentioned ..." or "could we discuss that aspect further". This is illustrated below when interviewing Martha, when we discussed why she did not go into nursing when she left school:

PARTICIPANT I left school because dad says, you know, you either leave and get a job or I am chucking you out so at 16 it's a bit difficult so I left (school) and lived at home with my Dad and brother and got a job in a solicitors, as an office junior.

RESEARCHER At grammar schools you have to sit an 11+ did you have to do that?

PARTICIPANT No I did not have to do that, it had been phased out. It was automatic that you went there from 11, it was a public school not private, you didn't have to get any scholarships or anything, no 11+ or anything like that

RESEARCHER it's interesting what you say about your aspirations and I would like to explore this further. You said it was always something you wanted to do; can you tell me more about that?

As mentioned previously, I thought it was important to develop a rapport with participants, particularly as I was planning to meet them on two more occasions during their second year of training. I thought each interview went very well, as each participant appeared relaxed, comfortable and willingly shared a great deal of personal detail. However, I could only gauge each interview when they all confirmed their willingness to be interviewed again in

3 months' time and indeed all nine participants stayed on their pre-registration nursing programme and I was able to meet them all on three occasions throughout their 2nd year as planned.

Each of the interviews was audio taped and stored under different audio folders based on whether it was the first, second or third interview, thus allowing ease of comparison when transcribing and later re-listening to the tapes. The aspect of recording interviews is one that causes some debate within GT methodology (Artinian et al., 2009, Glaser, 2009a, Walker and Myrick, 2006). Glaser and Holton from the GT institute suggest that there is no need to capture data by taping it but refer only to the need for researcher memos and field notes. Indeed later work by Strauss and Corbin (1998) suggests use of a journal as opposed to the rigorous recording of memos so advocated by Glaser (Strauss and Corbin, 1998). Glaser (1998) even goes so far as writing a whole chapter on the issues and tensions of taping interviews. In his view, there is simply no need to record interviews, as the researcher notes should still provide an opportunity for constant comparison analysis. Since, in his view, the aim of the researcher is not to gain complete descriptiveness rather they should trust their analytical judgements (Glaser and Holton, 2004, Glaser, 1998).

Glaser (1967) also discusses the avoidance of computer packages for data analysis, something that Glaser is still strongly opposed (Holton, 2011a). To the novice researcher in the 21st century there is an ease of using such packages in order to make aspects of the data handling more manageable, for example NVivo. Whilst I did not make use of these for my own data handling, I believe it is an individual's choice and should not reflect upon the thesis as unworthy of a CGT title.

Whilst I would agree that trusting one's judgment is commendable, it is not an easy trait to develop. As novice researchers managing the interview, handling relationship dynamics and at the same time being conscious of collecting data may result in needing that initial consolation of having the

interview taped. Indeed, contrary to Glaser's strong point of view, other established academics, particularly within the field of clinical nursing, are more relaxed on this standpoint. They indicate that it is the closeness to the data and being able to code, review, and go back and forth across the data, whether initially taped or not which is important (Artinian et al., 2009, Kelly, 2007, Schreiber and Stern, 2001). This stance is more encouraging for a novice researcher starting her first CGT study; a study that may be an academic thesis where there is a need for transparency. I decided to tape all my interviews except on one occasion, when I had technical difficulties with my recorder and the batteries ran out, something that I was always mindful of when conducting later interviews, as on this occasion I was reliant on my researcher notes and memos.

At the first interview, the structure focussed on initially confirming preliminary information: age, care responsibilities, branch of nursing, centre of learning, specific cohort, then moving to broader questions and prompts which involved discussing their individual journeys to their current course with emphasis on their formal schooling, Access programme and their 1st year experiences on their pre-registration nursing programme as shown on the first interview schedule (Appendix 5). The transcription, analysis, and preliminary coding for the first round of interviews formed the basis from the interview schedule for subsequent interviews (Appendix 6 and 7).

After each round of interviews (first, second or third), I transcribed each interview verbatim. This was in order not to lead participants in each round of interviews based on the responses from other participants therefore not influencing the direction or their responses. I conducted all the transcription as planned at the beginning of the study.

At times, I was completely overwhelmed with the amount of data collected from 27 one-to-one interviews that lasted between 40 and 75 minutes. Whilst I felt swamped, I thought it was important to 'keep going', remain creative and critical whilst keeping focussed on my intentions. Since I decided the

research questions had developed the study aims, collected data, produced conceptual categories and was aiming to develop theory; this was 'our baby'; researcher and participants. Whilst time consuming doing one's own transcription it does allow the researcher to remain close to the data (Chenitz and Swanson, 1986).

Memos

During the data collection period, I made notes also known as researcher memos. These memos, subsequently coded, captured an overview of the interview, what stood out, what were the key issues raised, and enabled me to ask *why was that?* Memos were useful as they helped to critically review what was said and track how the theory developed. It also helped to move from a descriptive level to a higher-level of understanding by thinking in detail about possible codes and how these might become categories and as Bryant & Charmaz (2007) raised, identify gaps in the data (Bryant and Charmaz, 2007:364). Use of memos enabled me to capture thoughts after collecting data. It enabled illustration of how categories were forming and allowed 'free flow' of ideas as concepts began to emerge. An example of this was how strongly each participant thought about becoming a nurse; this was very powerful as they talked about their journey towards their pre-registration nursing course. It was also clear from their body language how their Access course had enabled them to gain confidence in their own abilities and apply that to their current course of study. Some participants, 3 of the 9, became very animated and spoke with passion about how this had helped them to gain confidence in their academic abilities.

Researcher bias

The position of researcher "reflexivity" within the study was considered, as was the issue of me as a 'problem', as raised by Miller & Brewer (2003) who pose the question that researchers are part of the 'problem' and the 'solution' within a qualitative study. They suggest that "reflexivity" requires a critical attitude towards data, and recognition of its' influence on the research..."

(Miller and Brewer, 2003:259). Therefore, as suggested by Licqurish & Seibold (2011) as the researcher I should:

take responsibility for their [researcher] influence in the research project by documenting who, why and what they bring to the research and how they influenced it (Licqurish and Seibold, 2011:14)

Interviews can provide for participant voice and allow participants to hold power through taking control of the topic whilst not 'contaminating' the data. This is characteristic GT advocates, that of having an open mind and letting the data speak to the researcher (Artinian et al., 2009).

The participants' view and perceptions of me, as researcher, were taken into consideration. I was aware that they were in awe of me at our initial interview, which continued through to our subsequent interview some three months later. In order to mitigate this I was dressed as a student, and talked about our joint experiences as students. The participants had not been involved in any other study or had an opportunity to discuss their experiences on their current course, or indeed their journey towards HE other than the formal course and module evaluations. They were keen to hear why this study could be of importance to them. Making them the centre of the study was something I thought was important so they thought they had some ownership and were therefore more likely to be honest and forthcoming with responses to my questions. I also wanted them to be participants throughout the study period, which indeed was successful as all nine did remain in the study to the end.

During the 'unrecorded' interviews we discussed our similarities, this ranged from school achievements, upbringing, previous jobs and the journey towards a HE experience. Sharing their 'journeys' enabled them to grow in confidence and see the real value in their previous roles, roles which were important in shaping their future direction. Enabling talk about these aspects in our interviews provided them with limitless opportunities to talk openly rather than just directed discussion.

Unlike many educational research projects, this study was not funded or conducted as a result of demands placed upon me by other stakeholders. I had no internal gatekeepers and could 'flex my muscles' (Duke, 2002). So I could maintain power, authority and ownership over the whole study, and was in control of its direction and timescales. There was also a strong element of exerting my influence over its direction whilst not 'suffocating' the respondents or denying participants' views and voices to be heard which was an important aspect to the study in order to do justice to the participants' time and energy spent with me.

Another consideration was my previous employment at the university and participant's perception about this and any possible clash or influencing factors of the study. The university has employed me for over 6 years as Widening Participation Manager with responsibility for the recruitment of Access learners from local colleges to the university. The participants in this study were aware of the initiatives to encourage and support Access learners to pre-registration nurse training as they themselves had experienced some aspects. However, no participant had recollection of any meeting me whilst on their Access programme.

The interviews provided an opportunity to emphasise the research agenda rather than my previous role within the university. This is pertinent because I was the sole researcher and moderator for all the interviews. Therefore, I was aware that questions were not phrased in order to guide the participants to respond in only a positive light and merely endorse the work previously conducted by the Widening Participation team and myself at the university. Maintaining an ethical stance and not contaminating participant responses by my researcher motives was of paramount importance to me.

I provided participant information sheets, gained signed consent and ensured that participants were aware of all aspects of the research process from the beginning and reiterated this at each subsequent interview. Gaining the trust and confidence of participants cannot be underestimated particularly as I

offered to forward a full copy of their transcribed interviews should they request them, although none requested them.

Limitations of the study

The purpose of including limitations within this work is twofold; to allow researcher reflection and to help other researchers who might consider conducting a CGT study or one that focuses on mature student retention.

Cohort and gender imbalances

The study of mature Access learners registered on two cohorts at one Russell group university provided the potential to recruit a larger number of participants (n=135). Seventeen participants who met the criteria for this study completed the online survey but only nine indicated their interest in stage two, the interviews. These nine participants did fully immerse themselves in the study; agreeing to meet on three occasions throughout their second year of training. The difficulty of ensuring a fair representation of each branch and centre of learning across a wide geographic area was a concern with no easy resolution. Although taking the time to visit each centre and cohort individually might have generated more interest in the study.

The skewed nature of the gender imbalance reflects the nature of Access cohorts, and those recruited on the two cohorts under study. Having a representation of 22% males from the two cohorts (ratio 2:9) was higher than the females in the same two cohorts, however with relatively small numbers of males recruited to pre-registration programmes (13%) (Longley et al., 2007), this was a predictable limitation. Future studies on pre-registration cohorts could focus on male candidates across a larger number of cohorts in order to test further learner persistence amongst male entrants mature and younger.

Selection of study site

This study is based at one well-known and large School of Nursing in the UK. Whilst the participants were recruited from a range of educational centres, located in rural and urban settings, this factor was not an initial

consideration. Recruiting a larger number of participants might enable in-depth definite comparisons of their experiences and journey towards university.

A secondary consideration was the use of a post-1992 university School of Nursing for a comparison of institutional differences to the Access learners' persistence. My initial planning for this study did consider this in order to provide a comparison study, pre and post 1992 cultures and learners. However, I rejected this because of moving away from my original research aim of gaining an understanding of mature learner persistence over the first 2 years of their programme and in doing so felt that focusing on more than one institution might dilute my findings; it may become focussed on institutional dimensions rather than the student experience.

Chapter summary

The chapter has provided an account of the recruitment process that I followed in order to recruit participants to this study. The detailed research activity plan (Figure 3) illustrates the complexities of conducting interviews across a large academic university department that operates across five educational centres. The plan indicates the need for a methodical approach to data collection particularly when dealing with participants in a longitudinal style study. This was achieved by developing an online survey, via survey monkey, that facilitated and gained access to all potential participants for the study. The chapter discussed the use of this tool in relation to other methods of data collection that were considered for the enrolment of participants to the study. An explanation of the judgments made against the appropriateness of these data collection choices was also included.

Included in this chapter is information about the make-up of the two cohorts (08/09 and 09/01) in this study. In total 798 students enrolled on a pre-registration nursing course at this one School of Nursing, of which 135 are mature Access entrants. This chapter has provided extensive details about the monitoring and recruitment of participants through completion of the

online survey. This survey proved extremely useful in accessing participants who are scattered over a wide geographic area but also in terms of 'recruiting out' participants who did not fit the inclusion criteria: mature, entered with an Access qualification.

Whilst only 17 possible participants from the 135 listed on the School of Nursing database completed the survey, 9 participants did indicate a desire to be involved further in the study. The fact that these 9 participants agreed to be interviewed on three occasions throughout their 2nd year of study and did indeed continue with their studies is testament to their own tenacity and provides a useful perspective on the phenomenon of learner persistence. In addition, in order to develop a sound grasp of the issues facing learners as they overcome the known transitions during the pre-registration nursing programme the participants were gathered from all but one of the branches of nursing (caring for people with learning difficulties) but participants were drawn from both of the 2nd year cohorts that were running in the same academic year enabling a comparison of similarities and any noted differences.

At the beginning of this chapter, the reader is introduced to the 9 participants with an individual storyboard. This is useful as it not only provides the background for the participants but also brings them to the forefront of the study, since this is a study about their lived experience. Their story is woven throughout the remainder of this thesis.

The following chapter describes the analysis of the data and the subsequent outcomes with conceptual categories describing the phenomena of learner persistence from the lived experiences of a group of mature Access entrants. This chapter will discuss the technique of constant comparison, as a CGT tool, to illustrate how a theory was formed from five metaphor categories and how the participants' main concern is resolved.

Chapter Five

A desire to be a nurse

This chapter describes the approach taken in the CGT study for coding the interview data and the systematic use of constant comparison as a means to identify descriptive categories in a CGT study. Five categories and two sub-categories were identified, and were coded as metaphors for two clearly defined phases in the participants lived experiences: Phase One – Pre-entry to university and participants journey towards their current course and Phase Two – Continued journeys in the first 2 years of nurse training.

The chapter includes a description of the core category, 'desire to be a nurse' as the over-arching relationship to the seven metaphor categories and explains how participants were able to overcome the known transition hurdles to persist on their pre-registration nursing programme.

Introduction

Whilst I can only interpret the views of the nine participants, through our interviews, they allowed me to enter the setting in which the participants live, and begin to understand how they were able to achieve and continue on programme. Whilst the intention was to make no prior assumptions, I was aware that my own background and career pathway would have some bearing on how I thought their lives would be, particularly in the context of how they balanced their current course, academic demands, and their personal lives. I was able to visualise their world, one student to another and as a researcher who was also interested in their experiences and wished to share their journey, as demonstrated by extracts from emails I received from a number of participants during the process:

Hey Kathryn,

It was lovely to see you again todayI have gained so much myself through being involved with your research and I feel very fortunate to have met you and enjoyed your company.

I wish you every success and happiness.

Warm wishes

(Patricia, June, 2011)

Hello Kathryn,

I apologise for the late reply, it was really good to see you yesterday and I enjoyed the conference a great deal, I feel really positive. I only too pleased to help...I would just like to see this through and finish helping you with your thesis (Jane, May 2011)

Thank you also for being a true inspiration and a good friend...you've kept me going with my studies more than you'll ever know (Martha, October, 2011)

This bond of understanding and empathy developed over the period I was interviewing and sharing their journey and was particularly strong with the seven female students. They shared a great deal during our interviews. I thought I understood the context of the participants' lives and their academic

experiences, but I was aware that in reviewing the data I might be influenced by strong feelings of 'knowing what was going on' earlier than the data might suggest. There was a conscious effort for this not to occur. This was not to say that I did not develop a good rapport with the two male participants and was conscious that their input was just as valid, particularly as there were only nine male Access entrants across the two cohorts (08/09 n=5, 09/01 n=4). I was interested in how they were able to persist on the course without merely focusing on them as males entering what is perceived to be a gendered profession (Dyck et al., 2009). The nine participants, including the two males, all successfully entered with an Access to HE qualification gained at a local FEC.

Within CGT, there is a focus on remaining open minded, particularly when reviewing concepts and emerging categories. Therefore, the thorough analysis of the data was key to ensure that the substantive presented is 'grounded' from the data. Much attention is made of remaining free of pre-determined assumptions (Olavur, 2008:22), stepping away from and seeing concepts from a distance. However, there is a difference between presumptions and having affinity and subject understanding. This distance was something I was acutely aware of, referred to in CGT texts as *theoretical sensitivity* (Glaser, 1978). Whilst I read widely on GT, including Glaser and Strauss (1967) and Strauss and Corbin (Strauss and Corbin, 1998) and despite obvious differences in approach, one aspect remains, that of the researcher remaining open with no pre-conceived notions thus 'seeing' the main concern and explaining the conceptual hypothesis.

During the process of analysis, I was coping with the anxieties of confusion, time passing by while wanting the data to 'speak' to me whilst maintaining faith in the process. I was unprepared for these aspects and at times thought, it was taking an age to capture fully what was 'going on'. Both Glaser and Holton talk about this in terms of "personal pacing" (Glaser and Holton, 2004:13). I thought I had to retain a passion for the research but not letting this blind me because I think I know the topic (Mills et al., 2006:10).

Data analysis

During December 2009 I interviewed the six participants from the September cohort and in January 2010 three participants from the January cohort. From 2012 at this study site there will be only one entry point (September) due to a new nursing curriculum and the move to graduate status profession from 2013 (NMC, 2009).

CGT stages: theoretical sampling

Whilst I did pre-select data collection points (three occasions throughout their second year of training) I did not construct any purposive sampling of participants, because I was interested in gaining participants who had an Access qualification rather than a focus on branches of nursing or centres of learning. Indeed, in order to stay true to CGT and theoretical saturation, further interviews were conducted after coding the previous round of interviews. This was to refine the data around any emerging themes (Glaser and Strauss, 1967:45). The original definition of theoretical sampling has remained largely undisputed:

The processes of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges (Glaser and Strauss, 1967:45)

During the analysis stage, the constant comparing of generated data indicated similarities and differences that helped to identify initial concepts that related to the behaviours observed. This open coding and data collection are intertwined; a simultaneous process that helps to uncover the core category. The process of open coding enables further data to be collected and thus aids the verifying process and any emergent theories (Boyatzis, 1998:27). The core category should have the power to pull all other categories together and account for considerable variation within categories. Glaser and Strauss (1967) suggest that generating a conceptual category from the collected evidence illustrates the concept and a 'theoretical abstraction' from the data collected (Glaser and Strauss, 1967:23). This

abstraction is informing what is going on in the situation studied; it enlightens the researcher's understanding of the social phenomenon.

Since the core category should explain the behaviour in the substantive area I was, mindful of a personal or professional interest in quickly identifying core category because of time pressures or thinking I had uncovered something without taking stock of the bigger picture and before reaching data saturation. The process of data collection is guided by the emerging theory that is arrived at by constantly reviewing data sources: interviews, e-mails, informal meetings, and memos.

CGT stages: open coding

I was clear that the coding of the data was about defining *what it is saying* and *what it tells us*. The coding was about 'seeing' differently rather than just reading and positioning within existing theories, just to make the data 'fit'. The emphasis of CGT is that no pre-existing code exists and that the investigator is developing new codes based on what s/he sees in the data. Some sceptics of CGT do not believe this complete open mindfulness is possible but for me the application of CGT enabled me to maintain 'an open mind rather than an empty head' (Dey, 1999:251).

In order to construct codes and ensure that all data was included, I undertook a line-by-line breakdown whereby each line, having been transcribed verbatim, was reviewed allowing the data to be broken down into smaller component parts known in CGT as open coding (Holton, 2008). This allowed me to see the structure of each participant's narrative and fully understand what they said which helped me to see similarities and any emerging patterns. For example when coding the second interviews a number of open codes started to indicate a pattern within this round these included: peers, involvement of parents, decisions, permission/approval, clarification and responsibilities. It is the principle of CGT that allows this process to occur as no pre-coded criterion is used in the coding and analysis stage. It is these codes, which are compared, merged, and filtered before moving to selective

coding. Selective coding aims to identify the categories and the variables within them and is described later in this chapter.

The coding process involved segmenting the data from each interview, in order to begin the analytical process and to begin to understand each individual personal journey. I initially coded each interview separately and in isolation from other interviews before I undertook comparison checks across individual interviews from each participant as well as comparing all those on a September or January intake. The purpose for this was to see any changes in their comments concerning the emerging codes. This was useful since I was interviewing participants over their second year programme and could verify any changes. By not using an existing theory, each piece of data, subsequent code, and emerging concept could be different with every interview. A mantra of CGT is "*study your emerging data*" (Glaser and Strauss, 1967:101) and to this end re-visiting data was very important from the initial coding to conducting the last interviews in order to conduct a 'constant comparison' of incidents.

The process of coding after each round of interviews enabled the emergent themes to be explored further with the second and third interviews. A principle of CGT is to seek out further data either with new participants, re-visiting the data or re-interviewing (Holton, 2011b). An advantage of constructing a longitudinal style study is that the emergent themes from the first interview data could be explored further with each participant. The subsequent interviews encouraged the participants to talk more about their journey towards nurse registration. Within these interviews however, I took this opportunity within the semi-structured interview schedule to interweave the areas that had emerged from the coding of the previous interview, this pattern followed for both the second and final interviews as shown in Appendix 6 and 7. In this way, each interview schedule, tailored in parts, to each participant, took into account of our previous conversation and the coded emerging themes.

The final interviews enabled teasing out the emergent categories, the building blocks of theory to test the hypothesis and the connections and characteristics of the theory. Whilst the three points of data collection were planned over the second year of the participants' training, the interview questions for the second and third interview were not formed until the first interview data was coded in order to advance core coding and emerging categories.

An example of this was participants' strong desire to become a nurse. This desire was evident with all the participants regardless of age or gender and I was keen to see how this might be an influencing factor concerning their staying on the programme. In doing so, I was thinking what theoretical category this might be. Another example was the influence of parents and significant others with the decision making process of career choice. Of course, whilst I had some preliminary codes, these were adjusted and refined as new data was collected by constantly reviewing the codes and emergent categories.

A distinct advantage of CGT is to be able to constantly test out emergent themes as no individual interview was conducted in isolation of previously coded data. Another advantage of arranging three separate interviews with each participant was that the semi-structured interview schedule for the first interview could be very broad in scope. Staying true to the notion of CGT, I was not prescriptive in the scope of my data collection strategy but aimed to have an effective tool that would enable and encourage participants to be the focus of the interview. I asked them more open questions initially and then focused on aspects of their responses, for example, their journey to their Access course, their home situation, and schooling. The first interview schedule did allow a sense of direction without forcing the participants to provide data that 'fitted a box'. This allowed each participant to share their experiences; they did the talking at their own pace with me guiding them with prompts on aspects I wanted to hear more about. I was focusing on listening to their responses whilst remaining aware of the opportunities in the

conversation when I might ask, “can you tell me more about that?” or “you mentioned something there what did you mean by that?” (Appendix 5, 6 and 7). Piloting the interview schedule helped immensely with this process because I realised that fewer questions needed to be asked and changing the style of the open questions could elicit more data and allow conversation that is more ‘fluid’.

CGT stages: category formation

The suggested methodological framework for CGT is where emergent categories from the data are examined and further data is collected in order to saturate the category until the data adds nothing new to the category; so called ‘theoretical saturation’ (Glaser and Strauss, 1967:61).

CGT aims to generate theory about a social phenomenon and by doing this there is a need to present names for the concepts and properties reflected in the data. I was aware that the framing of these terms had to be both reflective of the data, understandable, to participants and future audiences, and be easily relayed for future use in the field. Developing jargon-free theories, which articulate and represent the data, whilst enlightening others in future research, is no mean feat. I was conscious that the codes needed to reflect action of what was happening from the participants’ perspectives (Charmaz, 2006:46). The codes needed to reflect what was problematic for the participants, how and what they saw as their transition to a pre-registration nursing programme whilst helping to define to understand and make sense of their actions (Artinian et al., 2009). Codes may manifest themselves from the very words that participants speak, *in vivo* codes.

During the coding, I became aware that participants used similar words or phrases and this became apparent when I was reviewing the twenty-seven transcribed interviews. This is a feature within CGT and is referred to as ‘manifest content analysis’ whereby the number of times an individual and then further participants use similar words or phrases (Boyatzis, 1998:16). Although the nine participants did not use the exact wording when conducting

the initial review, I realised that I had coded them in similar ways. Boyatzis (1998) suggests looking for an 'anchor' so as to compare different concepts and investigate sub-sets within the two different second year cohorts (:16). Table 11 provides examples of phrases used which were coded as "career guidance/career planning."

Table 11 Manifest content analysis – coding - career guidance and career planning

I wasn't good enough	It was hard with my family background	I had no experience and neither did my parents (HE)	It just wasn't something we discussed at school
Not discussed in my year, it wasn't an option	We were encouraged to get a job	I wanted to leave and get a job, that was the aim	We never discussed this with anyone, they seemed happy to tick a box

This coding involved providing labels with a description of the issue constituting the theme. I was also looking for consistency of judgment in terms of inter-rater reliability (Boyatzis, 1998:147). Within a study where I was predominately working alone in collecting data this reliability and 'synchronic reliability' where multiple observers conduct data collection and review the coding process over the same time period, was not practical (Kirk and Miller, 1986). In order to obtain validity of the findings presented, every participant was invited to review and provide feedback on the findings and analysis chapters. Dialogue with supervisors over coding, labelling, description and sharing the emerging themes did aid the ability to test out how my findings reflected the data as agreement with 'experts' (Holsti, 1968).

CGT stages: sensitizing concepts

It is important that the researcher is able to maintain objectivity and sensitivity when undertaking a GT approach (Strauss and Corbin, 1998,

Glaser, 1978). In order to remain objective it was important throughout the process that I had to set aside my familiarity of the institution and my perception of the setting to which participants were undertaking their second year of training. Whilst this might appear difficult, the fact that I am not a qualified nurse in a clinical setting, nor based in the School of Nursing was an advantage as I was able to explore aspects of the interview that were unfamiliar to me and it allowed the participants to explain fully situations and scenarios that occurred between our three interviews.

I was also mindful of having ideas or concepts which would sway or could conveniently fit my data, so called 'sensitizing concept' (Schreiber and Stern, 2001:59). This aspect that was particularly pertinent to my previous experience of working at the university as a Widening Participation Manager and working directly on initiatives within the School of Nursing to encourage and support mature applicants. However, my research interest and the concepts identified in the initial literature review helped me pursue different questions in this study compared to findings from the preceding study of Access entrants on a similar pre-registration nursing programme (Hinsliff-Smith, 2008). This previous study explored the different coping strategies used by Access to HE entrants whilst on their pre-registration training course. It was while conducting the earlier study that I became aware that nursing students, regardless of their stage of training, are determined to complete their course. Whilst one could argue that all successful students exhibit signs of determination, the literature illustrates that the perceived and actual pressures to succeed are manifest when students have 'outside commitments' which are more prolific in mature student entrants regardless of their discipline (Smith, 2009, Fleming and McKee, 2005, Trotter and Cove, 2005, Osborne et al., 2004).

It was this sense of determination and persistence that led me to ask more questions about pre-registration nursing retention and to form new questions about the phenomenon. As advocated by Blumer (1969) the ability to use 'sensitizing concepts' from the pilot study was an advantage and helped to

shape the direction for this new study, since researchers have guided interests that begin to shape their study and provide a loose framework, although this could be a form of researcher bias which may taint future research questions (Blumer, 1969). I was also aware of the differences and similarities between the nine participants and myself relating to social, ethnic, cultural, or economic factors. Whilst it became clear to me that a working and friendly relationship was formed, I was aware that in speaking to these participants, a sense of commonality emerged. For two, Emma and Martha, it became apparent during our interviews that they saw me as someone who was succeeding:

[you] must be very clever (Martha 13/11)

I would love to do what you are doing, could I? (Emma 20/3)

These comments were made during our interview preamble when we were talking about their personal journey towards university. For two of the participants, Emma and Judith, there were many similarities in our personal lives, particularly as parents. However when we discussed their jobs prior to starting pre-registration nursing programmes their social position, was perceived by them to be lower than to mine, as a member of staff at the university:

Well I just worked in a retail travel shop (Judith 21/1))

*Something my Mum did, hairdressing, anything to get by
(Emma 13/11.2)*

My aim, as the researcher, was to capture data at a depth that would enable conceptual theories to develop in order to understand the phenomenon under study. I thought it was important that participants could relate to me in a way that would make the three occasions comfortable and ensure an easy flow of 'conversation'. It was therefore crucial that what transpired from the first interview could be drawn upon in future interviews including their home situation, personal details, and other family members involved in their journey towards registration. I thought these aspects might have some

bearing on their continued success and ultimately their persistence on programme.

CGT stages: constant comparison method

This section reports on the analysis of the data collected during the one to one interviews conducted over the participants' second year of training. In addition, analysis included informal opportunities, such as e-mails and chance meetings when participants would talk about and share their successful progress. It is a feature of CGT that all information and correspondence can be data (Glaser and Holton, 2004). The interview analysis consists of twenty-seven individual interviews conducted at approximately three monthly intervals during 2009 – 2010 accounting for over 1,200 hours of recorded material.

The analysis was conducted in a systematic fashion using constant comparison (Glaser, 1992:105). This constant comparison analysis is a key feature of CGT and differs from other forms of GT methodologies; as it is a fundamental feature of CGT (Olavur, 2008:20). The focus of the method is for the researcher to compare simultaneously the data, review coding, analysis and data collection (Glaser and Strauss, 1967). The objective for this process is to be able to move back and forth across the data to change focus, see new codes emerge and pursue new leads (Glaser and Strauss, 1967). Four stages are identified in order to undertake constant comparison, further illustrated in a CGT thesis on the role of transplant co-ordinators in Australia (Kelly, 2007:46):

(1) comparing incidents applicable to each category (2) integrating categories and their properties (3) delimiting the theory and (4) writing the theory (Glaser and Strauss, 1967:105)

This technique is particularly useful with a study of this nature with a longitudinal design, as I was able to review the first round interviews and compare incidents within the data across all first interviews and then subsequent interviews. An example of this was how participants talked about

their career plans, their desire to be a nurse and their formal schooling. During each round of transcription, I was able to identify similarities in the data not just from each participant but also to identify differences and similarities at the different points in their training. The importance of these incidents helped to form initial descriptive codes with further sorting and grouping as the interview analysis continued.

This constant comparison analysis, particularly when reviewing the first round of interview transcripts and researcher notes, indicated that each participant talked about an interest in nursing when they were making career decisions at school. This was something I noted on a memo after conducting four interviews.

Memo: P4/13.11.09

It was interesting to note that this is another participant who really wanted to be a nurse but they did not, why is that. These participants made several sacrifices to be in college first and then university - but why so much later in their lives. The participants so far have care responsibilities which makes their life choices even more demanding, but they talk about keeping going and it is their chance to do it.

Note: this is something I need to explore further as it may indicate a pattern. Why didn't they pursue it earlier, what were the reasons. Is this something about their age or what happened at school? Is Emma typical of those that have limited experience of higher education?

Being able to move constantly across the data never being sure of the direction was something that was particularly attractive to me. It appealed because it enabled me to explore further dimensions emerging from the data, which as a CGT study were not previously considered, and yet explained and fitted the participants real world. This systematic approach enabled me to compare the incidents described by each participant to identify any uniformity

or aspects which set participants apart as to what was going on in relation to the decisions they made when leaving school. I was able to see a pattern emerging.

Likewise, incidents that emerged as dissimilar, but potentially important were also recorded, as these could identify nuances for cohorts, branches of learning or individuals. Since I was interviewing both male and female participants, in what is considered a gendered profession, I was open to instances where incidents of gender difference became more apparent and any age related themes. Although all participants are classed as 'mature' as defined by UCAS (QAA, 2009) this does not make them an homogenous group, particularly with regard to care responsibilities, previous life and work experiences (Smith, 2009, 2008, Houghton, 2005). Indeed the only link to other mature students is that they entered university at a time well beyond their full-time schooling period (Smith, 2009).

CGT stages: selective coding

Through the CGT stages, I was looking for patterns of behaviour and how this was during the initial interviews and subsequent data collection phase. The aim was to understand what was going on in the substantive area of learner persistence.

Whilst some work has been undertaken on learner persistence on pre-registration nursing programmes (Cameron et al., 2011, Avis et al., 2009), few studies exist that focus on mature Access applicants who then successfully progress (Hinsliff-Smith et al., 2012), when success is judged as completing their programme and gaining professional nurse registration. For this current study I was keen to explore how mature Access entrants on a UK pre-registration programme were able to persist when current data on mature applicants to UK HE programmes indicates they are more likely to leave in comparison to younger applicants (HESA, 2012). What was it that was enabling mature entrants to persist on UK nursing programme? Could

there be something significant about this type of entrant and their entry qualification or other influencing factors for their individual persistence?

In line with a CGT methodology and the defined stages, the aim is to identify and understand the phenomenon using the coded data into categories and then identification of the core category to enable a theory to emerge. Selective coding is where the core category emerges, development of the substantive theory is explained, and the main concern and its resolution are described. The categories described further in this chapter demonstrate how, in the substantive area, participants resolve their concern, that of a desire to become a nurse and how they reconcile this in their journey through their Access programme and onto their university pre-registration nursing programme and the relationships between the five metaphor categories. These relationships and interactions between the categories is the theoretical coding, which is crucial to demonstrate how they resolve their main concern.

The role of the CGT researcher is to uncover this concern and illuminate how participants' behaviour continually changes through the categories; categories which are drawn from the data and illustrate how the core category may in turn describe this as a 'basic social process' (BSP) (Glaser, 1978, 1971). However, this theory should be descriptive but not frozen in time, yet still be free of place and time. It is a conceptual theory that transcends people or situations. Therefore, the theory presented further in this chapter is a BSP that explains what happens over time. It presents a summary of the social patterns that occur illustrated by the varying stages (categories) and how time is not the dominant feature. Individuals do not fix the process but they move through the stages, back and forth, until they reach a 'critical juncture' (Glaser, 1978:101). The critical juncture in this study is the category '***I Can See Land***'.

My aim is to provide the 'light' for the phenomenon, how it occurs, and recurrent solutions sought by participants, this is about real lives and best described by Conroy (2009) as:

The gaps between the paving stones, slabs where real life happens which can be heard. A human story the interstitial space (Conroy, 2009)

I suggest pre-registration nurses who persist, make decisions, act upon these by finding their own solutions to resolve their concern, and are therefore able to move forward.

CGT stages: forming the categories

Finding and shaping the categories took time, patience, and prolonged enthusiasm within periods of intense uncertainty. This is something to which those familiar with GT refer but at the time provides little consolation to the new CGT researcher (Holton, 2011a, Glaser, 2009b, Olavur, 2008, Kelly, 2007).

Since the study is to understand learner persistence amongst mature Access applicants, data was collected with regard to their continued progression whilst on their pre-registration DipHE/BSc course. It was directly from this data that I formed and named the categories. The five categories demonstrate the journeys that the individuals made, firstly to enter university and then continue to succeed on their chosen path; that of a pre-registration nursing programme. It was this sense of journey that resulted in use of metaphors for the different stages that the individuals travelled; they were on their own journey. It was this sense of journey that led me to describe the categories through metaphors of sailing across uncharted waters. At times, the participants were not sure of what direction to take but they knew they had a purpose, to become a registered nurse. The use of a conceptual metaphor (Lakoff and Johnson, 1980) aims to illustrate how I viewed their journey but also, having reviewed this chapter, how the participants saw the associated metaphor and their own journey. Use of these metaphors has the benefit of creating, for the reader, an image of the voyage that these nine participants shared and are also pervasive in everyday life (Lakoff and Johnson, 1980:3).

Through the CGT process of theoretical sampling, open coding, and sensitizing concepts, the five categories identified are '**Home Territory**', '**No Man's Land**', '**I Can See Land**', '**Lost Bearings**', and '**Wearing the Uniform**'. These five categories were developed over time, from initial data coding line by line, through to the category descriptive codes. Each code had to 'earn their way' and be sure to have a conceptual fit to explain the participants' behaviour (Olavur, 2008:29). The categories do not stand-alone but have a relationship to each other and strongly link to the core category detailing participants' lived experience on their programme and a reconciliation of this desire to be a nurse. Each phase was not sequential and for each participant it was not governed by time constraints but rather led by their own desires. For these nine participants once they progressed to university and entered Phase Two their sense of direction was more linear with little evidence of moving back to Phase One.

Phase One - Pre-entry to university and participant journey towards their current course

As described, the coding of the data enabled two separate phases that the nine participants travelled in order to reconcile their desire to be a nurse. The coding of the five metaphor categories relates to these two different periods for each of the participants. **Phase One** is about the participant's transition towards university and the preparation to gain entrance to a pre-registration programme. It is about the process that the participants undertook prior to starting their course and starts from the end of their formal schooling when they are making career decisions through to the stage when they feel able to 'explore' nursing as a career, for most a change of career and for all a new sense of direction.

The emergent categories for **Phase One** of the social process are illustrated below preceded by discussion about the relationships to the core variable, the participants' main concern. This core variable is how I interpret what I see when reviewing the data, the lens on the behaviour with the solutions (categories) that best summarise their behaviour (Olavur, 2008:26).

Category - Home Territory

This is the first category that describes the beginning of the story for the nine participants in this study. This category was named as the preliminary coding and then further selective coding identified that the 'home' was an important part of the participants' journey to their current programme of study at university. Figure 4 provides the selective codes and a brief overview.

Figure 4 – Home Territory

Selective Coding	Description
<i>Role of their parents</i>	<p><i>This category illustrates the period when the participants were reliant on parents and significant others for guidance for future direction in the formative school years (14 – 18).</i></p> <p><i>The 'home' is a valued space for role models and guidance.</i></p> <p><i>Participants had a desire to be a nurse but were unable to fulfill this when leaving school.</i></p>
<i>Limited career guidance – but wants to be a nurse</i>	
<i>Life-events at a young age</i>	
<i>Low or limited aspirations at school, drifted into jobs</i>	

Individuals make decisions that affect their future career plans predominately when they are still in secondary school. This starts from year 10 with their option choices and continues until they formally leave education either at 16 or 18. These decisions can have a lasting impact on their career direction not just affecting their employment but also their status and future income potential.

This time in young people's lives can be daunting, exciting, and/or confusing. Since the focus for this study is how Access entrants persist on a pre-registration nursing programme, I was interested to learn about their individual journey towards this full-time nursing programme. The Access programme only accepts applicants over the age of 19 so I was aware that any student holding this qualification by definition would be mature. The interview questions were intended to find out about their formative school years and what career decisions they made at 16. This included qualifications gained and career aspirations.

During the interviews, I heard about decisions, which were predominately made when participants were living at home with parents. What transpired from the data was the importance and influence of their home, either the people or places. It emerged that most had a desire to be a nurse at an early age. Despite this desire and even in some cases (Charles, Kate, Martha and Patricia) seeking advice about this avenue with school career advisors and their parents, they did not pursue it any further at this time.

The participants in this study expressed a desire to become a nurse during their formative years at school but only Patricia pursued it further by applying and being offered a place when leaving school. A place she was later to reject due to her Mother's terminal illness. Whilst a nursing career was something each participant described as something they wanted to do after leaving school, for Emily her desire was more uncertain and despite obtaining high GCSE grades, on the advice of her teacher, she went in a different career direction, retail work, waiting a further 14 years before deciding upon nursing as a career for her.

Like most young people, Emily highlights how the career decisions that young people make are complex and have a lasting impact upon their future direction. Emily, I believe, exhibits many of the dilemmas facing young people especially if they are uncertain about their exact vocation and sense of direction. It is only now that Emily is able to recognise and articulate how these decisions have changed her career goals.

I was keen to find out how, after 14 years of working, that she decided to explore nursing as a profession:

You know I always wanted to be a nurse ever since I was young but when it came to it, I did not really think about it. It was not until I was actually 30 and I had to have an emergency operation and that kind of gave me a perspective on what I want to do with my life, I nearly died (Emily, Interview one).

Within the context of youth transition there appears to be a driving need to plan, prepare for work, and have a goal, a need for action planning. However, it was evident from the interviews with the nine participants that there was no clear or defined career planning; it was simply not a priority. For them their career journey was initially about securing a paid job and the next step after leaving formal education whether at 16 or 18. When asked about careers advice provided at school, both Emma and Adam summarised this in their interviews:

Not sure, you could call it careers advice. I remember just speaking to someone about it at school, what we wanted to do, I really did not know but thought about nursing and hairdressing. I never was encouraged to pursue nursing as I thought I was not good enough anyway to do that. That is why I chose hairdressing, she [advisor] seemed happy with that (Emma, Interview one)

When I was at school, I was guided towards becoming a mechanic but it never worked out I started out on a training course as a diesel fitter but was not for me, definitely not. When I was 17, I was encouraged to do a Princes Trust residential programme. At some point, I became a carer with adults with physical disabilities, and that got me into the care sector. I sort of ended up staying there [it] gave me my main interest in the caring profession, but at the time I didn't have the confidence or the knowledge the gender thing with nurse education it was 16 or 17 years ago and I was still sort of conscious of peoples' views and opinions of going into nursing (Adam, Interview one)

For another participant, Kate, her career advice at school was geared towards her obtaining A levels, as she was a predicted high achiever by her school teachers. From deciding her options (in Yr. 10) through to the decisions on which A levels to study, her choices were based on her starting a nursing programme at university after finishing at 6th form. Despite obtaining good grades, she was unsuccessful in gaining an offer for a nursing programme on her first UCAS application.

When talking to Kate further, I explored how the predicted A level results were not realised and, as a result, it had taken her two extra years to enter a pre-registration nursing programme. The enormity of what transpired, of what Kate had endured, is a story best told in her own words as she describes the experience and the obvious upheaval when her family home disappeared whilst trying to meet the expected exam results:

*My Nan was very ill and at the time I was living with her and that was causing a lot of arguments, I did not have to care physically for her but the arguments in the house were really frustrating. Mum and Dad also moved house to xxxxx so then at 17 I had to move in with my boyfriend's parents so that was difficult trying to do my A level work in someone else's house and I felt abandoned by my parents so they were contributing factors
(Kate, Interview two)*

Kate's experience of trying to gain entry to her first university choice was further complicated when her second application was also rejected. I was keen to explore why this happened a second time as Kate thought she had done all that was asked by the School of Nursing, which was to improve her A level grades. How had Kate taken this second rejection while continuing to try to meet the entry criteria and then eventually be successful on her third attempt:

I was really gutted and I was crying in the interview, you know they were sorry but they did not want to offer me a place. They said go away and show that you can do it and come back. I went home to my parents, cried, and moaned, then I came back in Jan and then I was just so determined. I had to, turned down twice, I was really upset as I had done everything they had told me, go get nursing experience, which I did, and I got a really good reference from the nursing home and I thought it is in the bag. I got my hopes up and I failed again to get in the second time, so difficult. I did not know why but I really wanted to be a nurse so I thought, you know and I wanted to be able to prove them wrong. They wanted experience so I went and got it, so then no sorry you need A levels so right fine so I went off and did that and while I was doing the Access course I thought I should

get in. I have Access, work experience but just to make sure I put myself through doing an NVQ level 3 in palliative care just to show that I was doing something else. So when I came for the interview I thought right (Kate, Interview one)

When interviewing Kate for the first time in December 2009, she had successfully progressed from her first year, the common foundation year, and was on her second year of the pre-registration programme. Whilst her path had involved rejection and in her words "jumped many hurdles presented by university" (Kate, Interview three), she was a success at meeting her aspiration to start nurse training.

For two of the participants, Jane and Emma, their social positioning meant that whilst they wished to 'do their very best' they followed similar pathways after leaving school. Jane talked about how she eventually explored nursing and aspiring "not to be like my Mum" (Jane, Interview one):

I wanted to earn money and get a job, I gave up at that point, and I worked in a petrol station, cashier when I left school. I wanted to do secretarial, my mother worked in a factory, she worked in a factory a long time, and I always said I did not want to go down that route (laughs). I was in hospital when I was about 17 and I remembered how the nurses looked after me (Jane, Interview one)

In Emma's case, she described her parents as working-class; they both worked full-time, her mum a qualified hairdresser, and her father an unskilled, manual factory worker, the same factory where her grandfather and uncle also worked. In her interviews, we talked about her decisions when leaving school and her aspirations. When making her career decisions, her social and cultural background formed her direction her sense of 'this was what was expected' and therefore these earlier decisions could be classed as predictable based on the social values and cultural influences. The following is an extract from our conversation on her career aspirations when leaving school:

Researcher: Can I ask you what you did straight after you left school?

Emma: Hairdressing, if I was honest I didn't think I was good enough, its hard work and you need lots of qualifications and he [careers advisor] gave me a list of other things to think about and it was hairdressing. I was interested in the hair and beauty side. I didn't do it because that will do, I was interested in doing that

Researcher: But it's interesting that you say you weren't good enough, can you tell me a bit about that, why

Emma: Well I think none of my family are academic minded and my grandfather my father they have all been manual labour jobs my mum in between having us she did hairdressing and worked in shops I don't know our family.....

Researcher: Are you are the first in your family to go to university?

Emma: Yes I am

During this period of Jane and Emma making career decisions it was uncommon for 'working class' families to have experience of attending university so very few children would have the opportunities and a family 'connection' as a possible pathway. During this time (1970s and 1980s), there was usually no expectation that 'comprehensive' kids would progress to university, even with 'traditional' nursing schools' prevalent at the time. Emma classed herself therefore as "*not good enough to be a nurse*" (Emma, Interview one). This aspect, of being first in the family to attend university, was the same for all nine mature participants, although Charles did undertake college training to become a teacher in his home country.

During their formative school years, some of the participants experienced what is termed a 'life changing event'. These profound events affected their career aspirations and sense of direction. Whilst divorce, moving house, and bereavement are the known three most stressful events in an adult's life, only more recently has research identified the impact of these on children

(Maclean, 2004). During the interviews, it transpired that major 'traumatic' events had occurred at the time when participants were making their career decisions, events that would have a profound effect on their future career direction.

The decisions that parents make will undoubtedly have some effect on children. The often difficult and painful decision for parents to separate and divorce can be one such decision which involves children (Maclean, 2004). Regardless of age, this is now a well-documented process which requires support for both the separating parents and also the child to make sense of the situation (Maclean, 2004). When this happens, the young person is catapulted into unknown territory whereby their home environment changes and family units are no longer there. Indeed this was the case for Martha, who explained why she left school at 16 despite wanting to continue into sixth form and study for her A levels:

I always wanted to do nursing at school. As long as I can remember I looked at nursing, I did not come out with the grades I wanted to. It sounds a sob story but to explain my mum and dad split up when I was doing my CSE's it all went pear shaped so I ended up leaving and working in a solicitors. So that is how I did not do it (nursing) when I wanted to do it. I wanted to stay and do A levels, things like that but unfortunately Mum left, I was at home with Dad, and he did not agree to support me and basically said I had to leave and get a job. The school tried very hard to mediate and said "look she wants to do this" it got very hard so I left [school] and got a job I always felt I missed out, and achieve what I wanted to achieve you know so that's how it came about. Dad says, "You either leave and get a job or I am chucking you out" so at 16 it's a bit difficult (Martha, Interview one)

Another traumatic event is the loss of a loved one. Death and the process of grieving is a painful experience for any individual. The process of grieving can take many months even years to come to terms with and one which can result in a 'stagnation' of the individual, particularly to make clear decisions

or even see or want to move forward (Hall et al., 2009). In the case of two participants (Judith and Patricia), the experience of death was profound with the loss of their Mother during their formative school years. This event affected their decisions about future direction and the 'normal' career making process, despite both wanting to enter the nursing profession. Patricia explains about her decision:

At 16 my Mum contracted lung cancer and I nursed her and that's why I didn't go into nursing, I applied and got a place but I didn't take it, it was too close to home should I say and I had to raise my younger sister as well (Patricia, Interview one)

I also discussed with Judith about her decisions:

I wanted to work with people because it was either hair or nursing. So I trained as a hairdresser did all my qualifications did really well in that but knew it was not the career for me, knew 100% that nursing was.....but at the time, my mum was terminally ill (Judith, Interview one)

The loss of a parent is particularly poignant, as similar studies have indicated the importance of other family members in supporting and encouraging decisions to enter nursing (McLaughlin et al., 2010, Mooney et al., 2008). A recent study of pre-registration nurses looking at reasons why those that were considering leaving, stayed, cited mothers as particularly supportive of their daughters in their decision making process to enter and stay in the nursing profession (Bowden, 2008). A similar study of student retention on pre-registration programme conducted an integrative literature review and reported family influence was a factor in enabling students to remain on their programmes (Cameron et al., 2011). The importance of family and their influence on career decisions is not related to a nursing discipline, but correlates with findings from a wider study of parental involvement and HE choices (David et al., 2003). Therefore, the difficulties of parental death are even more profound for Judith and Patricia.

To summarise, the category of '**Home Territory**' illustrates the affect that the home environment and family circumstance can have at a time when the participants were making important decisions about their future career direction. The coded data illustrates how events at home can have a lasting impact on career choices and how for these young people they were aiming for a nursing career, although only Patricia actually applied. Included in this is early evidence of social class division with Jane and Emma citing their parents' working class backgrounds as a factor for them not pursuing a nursing career when leaving school.

The following describes the second category within Phase One:

Category Two – No Man's Land

The following category describes the stage when the participants are unsure of their direction; lack the ability, either emotionally or physically, to seek out guidance or information on a nursing career. Figure 5 provides the selective codes and brief description for this category.

Figure 5 – No Man's Land

Selective coding	Description
<i>No sense of direction – no career plan</i>	<i>This is a period in the participants' lives when they are 'content' with their lives but still have desires for a sense of direction and to re-affirm their earlier desires.</i>
<i>Other priorities – family/partner</i>	
<i>Uncertainty but content with life, 'In a Fog' (in vivo code)</i>	
<i>Lacking sense of purpose – mid-life decisions</i>	
	<i>This is not an unhappy period in their lives but 'something is missing'.</i>
	<i>For many they have other priorities so their sense of urgency in pursuing their goal is not a priority at this time.</i>

This is the stage when individuals have moved on in their career trajectory from the young person who thought they needed to make long-term career decisions at school to being 'on their own'. They are independent and free to make their own choices. For some, like Adam, this might be at a much younger age than those that stay at home whilst continuing to study or work.

Adam was already living away from the family unit at seventeen and making independent choices, choices that involved his gender as well as his career. Participants are responsible for their own decisions and direction. They are adults and they talk about having rejected nursing as a career for them at this stage; their careers took a different route. **No Man's Land** is how they see themselves, neither in the direction they wanted to be but likewise their lives are not unhappy. This is not a sense of hopelessness or desperation but this is 'how it is'.

The term '**No Man's Land**' embodies individual's choices about their career decisions, their sense of contentment yet still an element of 'wonderment'; they are living in between one place and another and considering where they are now and where they want to be. They are living a life, which is full, content. The participants exhibited elements no element of bitterness or regret but had a sense of '*what could have been*'.

For Adam this became apparent when discussing why he did not decide to pursue a nursing career when leaving school. Cliché remarks by his peer group and professionals advising him at the time made him wary of being '*seen to be gay by training to be a nurse*' (Adam, Interview two). Instead, when he left school he spent most of his time moving from one job to another, living off benefits and undertaking job schemes. He became transient and found himself displaced from his 'home community' trying to find his feet and with little sense of career direction or purpose.

Charles, the only international participant, pursued a different profession to nursing, that of teaching. He successfully trained in his home country and taught for many years before moving to the UK. His choice of teaching was not because he did not want to be a nurse but found pressure to undertake an 'acceptable' profession, a career not viewed as female. This is a common finding in African and Middle Eastern studies, which explore recruitment of male entrants to nursing programmes (Kouta and Kaite, 2011, Al-Omar, 2004, Sumbweghe Simukonda and Rappsilber, 1989).

During this stage, Patricia described herself as 'being in a fog', because she had already entered '**I Can See Land**' by starting and successfully completing her Access programme some 10 years earlier; the norm is for Access entrants to apply to university during their course and secure a university place upon successful completion. Patricia and Judith are the only participants in the study who undertook their Access course part-time over a two-year period. When Patricia successfully gained her Access qualification, due to her husband's work commitments they moved to another area so she was unable to pursue her desire to enter nurse education straight away. Therefore, she thought she was back to square one and no closer to meeting the aspirations that she had since leaving school.

Participants felt content with their life choices but something was missing in terms of their career aspirations. To the outside world, they are perceived to have everything, a spouse, perhaps children, and they appear content, but the participants spoke about craving something else. They were thinking back to their earlier career aspirations, and whether it was possible for them now a second time round. Patricia viewed returning to her earlier desire of becoming a nurse as getting back into education; she wanted to gain status in her own right, her own autonomy. Gaining nurse registration, she believed, would provide this:

Yes time is short and you don't know what is around the corner, I had lots of upheaval, we moved 5 times in 2 years due to my husbands job... and then was I was 29/28 I came out of work altogether and I was a mum full-time then very swiftly after that I had another one and another one [...] and then my marriage went boomtime for me to look at options which I wanted to do. Yes, I missed out first time didn't I? (Patricia, Interview two)

A local study found Access students make decisions in a short space of time from locating course information to actually commencing their programme compared to traditional younger entrants who plan 1 – 2 years ahead (Hinsliff-Smith et al., 2012). For Emma and Patricia this was indeed the case.

For Patricia the pivotal moment was when her third child started school she decided, it “was time for me.” (Patricia, Interview one). In Emma’s case it was when her two children started school full-time and “she felt lost.” (Emma, Interview one). Her friend told her about her local college and she went along to find out more in August. By September, she had enrolled on a full-time Access course:

The Access course provided the route into nursing for me, I had never heard of it before (Emma, Interview one)

Whilst they may feel that there is something else for them out there, there is also the sense of their previous experience of learning. There is a sense of disillusionment that school failed them and that second time round they might not be able to engage in the same way. This is particularly pertinent and exacerbates their ability to move forward, as they fear rejection and failure. They worry, they fret about this before deciding whether to take the next step, which hinders their progress of moving forward to the next stage. For Jane this was also about gaining ‘permission’ to action her desires. We talked about her Access course and making decisions about nursing and needing acceptance from her husband:

There was an open day at the assembly room when xxxx was 18 months old, and my husband said she [daughter] was probably too young for you to do it now, and I agreed with him on that part so umh, (Jane, Interview one)

This category describes a stage in each participant’s journey whereby they realise that whilst they may be content personally they have unmet career aspirations. The interview extracts show how they are unsure of their direction and are seeking guidance on the next course for them in terms of their career. Whilst the participants range in age from 22 to 49 each of them talked in our interviews about this transient stage, a mid-point when they are re-evaluating their role in society, although they don’t describe it in that way because its more personal, more about how they see themselves.

The final category in Phase One describes the period when the participants became active in seeking out services to help them explore nursing as a possible career route for them.

Category Three – I Can See Land

The coding for this category shows how participants actively engaged with key 'gatekeepers' in the FE sector but with other 'experts'. These 'experts' are the academic staff within the School of Nursing who they saw at Open Days and other information events. The aim for the participants was to secure information, to seek reassurance and to gain confirmation that the path they had decided upon was achievable from these 'experts'. The importance of all these 'gatekeepers' cannot be underestimated; they were viewed as crucial to the participants' decisions. This included the FE staff that provided initial information about the Access route and confirmed the acceptance of this qualification as a method of entering nurse education. Figure 6 provides the selective codes and a brief description for this metaphor category.

Figure 6 – I Can See Land

Selective coding	Description
<i>Maturity – transition education – FE – HE</i>	<i>The participants indicate an action; they are taking control and taking tentative steps to seek out a new direction. For some this included gaining experience of the nursing profession.</i>
<i>Practicalities of university – geographic, academic, child care</i>	<i>This is the stage when they explore the possibilities for them, what is available, how they could achieve it.</i>
<i>Taking control of direction, making considered career decisions</i>	<i>They consider the impact of their decision on family and dependents. They seek reassurance.</i>
<i>Importance of family support, needing to get their approval, relationships with these individuals</i>	
<i>Doing something for me, 'their time'</i>	
<i>Seeking out expert advice/guidance FE/HE</i>	

Mature students are reported to seek out the advice of others in a professional context (Coleman, 2002, Davies et al., 2002). This may be from

university staff (admission tutors, course directors) or from further education college staff. These are the 'gatekeepers' of their first tentative steps into HE and whilst this might be seen as 'the norm' in terms of locating course information, it was more than that for these nine mature applicants in this study. It was about participants confirming their ability that they could do it, confirming their desire was achievable second time round. This rallying of support and seeking advice is the norm for younger applicants as they have the support networks in school and access to professional agencies. Their advice and information seeking is much more formulaic and driven by schools and sixth form staff. It is less defined, accessible, or structured for older applicants.

It was noticeable that for Martha and Patricia institutional attachment was a feature in that they wanted a place that gave them a sense of gravitas or a feeling of 'arriving'. This acted as a powerful motivation to make them initially apply to the institution and accept a place and to continue on programme regardless of the hurdles they may face, as Martha explained:

They lead in a lot of other areas of medical research and the work that they do at xxx and I just felt I would get the best possible input and to be the best in my nursing career (Martha, Interview one)

However, the over-riding consideration was more fundamental and much more pragmatic reasoning for choice, it was for practical reasons, and the location of the institution played a major part in their decision-making. When asked about their decisions to study at this institution a number of factors were strong: the ease of access to placements, time required and travel costs. For the participants in this study their key concern was whether they could meet the course requirements in terms of academic timetable and the clinical placement, located across a wide Primary Care Trust (PCT) area. The aspect of commuting to clinical placements is key with 50% of their training undertaken outside of the university campus.

This geographic dimension on choice was a factor examined in a quantitative UK study of school pupils that explored home-university distance and higher education choice (Gibbons and Vignoles, 2009). Conclusions from this study indicate that, for some socio-economic groups, distance and geography played no part in their HE decisions but for some ethnic groups, particularly girls, it was a deciding factor. This aspect has received little attention with mature students on pre-registration programmes even though this is more likely to be a consideration, limiting their HE choices, and necessitating other considerations, for example commuting costs. It is known that mature Access students are more likely to choose an institution within a reasonable distance from home (Watson, 2009).

As described, a consideration for the participants was being able to meet the requirements of the course in terms of attendance and clinical shifts and placement locations. This is particularly acute when student nurses are parents or have other care responsibilities. As shown on Table 12, 7 of the 9 participants have care responsibilities and 5 of them have day-to-day childcare.

Table 12 – Participant care responsibility

Participant details	Care responsibilities whilst on their DipHE/BSc
Adam	Four under 16 who live with him
Charles	Three children who live outside of the UK
Emma	Parent of three children under 16
Jane	One child under 16
Judith	Three children under 16
Martha	No children but carer for mother
Patricia	Single parent with three children (one under 16)

The predominant consideration for the participants was an ability to arrange childcare in order to cover their placement mentors' shift patterns. This has implications for childcare provision and the impact upon family members, requiring them to consider practicalities from a monetary cost, hours of childcare cover and reliance of others outside and inside of the family. These are factors not normally associated with younger applicants or those on 'traditional' university programmes but highlighted as a major consideration for mature students (Griffin et al., 2011, O'Brien et al., 2009, Smith, 2008).

The ability to care is considered a pre-requisite to becoming a nurse, something that individuals possess and can demonstrate throughout their professional lives but, arguably, not something that can be taught (Orton, 2011). This sense of care becomes powerful when individuals consider they have a responsibility for 'care' for others and the responsibility for others, namely children, partners, or other family members. This sense of care was apparent when they decided to engage, to take matters further, and discover how to become a student nurse. The decisions about 'taking the next step' were made in conjunction with these factors and were an overarching consideration as to whether they could undertake a 3-year programme.

During our discussions, I explored how their day-to-day parenting and juggling course demands:

My wife is really supportive of things I want to do so she was happy for me to do it. I had the advantage of a lot of the mature students that go into nursing in the sense that I had someone at home to do the other things umh, which makes my life a lot easier. I was lucky that my wife could support me in my learning (Adam, Interview three)

Mum was helping me I did not want her to go to day care, I was relying on friends and family, you know only good friends and my mum would look after her but then I found it really difficult. You know and it was my husband that said you know I will finish work, he is at home with xxxxx, he is getting her in nursery (Emma, Interview one)

In addition to providing 'care' of others, participants sought opportunities to gain experience of the nursing profession. In exploring the possibility of gaining a place on the Access course and then progressing to a pre-registration nursing programme, participants used their experience of providing care to relatives or from employment in nurse related work. This was to enable the participants to demonstrate a real understanding, and sense of commitment of what nursing involves and strengthened their application to the university programme. Table 13 shows the range of care exposure that each participant offered.

Table 13 – Previous care exposure

Participant	Care and knowledge
Adam	Worked as a carer for adults with physical disabilities
Charles	Worked in a care home and as a volunteer for a mental health charity
Emily	Main carer for father with major health issues and p/t health care assistant
Emma	Providing family care
Jane	Providing some family care
Judith	Cared for terminally ill parent, employed as emergency care support worker
Kate	Employed for two years as a full-time care assistant
Martha	Main carer for mother with long term health issues
Patricia	Cared for terminally ill parent and care of son with a long term health condition

During what I have termed Phase One the three categories (*Home Territory, No Man's Land, I Can See Land*) identify how career decisions made at school and the subsequent rejection of nursing are connected. The participant's journey illustrates the period before they entered university and how these earlier decisions shaped their future direction and how this desire to be a nurse carried on through into their second year of training.

These three categories describe what is happening within the phenomenon of learner persistence as they travel along their pre-registration nursing programme. The journey and the relationships between the three categories are not linear and are not bound by time, they are fluid, and decisions are made at a time that is seen as 'right for me'. For example, Kate as the youngest participant at 23 found herself in 'No Man's Land' after not achieving the required A level results at her sixth form college. It was only when she realised that she could still enter the profession by undertaking an Access course that she found herself being able to enter '**I Can See Land**'. This took place some 18 months after finishing her A levels and two rejections from a HEI as described in '**Home Territory**'. Compared to Patricia, the oldest at 49 with three children, this process was much slower. She appeared to be in '**No Man's Land**' for a much longer period and certainly during her married life and whilst having her family. For Patricia and Judith their '**Home Territory**' was planned, they had a route, Patricia in particular to a nursing cadet route but the death of their mothers meant that they moved away from a nursing route to come back some years later to '**No Man's Land**'.

The categories described so far relate to specific stages in the resolution of the main concern, their desire to be a nurse. However, the study findings indicate that there is a continuation of this concern after they have successfully gained a place at a university that is described and categorised in **Phase Two**. This second phase illustrates how the nine participants were able to overcome the known transition points in their course when many fellow students, including other mature entrants, leave the course and are unable to persist.

Phase Two – Continued journeys in the first 2 years of nurse training

At the time of the data collection, all participants were in their second year of pre-registration training. Whilst I was interested to hear about their journey to university, I was also keen to explore how they were able to persist on

their programme not just past the known transition points, but also through their second year since this was the focus of the study.

During the second and third interview with each participant, we discussed how they were feeling about progress on their course; any particular concerns or problems there were experiencing and linking to what they described in earlier interviews. The participants were on three different branches of nursing (caring for adults, caring for children, caring for people with mental learning difficulties) across four educational centres of learning and across two intakes 08/09 09/01. I was able to compare and review the data, moving backwards and forwards, looking for similarities and differences as advocated by Glaser (Glaser, 1992). This enabled a picture to form that illustrates the issues for these participants throughout their first 24 months of training. It was extremely useful that I was interviewing each participant on more than one occasion as each participant was encountering different aspects of their course. For example, dependent on the variables (branch, cohort, and centre) at each interview they were experiencing different elements of their course, namely clinical placements, formal lectures based within their centre or working on academic assessments. This enabled the initial coding to review all these different dimensions and look for patterns.

Having reviewed the data from these 18 subsequent interviews coding of the first round of individual interviews was not conducted in isolation. This coding formed part of the overall picture of the participants' ability to persist and overcome tensions within their programme. These tensions relate to the academic and clinical aspects already known within the field.

The following sections provide the selective coding along with the categories for Phase Two. This phase is when the participants speak about their experiences during their first two years of training, and is coded into two categories '*Lost Bearing's*' and '*Wearing the Uniform*'. The following section will describe Phase Two and the two categories, the integrated links to Phase One and how these two phases are linked to the participant's main concern.

Category - Lost Bearings

The participants arrived at training as confident learners who had achieved much through undertaking and succeeding on their Access programme. For five participants their Access course was the first tentative step into academic study since they left formal education: Adam, Emma, Jane, Judith, and Martha. Patricia and Charles had completed some form of vocational study and Emily and Kate had both attended Sixth Form College before starting their Access course. Their Access programme did more than enable them to meet the university entrance requirements and secure a course interview. It also provided valuable academic preparation skills. The aspects for this category were derived from the interview data when participants referred to their success on their Access course. This sense of achievement influenced their ability, real and imagined, to succeed and their overall ability to persist, despite the difficulties that we discussed. Figure 7 provides the selective codes for the category '**Lost Bearings**' and a brief description.

Figure 7 – Lost Bearings

Selective Coding	Description
<i>Needing reassurance, self-doubt</i>	<i>Whilst the participants were able to persist successfully on their programme, they identified tensions that they had to overcome. These related to student transitions into HE.</i>
<i>Nursing student's vs. mature student, lack of confidence (placements)</i>	
<i>Finding their place, losing their voice (on clinical placement)</i>	
<i>Dual role – mother, parent, partner, student, nurse student</i>	
<i>Drawing upon skills developed on Access course, keeping them on track</i>	
	<i>In addition, due to the nature of the programme there were aspects of professional socialization, which was more apparent when undertaking their clinical placements.</i>
	<i>Participants drew upon their experiences and strategies from their Access course to overcome these difficulties.</i>

All participants experienced anxiety at the commencement of their pre-registration programme. This related to the usual 'new' student nerves of meeting new people, fitting in and knowing where to go, not getting lost, work overload and a sense of foreboding. This was at the same time as enjoying this new and exciting journey they had undertaken.

When reflecting on their initial thoughts about the course many expressed shock at the relative ease with which they adjusted to the course, the perceived lack of course work, their academic timetable and scheduled assessments in comparison to their Access programme:

The first week I was absolutely petrified, Oh my goodness I am out of my depth, I will be honest. When I first started here it was more staggered, we'd get quite a bit of work in sections and then we had lectures and then another bit No, I expected it to be as intense as the Access (Emma, Interview two)

I think it was, you know, you expect assignments and I think it is just how it is delivered because even though it is a module you have more than one within a very short space of time. When I did my Access course I had things all at once, when we finished the Access course they said that we really put you through it and the universities which kite marked this course said that you really made them jump through hoops, quite an achievement really (Patricia, Interview one)

I was expecting it be to more intense like the Access course which it was not. Yes we had small bits, mainly small assignments which by comparison was relatively easy the hardest on Access was referencing system whilst not as strict as HE but getting it right here, helps (Adam, Interview two)

However, these comments reflect what they thought at the beginning of their programme and within the first 2 – 3 months of study. This was before they had undertaken their first clinical placement or indeed had to submit any academic coursework. Over the course of this 1st year, it was evident that these aspects were to alter as the academic level and intensity of the course changed, not least due to professional registration requirements and the need to fully complete and have 'signed-off' all their 1st year competences.

This period of transition during their second year is categorised as '**Lost Bearings**'. During the coding and forming categories, two sub-categories

emerged for the category of '**Lost Bearings**', '**Role Conflict**' and '**Degree of Self Doubt**'. These two sub-categories refer to two very different aspects of the transition and the ability of the nine participants to persist on their programme. As mature learners, they were exposed to working in clinical settings by which they were expected to be 'novice' nurses (Benner, 1984). During their first year placements, they were 'learning the ropes'; however these learners are highly motivated mature learners who have gained a wide range of skills and experiences that was often overlooked by the participants therefore presented as an internal conflict in their role, student nurse or mature learner with life skills.

The aspect of apprehension and anxiety was obvious when talking to the participants about their forthcoming clinical placements. For example, Martha talked about one particular placement where she was already aware that a mentor "*had a bad reputation*" (Martha, Interview three). Martha took this to mean that she was not overly supportive of 'new' students and that they were merely "*extra pairs of hands*" (Martha, Interview three). As a second year student who had already experienced a mixture of clinical placements during her first year, she was now faced with a 6-week placement during which her sense of belonging and identity might be questioned. However, she managed to overcome her previous difficulties and gain a positive first experience when I interviewed her after the placement:

Loads better, loads, loads better and I had been putting it off for a week and a half of contacting them. I like to get on with people and I want it be smooth and I feel a lot more relaxed. Now know where I am going. I said I am keen to get in and start and they have said you will meet your outcomes, we will support you, and we will get you on some insight visits. It has been the best welcome I have ever had, they organised, and receptive to students they have already given me a welcome back. This helps me to see where I am going it helps me to get on the path for the future (Martha, Interview three)

Upon asking how she was able to overcome her obvious anxieties about this new placement she explained:

I tried to remember all the occasions when I was thinking I couldn't do it, the academic workload and the other pressures of the programme and realised that I had done it and that this was all part of the experience of training to be a nurse, to overcome these worries and take each step as it comes. Luckily it worked for me this time, the initial contact and welcome made me feel much happier, I just drew some strength and inspiration from somewhere (Martha Interview three)

The following section describes this conflict before discussing the second sub-category: '**Degree of Self Doubt**'.

Sub-Category: Role Conflict

By the time I interviewed the nine participants on the three planned occasions during their second year they had visited over 20 clinical areas in a variety of settings, hospital, community, rural and urban, and had worked under a variety of clinical mentors, some good and some not as supportive. As found in a number of studies clinical mentors form an important role in the students experience whilst on their placements (Melling, 2011, Po-kwan Siu and Sivan, 2011, RCN, November 2008). The significance of their role is seen as an important part of the professional socialization process which nurses undergo and therefore attention has been paid to the mentoring experience from the point of view of both the student and the mentor (Po-kwan Siu and Sivan, 2011, Keogh et al., 2009, Pearcey and Draper, 2008).

These participants, classed as mature entrants due to their age and defined accordingly by UCAS (UCAS, 2010), are not just mature in years; they have 'life skills' and experiences gained outside of their course. Indeed many of the nine participants were employed and worked in a variety of industries including gaining their own professional identities prior to starting their Access course, as shown in Table 14.

Table 14 – Participants employment prior to Access course

Participant	Employment prior to commencing Access programme
Adam	Unknown
Charles	Qualified as a teacher, many years experience working in his own country. In the UK worked in care homes and for a local health charity.
Emily	Full-time employment office work
Emma	p/t Hairdresser and worked in a care home
Jane	p/t cook (school diners)
Judith	Employed within a retail setting
Kate	Full-time carer in an old peoples home
Martha	Full-time police officer
Patricia	Prior to her family worked in retail management and more recently re-trained to work in primary schools.

They had gained work experience and gained different life experiences compared to younger applicants in nursing, a fact that is common to pre-registration programmes. A recent survey of 4,500 nursing student's found that 40% worked prior to starting their course (RCN, November 2008). Previous work experience and life skills presented a dilemma for the nine participants in that their perceived identity, because of age and experience, was at odds with the clinical mentors' impression of them as 'new' nursing students during the compulsory clinical placements.

During their taught modules delivered in a university setting, cohorts mix dependent on nursing branch, entry date, and centre of learning. For example the child branch is a relatively small branch (maximum 40 students per cohort) so they are taught together at one centre. This allows for interaction between centres and brings different perspectives to the sessions. In

comparison, Access programmes are delivered predominately in small groups, with a high ratio of mature learners. The participants in this study appeared more prepared for the diversity within their pre-registration programme than in studies that have explored the divide between younger and mature student expectations (Steele et al., 2005, Hayes et al., 1997).

Emma described the relationships within her cohort:

When the younger students organise a night out they say oh 'bring your husband or partner no kids though', the young ones and old ones you are a cohort together, its good (Emma, Interview two)

Martha accepted that the cohort would be a mix of ages, abilities, and experiences and those aspirations for attending the course may be different for mature learners (such as a feeling of "last chance" Martha, Interview two) who therefore may have different reasons and motivations to succeed. The participants were able to utilise their experiences on their Access programme in preparing themselves for the demands and tensions from their new programme including the dynamics of learning with fellow students. The Access programme also provided opportunities for a range of assessments including group work, presentations, and field trips.

Martha was elected as a class representative for her cohort as she wanted to ensure students' views were represented. However, she accepted that the experiences that the younger nursing students shared were very different from the mature learners in her cohort. Whilst she accepted that there were all 'novice' nurses, Martha became disillusioned that her previous experiences were not utilised during her first year clinical placements. She was classed the same as all student nurses on the placements she was assigned to without considering what else she could offer to the placement.

It was during their clinical placements in their first year in particular, and when we discussed recent placements in their second year, that participants questioned their role and in turn their 'place' within the clinical setting.

In the UK, it is a requirement that training is 50% in clinical settings and 50% taught theory, therefore whilst in clinical settings student nurses are responsible for patient care and are expected to work alongside an allocated mentor and to follow mentors work shift patterns. When talking about their clinical placement experiences participants talked about their role and the conflicts that this brought, relating to them as nursing students or as individuals with 'life experiences'. Success of the placement, as viewed by the student, was heavily dependent on their ability to 'negotiate' and develop a relationship with their mentor and to find their 'place' within the setting. The importance of this relationship between student and mentor, the likely anxieties and stress caused by such relationships and its influence on student retention is known within the literature (Melincavage, 2011, Thomas et al., 2011) but little work had been undertaken on mature students and their 'voice' (Bradbury-Jones et al., 2011)

The clinical placement as a fundamental aspect of pre-registration training is a known factor for reasons given by students for withdrawing from programme, particularly during the first year, and consequently this has received attention (Melling, 2011, Avis et al., 2009, Keogh et al., 2009, Pearcey and Draper, 2008). Melling (2011) in particular focused on the first placement experience and the findings demonstrate that this first placement is a powerful determinant for continued progress (Melling, 2011). Therefore, it was with interest that, when coding, this aspect became evident in the participants' stories. Since the programme is 50% clinical practice, it would be unusual not to have some inclusion of this aspect as it is such a fundamental part of any pre-registration programme, and indeed this was the case. The data illustrated a period of transition; a stage whereby the participant is struggling to make sense of their role and the personal tensions that this might bring.

Participants talked candidly about their experiences during our interviews, and valued the opportunity to gain an insight into different nursing roles, settings, and departments. Here Martha shared her experience of her first

two placements; how these made her question her decisions about nursing and made her feel, vulnerable and not sure of her career direction. Martha expressed her frustration at the lack of utilising her previous work experience. This also made her question whether this was the right role for her:

Researcher Question - You have talked a lot about the first year experiences, at some stage did you feel like leaving? You said you cried but only once and you mentioned about placements so not sure if that was together

Response - Yes, it was probably after my first placement that was on my first ward. Support on the ward I did not have a proper mentor, they were short staffed and I was literally thrown in at the deep end. I think that was a lot to do with lack of support which I don't mind but I am a bit of a stickler for policy and something has to be done a certain way, then if students are told this is how training should be then this is how it should be and you know it was my first placement and I was like 'my god I cannot spend the rest of my life like this'. You are very restricted as a student because it was hard for me because in my old job I was used to been quite vocal and having authority and something on me and been able to say. I am 38 and I do know a little about what I am taking about and you know but you tend to be I think this next placement will be different. You tend to be put in a box as a student you are never asked how old you are, what experience you have its almost like.....on my first placement I look back I was running round like a headless chicken I was trying to learn from whoever, there was no support no structure. I think I was disillusioned I thought 'my god' I found it very hard and I was saying to my friends there is no way I am staying if this is how it is going to be, and the second placement wasn't great either. So you go again with lack of mentor support and lack of reassurance with your learning and am I on the right path and I kept asking and I did pass everything and I got good grades and good feedback but I would say it wasn't to do with learning but lack of support on placement (Martha, Interview two)

However, Kate, the youngest participant at 22, who gained full-time care experience for two-years as a care assistant, found her experience “undervalued and not taken into account” (Kate, Interview three). In contrast, Jane was much more cautious about her role on the wards and found herself to be less likely to assert herself and lacking in confidence despite her age, which may reflect her prior jobs:

I have been on placements, fantastic, every placement has been really good and I think to myself I should be respectful as I am only going for a short time for people that are there for years (Jane, Interview three)

Participants Charles, Kate, and Patricia described the plethora of paperwork both on clinical placements and in order to demonstrate their competence. They spoke about the need to balance their work commitments at the same time as keeping on top of their course work and any necessary academic assessments; it was a “constant juggle” (Charles, Interview three). This was an aspect found in a study of mature students and termed ‘reality shock’ (Kevern and Webb, 2004). This was even more evident for participants Adam, Judith, Emma, Jane, and Dorothy who had outside care commitments, and where the rhythm of family life continued unchanged whilst they undertook their intense professional training.

The five participants who had care responsibilities spoke about the balancing of care for the family and that of meeting their own aspirations of completing the course and the pressures that this caused. These pressures relate to the ‘juggling’ of academic course work, clinical expectation and that of their ‘dual role’ as full time students and family carers:

Initially it was quite you know when you are here when you are a student and then when you are at home it was hard to keep them separate. At first I found I was studying in the library here but I wanted to be at home, you know what I mean (Emma, Interview three)

It was hard for my boys were at key stages, particularly for the elder one as he was finishing his A levels himself and then the middle one and

younger GCSE keeping them on track as well as balancing my own aspirations (Patricia, Interview two)

Here [School of Nursing] there is no real allowances for anyone that would have these difficulties, you cannot perceive these difficulties. There are lots of mature students and I don't want any extra consideration for me because I have children, or other parents, there are some young girls with young babies and you have to get around it and it is your personal drive that gets you through it (Patricia, Interview two)

Despite the difficulties of having a dual role, participants maintained their resolve to see it through to the end and gain registration. This is despite periods of doubting their academic abilities and career decision. This aspect manifested itself when reviewing the data for the times when they felt unable to cope, but were able to work through these periods and persist on programme. **Degree of Self-Doubt** is the second aspect of **Lost Bearings** and describes these instances along with the impact of their Access programme and its influencing factor on their resolve.

Sub Category: Degree of self-doubt

In the UK, completion of the pre-registration DipHE/BSc programme lasts three academic years. During this time not only do learners work in clinical areas but also have to meet professional standards, including academic and practical competences to gain registration. Due to these demands, it is usual for student nurses to feel under pressure at some stage of their training, sometimes resulting in the learner either voluntary withdrawing or being withdrawn due to academic failure (Andrew et al., 2009, Gammon and Morgan-Samuel, 2005, Shelton, 2003). Although pressures to meet deadlines and meet exacting standards occur across all undergraduate programmes and is more widely recognised that with continual professional support of learners throughout their undergraduate programmes aids their successful transition and sense of achievement (Karousou, 2010, Tickle, 2010, Dearnley and Matthew, 2007, Christie et al., 2004).

Pre-registration programmes are designed to meet exacting professional standards and levels of competences to gain registration. Therefore, it is no surprise that some student nurses feel immense pressure to meet the requirements and can lead to some student nurses feeling anxious. Such anxiety and demands from the programmes was something described by the participants in our interviews:

50% paperwork 50% practice but it's not it's more like 30% work and 70% assignments and assignments and essay, exams, written stuff lectures (Kate, Interview three)

I was on my last legs, I was tired, lots to deal with so I thought I just have to keep going. So there was kind of a lot to put together in that first year, portfolio, assignments, records and the clinical placements (Patricia, Interview two)

I would go to my tutors and say how am I doing and I am looking at it like this and I would go away and come back and ask questions and am I at the right level, am I achieving what I should be achieving (Emma, Interview one)

These direct interview quotes provide a snapshot of the times that participants questioned their ability, not to withdraw but rather how to keep going. During our interviews at no stage did any of the nine relay to me that they considered leaving their course or seek guidance on their continuation or indeed explore an 'interruption' to their programme. Reviewing the data, it was evident that their Access programme played a significant part in their ability to overcome these 'hurdles' and indeed to continue on programme. The coding suggested that a range of academic and practical 'soft' skills were being utilised within their nursing programme; this was despite completion of their Access programme some 12 to 18 months previously.

The academic and practical skills gained by previous life and educational experiences were crucial during times of difficulty to meet the challenges during their first two years of the programme. The nature of the Access

course is to enable students to gain an accepted entry route into university whilst providing the necessary academic preparation for them to succeed at university level study, and indeed the participants demonstrated the range of skills they had acquired. This preparation helped them to keep going and underpinned any of the tensions that were shown in the aspect **Role Conflict**. These included the ability to negotiate with colleagues on the clinical wards, juggle a range of academic requirements and family responsibilities, whilst managing many demands on their time.

Each learner developed practical 'soft' skills through the intensity of the Access programme in which seven participants gained the qualification in one year and two part-time over 2 years, although this appeared to make no difference to the skills participants developed and retained. One key aspect was the ability to plan their work schedule to ensure they met the many deadlines within their programme and their 'outside' lives; the same skills they had employed to manage their Access programme. They also talked about being more prepared for the workload, to consider a number of study skill strategies including time management, reading skills and the need to juggle a number of priorities. As each participant had successfully completed their Access programme and gained a qualification, this in itself provided the necessary academic confidence, something that is often lacking in students who enter with no formal entry qualifications (McCarey et al., 2007, Kevern et al., 1999).

In addition, Emma and Charles illustrated how their newly acquired skill set helped during their first year transition when they sought further guidance to overcome a particular difficulty. The difficulty for Charles, as an international student, was the ability to seek help and not feel intimidated when he needed reassurance about a lower grade than anticipated by 'experts' in the School of Nursing, and for Emma it was failing an assessment:

I was absolutely devastated, it was one of the biggest lows. Well the minimum was 40% I didn't think it would pass, time was out I couldn't do it, but when I got it back when I saw it, it was devastating I was crying

and upset and that was one of my lows and I was thinking - not so much the clinical side the theory side the academic side. Was I up to scratch, you know. Yeah I booked a tutorial I asked my tutor where I was going wrong you know and put extra depth into it (Emma, Interview one)

Category - Wearing the Uniform

It was apparent when speaking to the participants that a number of changes had occurred, namely that they could see themselves '**Wearing the Uniform**', metaphorically speaking, as they progressed through their second year, more so when I interviewed them 3 months into their second year and then at the end of this year as they progressed to their third and final year. '**Wearing the Uniform**' is an *in vivo* code said by Kate. She used this phrase when referring to the transition point between her as a student nurse and gaining her professional registration. For Kate it signified the progress she had made; how she could see herself. Indeed, at the end of their second year, the participants described this sense of finishing, despite having one more year to go but they had a vision of '**Wearing the Uniform**'. Figure 8 provides the selective codes and a brief description of the category.

Figure 8 - Wearing the Uniform

Selective coding	Description
<i>Self-belief and determination</i>	<i>These aspects were very evident as they progressed through to completion of their second year.</i>
<i>An end goal, degree or not</i>	
<i>Making decisions</i>	
	<i>There was a noticeable change in their coping strategies and less reliant on 'gatekeepers'.</i>
	<i>They undertook new challenges with degree levels credits during this period.</i>

When initially coding and ordering the categories I found that data related to decisions they needed to make about their course; aspects that they were not initially considering when they started their pre-registration nursing programme. The participants enrolled on a full-time diploma programme, which if successful enabled them to register with the NMC and gain staff

nurse status. At this School of Nursing, diploma students have an opportunity to register and undertake additional academic credits during their second year of study, enabling them to achieve a BSc degree instead of a Dip/HE. In Scotland, this is widely available and the Scottish Department of Health had a target that 80% of their pre-registration nursing students exit with a degree by 2005 (Sheward and Smith, 2007). For many diplomats this is an attractive option because they have only 18 months after gaining registration in which they only can complete additional credits to gain a degree whilst working in clinical practice.

During the interviews I discussed with all participants their thoughts about undertaking the additional degree levels credits during this their second year and then if successful continuing to a degree level qualification. Seven of the nine participants (all female) had registered for the additional credits. Participants described the decisions they had taken, considering what was right for them and their families:

There is a purpose, clear ahead you have to do every one thing to get where you want to be (Emma, Interview two)

I would feel a failure because I have set my mind I want to do the degree and having the right frame of mind I am determined to get this degree (Martha, Interview two)

I have this chance, I think I can achieve a degree, why not its a good opportunity (Patricia, Interview three)

They were measured in their decision-making; they thought about additional academic workload and the financial implications to them and their families since the diploma attracts a non-means tested bursary compared to a means tested bursary on the degree route. It was the financial burden of undertaking the degree route, which deterred Adam and Charles although they were prepared to undertake the extra credits once qualified and working.

I worry about the finances, we are just coping financially but losing my bursary would be very hard just now (Adam, Interview 2)

I am just going to wait and see, get myself a job first, see whether I need a degree to do the job (Charles, Interview three)

Interestingly the seven female participants, regardless of age, talked about getting it 'over and done with' and having a chance whilst they were in the frame of mind for study. They were clearly making decisions about their future career and how best to achieve their goals. This was no longer about short term planning, i.e. their first job but about promotion and future prospects. So it was interesting to note that only the female participants were mindful of this whereby Adam and Charles were more cautious in their thinking. They expressed concerns about taking on extra commitments, in terms of financial and academic workload.

Tied with these decisions about degree credits was an emerging sense of self-belief that they could achieve not only professional registration but also a degree. Patricia and Jane, the two oldest participants, talked about their decision in terms of their age, job prospects, and for Patricia incremental pay rises in the future. The other female participants saw it as an opportunity. In some ways, there was a sense of kudos of achieving something over and above what they expected, particularly as this was something that they did not consider, or were even aware of when they commenced their diploma pre-registration nursing programme.

Participants talked about the School of Nursing, how they felt it offered a secure and supportive environment in which they could flourish. This included the sense of belonging indicated by close contact with personal and academic tutors despite, in some cases, very large tutor groups. They stated that the School environment was important to help them through the difficulties of the first year, what is referred to in the literature as the known transition markers on a pre-registration nursing programme (Avis et al., 2009). However, throughout the three interviews there was an evident shift in

attitude as to what type of help, when this might be needed and who to turn to:

Well I am doing this higher level work now so its down to me, I must show I can do it (Martha, Interview three)

Its hard, but it was clear from my personal tutor that I have to stand on my own two feet, its my degree (Emma, Interview three)

I have some really good mates, not all of the them have chosen the extra credits but they are the ones that are keeping me going (Kate, Interview three)

There was much more evidence of them sharing challenges with fellow learners in their cohort and helping each other along rather than the personal and academic tutors. Some of this change in attitude and less reliance on teaching staff may be due to the approach needed for undertaking higher-level study compared to the diploma level programme. Although when speaking to the participants about how they initially were informed about the degree option, they were quite clear:

We were told it would be much harder and it was solely down to us to include the extra work (Jane, Interview two)

We had the same assignments to do but we had to be more critical, provide more evidence for our arguments. It did feel scary but empowering to be in control (Patricia, Interview three)

This final coded category, '*Wearing the Uniform*', describes the final chapter for the nine participants as they ended their 2nd year on programme. There was a noticeable change in how they were coping with the challenges on the programme and were less reliant on the academic teaching staff, drawing upon their experiences and success on keeping on the course thus far.

Whether their sense of coping, their independence and confident in their abilities is due to seven of them undertaking the degree route it is difficult to surmise, however, what was evident is that having that sense of '**Wearing**

the Uniform' enabled them to see themselves in that role. They had come so far that they could not see themselves achieving nurse registration; they were demonstrating a 'persistent' approach to achieving their desire of becoming a registered nurse.

The following section describes the core category, often described as the participant's main concern (Holton, 2011a, Glaser, 1992). This core category is the bridge between all the categories and frames the relationship between the seven metaphoric named categories. The core category provides an anchor to the social phenomenon under study that of learner persistence and what fundamentally is the overarching theory derived from the data collected in this study.

Core Category – Desire to be a nurse

The previous sections describe the five main CGT categories and two sub-categories illustrating the journey for the nine participants in this study. These categories relate to the data gathered from the participants but also the role of the GT researcher in uncovering and illuminating how behaviour continually changes through the categories; categories that are drawn from the data, providing an overarching core category that transcends all the categories but is the link between them, it is a thread that connects the categories.

The last two categories, '***Lost Bearings'*** and '***Wearing the Uniform'***, describe how each participant is able to work through the known hurdles of pre-registration nursing programmes: clinical placements, academic workload, transition from FE to HE and the transition from student to nursing student in the clinical setting. The nine Access participants are successfully persisting on programme and this is through a number of processes.

In summary of the previously described categories, the participant's journey to nursing started when they were at school and making important career decisions that would affect their future direction, coded as '***Home Territory'***.

The nine participants turned away from their earlier desire to become a nurse and their lives took different trajectories leading them towards other aspirations, coded as '**No Man's Land**'. In the category '**I Can See Land**' they illustrate how they made conscious decisions to review their earlier decisions, find out about nursing and locate a 'place' for them. Having then interviewed them after they had successfully gained their Access qualification and had undertaken their first year of training, they reflected on this first year experience and how they found transition from FE to HE. They encountered some difficulties hence a feeling of '**Lost Bearings**' before finally at the end of their second year being able to see themselves '**Wearing the Uniform**'.

During the open and selective coding phase and as the process of constant comparison progressed I was looking for a constant, something that linked all the metaphor categories together and could explain the phenomenon of how participants were able to persist on programme, a theory of what was occurring. Without doubt, all nine participants had overcome different hurdles in order to firstly complete and gain their Access qualification but also to succeed in passing their 1st year on the pre-registration nursing programme. In telling their stories, the data strongly suggested that there were two clear phases to their persistence. In pursuing a nursing career they first had to recognise that this is the path that they wanted to take, despite having considered nursing when most of them were leaving school and then to actively seek out 'approval' from 'gatekeepers'. These 'gatekeepers' were not just the School of Nursing staff, the FEC staff, but also approval from their family. Under the category '**I Can See Land**' I described the way in which participants ensured that 'care' was provided for the family. For Adam, Emma, Jane, Judith, Martha, they talked about how this was an important factor to reconcile despite their desire to pursue a nursing career. For the four other participants (Charles, Emily, Kate, and Patricia) provision of 'care' was not such a strong determinant due to their individual circumstances (i.e. either no children, or sole parental responsibility).

Throughout the categorising of the interview data there was a strong recurrent theme, a premise of wanting to be nurse. This theme characterised their determination to succeed not just on their Access programme but whilst on their current DipHE/BSc programme. They had a **'Desire to be a nurse'** and this was the overriding reason why they continued on their journey towards nurse registration, despite many of the known transition hurdles described in the previous chapter. The participant's desire to succeed was so strong that when in our interviews I questioned participants about leaving when they described anxieties or difficulties (for example clinical placements, academic workload) they were emphatic:

That period [during clinical placement] was tough and yes I could have left but that's a waste, this is what I want to do (Kate, interview three)

If I leave what would I do then, this is something I have dreamed about since I was at school, other things got in the way. I have waited so long to do it, for me I would see it as a failure, time isn't on my side so xx if I do that, I've got about 15 years in me working time so you can 2 -3 careers in that time cant' you (Patricia, Interview three)

No never leave because why would you make the decision to go back struggle do the Access get on, a big achievement to get on especially child branch (Emily, Interview three)

Yes many ups and downs...I am quite a strong character. There is a purpose, clear ahead you have to do every thing to get where you want to be (Adam, Interview two)

I suppose throughout, especially the first year there are lots of highs and lows it's difficult but worth it (Jane, Interview two)

Now, as I got older, leaving is not an option it's just that, I do not know, more determined. I don't want to leave I want to do this (Martha, Interview three)

The purpose of identifying a core category in a CGT study is for this category to be a descriptor in illustrating the relationship between the categories produced by the analysis of the data collected. This core category or main concern is powerful in demonstrating what is happening for the individuals concerned, it illuminates the phenomenon under study and articulates the main concern for participants in the study by forging a thread throughout all the metaphor categories described in this chapter.

My conjecture is that the participants desire to be a registered nurse is what enabled the participants to move along the continuum, the journey they started when they described the decisions they made in '**Home Territory**' when leaving formal education. For many of the participants despite their strong desire to be nurses they carved out a different career for themselves (Judith, Martha, Patricia) but found themselves later in their careers still hankering for a different career aspiration. In describing the category, '**I can See Land**' all nine participants were able to articulate that this was the period when they took 'control' and instigated action, they wanted to see if they could enter the nursing profession and if indeed they 'could do it'.

The decisions that the participants made in order to gain entry to a university programme were made individually but all nine participants arrived at the same 'destination'. Each participant, regardless of the different personal and career paths they took was achieving their earlier career goal of becoming a qualified nurse.

In earlier chapters of this thesis, the known transition markers for pre-registration programmes were described and indeed the findings from this study would correlate with the literature that shows that these are a factor for student retention (Leducq et al., 2012, Melling, 2011, Andrew et al., 2009, Mulholland et al., 2008). The programme transitions, academic and clinical, presented some difficulty for the study participants. Indeed, in the category '**Lost Bearings**' participants, despite progressing onto their second year of study required continual reassurance and had periods of self doubt in their own abilities. Most of this anxiety related to clinical placements and their

position as mature students with life skills with nursing experiences to the juxtaposition of being a student nurse. They were struggling to find their own sense of identity. Studies have identified the clinical placement as causing the most difficulty for new students resulting in many leaving prematurely (Thomas et al., 2011, Burns and Paterson, 2005). This was not the case for the nine participants in this study; they were prepared to overcome the difficulties.

The choice of a classic grounded methodology enabled the features of the participants' journey to emerge through the categorising of the data collected. Rather than the traditions of choosing a theoretical framework to test a hypothesis, this study using a CGT methodology engineers a reverse hypothesis whereby the theory is created from the categories.

Chapter summary

This chapter commenced with how a CGT methodology was used to uncover, expand, and merge the preliminary codes from 27 individual interviews collected over a 15-month period. The chapter described, in detail, the different stages undertaken to arrive at the seven metaphor categories including theoretical sampling, open coding, and category formation. A unique feature of CGT is that of constant comparison, although I am aware that other qualitative methods make use of similar means, such as content analysis. However, use of constant comparison was particularly useful as this study was longitudinal in design, over the second year of nurse training, with data collected over this period were therefore reviewed and compared for instances of commonality or difference.

What this chapter presents is the metaphor categories that describe the phenomenon for the participants and their lived experiences leading to and during their pre-registration nursing programme. The chapter described two phases in the journey: Phase 1 pre-entry to university and participant journey towards their current course and Phase 2 – Continued journeys in the first 2 years of nurse training. The categories described in this chapter, along

with the two phases also described, clearly demonstrate a journey, which surprisingly started from participants' key career decisions made when leaving formal education. Even though the research questions in this study relate to the phenomena of learner persistence, these earlier career decisions were fundamental to their future career direction and this became apparent in the three metaphor categories: **'Home Territory', 'No Man's', and 'I can see Land'**. This was how the participants progressed to their current pre-registration nursing programme.

Phase 2 related to how participants described the journey during their two years of training. Even though they were interviewed during their second year of training and much of their shared experiences related to this period of transition, they did share instances from their first year of training as both years share similar features of academic and clinical requirements. Two metaphor categories were described in this phase 2: **'Lost Bearings'** and **'Wearing the Uniform'**.

What became apparent during the category **'Lost Bearings'** was despite successfully progressing from the first year of training they were still describing difficulties of transition, particularly in the clinical placement settings. Many of these anxieties appeared to be correlated to their age, as mature entrants with life skills, and having gained some previous exposure to nursing either through paid or unpaid work. Whilst this previous nursing experience was seen as advantageous, initially by participants to gain entry to the programme, it became a difficulty for some of the participants when arriving on new placements. This aspect is particularly exaggerated for UK student nurses because whilst they spend 50% of their programme in clinical practice the rotation for clinical practice changes throughout their 3-year programme resulting in a lack of continuity of placement or allocated clinical mentor. The category **'Lost Bearings'** therefore described how the participants began to question their abilities, and nursing knowledge particularly when they were placed with a 'difficult mentor'. These aspects

became so prominent within the category of '**Lost Bearings**', two sub-categories were identified: '**Role Conflict**' and '**Degree of Self Doubt**'.

The final category described in this chapter, '**Wearing the Uniform**', is an *in vivo* code as a description of the stage when participants began to see themselves as registered nurses. The analysis of the data revealed that coming to the end of their 2nd year of training they were gaining more confidence and indeed could envisage themselves as staff nurses.

A feature of CGT is that the researcher identifies a core category, a participant concern, which indicates a thread throughout all the categories identified. '*Desire to be a nurse*' is the thread between all five categories and has an intrinsic relationship to the categories described.

The following chapter discusses the findings from this study in relation to the current literature and presents a new approach to understanding learner persistence within the context of pre-registration nursing programmes.

Chapter Six

What does this study tell us about learner persistence?

The previous chapter described how participants were able to resolve their desire to be a nurse. It detailed seven metaphor categories that relate to two phases in participants' journeys to achieve professional nurse registration. This chapter now reviews these findings in light of the current literature on the phenomenon of student retention and throws new light on a theory of learner persistence for participants completing a pre-registration nursing programme.

Introduction

The study findings presented in the previous chapter discussed the five categories of '**Home Territory**', '**No Mans Land**', '**I Can See Land**', '**Lost Bearings**' and '**Wearing the Uniform**'. These five metaphor categories were tied together with an overarching core category of a '**Desire to be a Nurse**' leading to a theory of learner persistence for mature Access entrants. These categories and theory is a portrayal of nine participants and their journey towards their current pre-registration nursing programme and their progression over the first two years of their DipHE/BSc nursing programme who will be the next generation of registered nurses.

Whilst this study is based on the principles of CGT whereby the literature is only consulted after collecting and coding of data, I adopted the stance prescribed by Schreiber and Stern (2001), proponents of CGT, that it is not wise to dismiss conducting an initial literature review earlier but stress that doing so can aid the identification and scrutiny of emerging themes and concepts to test the rigour of the theories emerging (Schreiber and Stern, 2001). To this end, whilst I tried to remain true to a CGT standpoint and had no pre-conceived hypothesis, literature was reviewed during the first year of doctoral study. The intention was to conduct a review in two parts as is familiar in empirical qualitative studies. An initial broad sweep of literature, to provide a contextual background to the study provided in Chapter One and Two, and a further focussed review based on the emergent concepts described in Chapter Five.

The following section relates to the concepts that directly emerged from the categorising of the data and indicates aspects of mature learner persistence that are not widely described in the current body of work on pre-registration nursing retention.

Individual career decisions

In the category '**Home Territory**', participants spoke about the career decisions that they made during their formative school years. This was to become an important aspect when analysing the interview data. The following discusses career planning and career decisions particularly with young people and the role of professional agencies and gatekeepers. This literature spans both an educational context and decisions about entering nursing programmes. Within the scope of selection and retention, studies have focused on the career making decisions in rejecting or considering nursing as a career choice (Wilson et al., 2011, Dunnion et al., 2010, Neilson and McNally, 2010, Price, 2009, Mooney et al., 2008, Grainger and Bolan, 2006).

The significance of parents in the lives of young people should not be underestimated. Young people form their aspirations from the role models around them. In most cases, this is their parents, guardians and close family. More common is the role models that they see in their everyday life, teachers, professionals, and celebratory media figures. Often these portrayals create an illusion of aspiration that may not be achievable. However, this was not the case with the study participants, as the role models they sought advice from were their parents and significant others. The social parameters to which individuals aspire will depend on more realistic role models; those that they have regular contact with, such as parents, family and teachers, the so called 'hot' knowledge (Reay et al., 2001:152). Possessors of 'hot' knowledge, generated by those close to the individual, are those whose personal recommendations are more valued compared to the 'cold' knowledge provided by officials and those in a professional capacity (Reay et al., 2001:52).

Career choice and direction of recruitment and the influencing factors for young people is receiving attention within nurse education and HE studies. It is also becoming prominent for Schools of Nursing outside of the UK. Some Middle Eastern countries are reporting trying to attract their high school

pupils to consider nursing as a career, such as in Israel (Ben Natan and Becker, 2010), Kuwait (Al-Kandari and Lew, 2005), and in Saudi Arabia (Al-Omar, 2004). These countries are witnessing increasing pressures on their health care provision and a need to be less reliant on overseas-trained staff whilst still encouraging their high school pupils to consider nursing. This is something that is familiar in many Schools of Nursing including the UK. These studies all provide useful background on the decisions made by young people and the choices they make when in formal education leaving compulsory education at 16. However there is a scarcity of studies which have considered the decision making process undertaken by mature applicants who largely are returning to education without the support networks readily available to younger applicants, such as school advisors, professional agencies and personal tutors (McLaughlin et al., 2010).

A recent study conducted in Belfast focused on voluntary withdrawals from their pre-registration programme, including mature learners (n=7) (O'Donnell, 2011). The study reported a link to learner expectations prior to starting their course, in particular the learners' understanding of the nurses' role and the academic requirements during training (O'Donnell, 2011). An earlier Canadian study (Grainger and Bolan, 2006) found that the perception of nursing dramatically changed as students progressed from 1st year to their final year, although for all participants there was a consistency and positive image of nursing as a career. They found that most 1st years have an 'idyllic' view of nursing and may not be aware of the multiple and varied roles they might encounter until they reached their final year of training. This presents an opportunity for Schools of Nursing to promote the varied professional roles within nursing, particularly to potential recruits who may be unfamiliar with the variety and complexity of nursing roles. Of note however, were the final year participants (n=150) who felt less sure about their career choice and therefore thought "*nursing is not a valued profession*" (Grainger and Bolan, 2006:42). This factor may indicate a separate issue from the one under study here, but is indeed receiving attention in post-registration retention (Higgins et al., 2010, Murff, 2010, Taylor et al., 2010, Gebbie, 2009).

Career decisions - key stages

During the first interview, the participants talked about their career aspirations, particularly when leaving school, as this appeared to be a milestone in the decisions they took about their future career pathway. Discussing these early decisions enabled an understanding of their journey to their current course as mature applicants.

In the UK, Yr. 10 pupils (age 13/14) decide their general certificate of secondary education (GCSE) or vocational qualification options; options they will study for the remaining two years of secondary school education. Pupils are encouraged to make these decisions based on an awareness of the likely career paths or vocations that they wish to pursue through personal interventions within the school; i.e. work experience, industry days, tutors, and career advisors.

The participants in this study had different journeys to achieve their goals and to gain acceptance onto a nursing programme in relation to the careers advice they received, highlighted in the category '**Home Territory**' in the previous chapter. Kate was a typical 'traditional' applicant to pre-registration courses in that she undertook GCSEs and A levels in order to progress to university. Kate (22) the youngest participant, had continued her studies into sixth form and undertaken four 'A' levels with the goal of entering pre-registration training. Although predicted by her school to achieve the necessary grades and progress to university she did not achieve the grades and therefore was not eligible for a place on a pre-registration programme at university. As well as her low grades she was advised to gain some experience within a care setting to gain a better understanding of the profession. This was an aspect that Kate was unaware of when applying. Having applied a second time on the basis of her GCSE grades and a year's work experience in a care home Kate was rejected a second time but has since successfully progressed to a course having achieved her Access qualification and gained relevant care experience.

In the category '**Home Territory**', it was apparent that for a number of participants, events in their early lives had affected their progression to nursing at that stage. Without doubt, these earlier events played some part in the decisions that they made. This study has highlighted how mature applicants make their early career decisions and what direction they then take because of these influences and personal decisions. The participants in this study had a desire to become nurses and sought the advice of individuals when leaving compulsory education at 16. In listening to their accounts, it became apparent to me that their early career aspirations changed due to events in their lives. In the case of my participants, these events altered their career direction away from nursing, but were to re-surface later in their lives.

An aspect explored in the previous chapter related to the effect of parental death and, significantly in the case of Judith and Patricia, the death of their mother. This aspect is not described in detail in the broad literature, but it is linked to work on pre-registration programmes that look at reasons why individuals might choose nursing and the influencing factors of family and those that work in the profession. A North Carolina study explored the motivating factors which made participants (n=495) choose nursing (Larsen et al., 2003). In this study, the highest motivating factor indicated on their questionnaire was "*caring for a loved one or their own hospitalization*" (Larsen et al., 2003:170), although it does not report relationships to the patient, or the health outcome. Contrary to this, the story told by Judith and Patricia shows that despite their earlier desire to become a nurse, their experience of caring for a loved one made them dismiss nursing as their preferred career route. Although in this US study this was one of three forced choice questions, which may account for such a high response rate, and does not indicate who they cared for, what was the outcome, and the nature of their own illness (Larsen et al., 2003). An Irish and a Canadian study explored the reasons for choosing nursing as a career (Mooney et al., 2008, Grainger and Bolan, 2006). Their findings indicated that having an experience of caring for a family member was a positive experience and was highly significant to their career choice as a nurse.

Despite the nine participants being classed as mature entrants at the time of entering their pre-registration programme (i.e. all over 21), it was surprising that during our interviews how they were able to recall the influence of parents. This influence related to their early career decisions and their initial desire to become a nurse. The action of parents had a profound effect when they were at school and making career decisions. Whilst for two of the participants (Judith and Patricia) this was due to the death of their mother, the chapter discussed this aspect in relation to the literature on career decisions made by young people, career planning and the type and nature of careers advice that the participants received.

Career planning

The focus on career planning and having a career trajectory may be a middle class pre-occupation (Ball et al., 2000:7), and many young people may not take part. The transition from school to work is accepted. This transition is an individual process, one that may not be smooth in the traditional sense of how parents may want it to be because young people may not conform. What is clear is that this stage, and the outcome, can have an impact on the young person's sense of identity, their level of confidence and shape of who they become (Hodkinson et al., 1996).

The category '**Home Territory**' described the participants' dilemmas when choosing their career direction when leaving school. I explored how these individuals considered and planned for their future direction, particularly due to the wide variance in ages. Of the nine participants, one is an international student, making a comparison of school education and the careers advice received difficult; hence, I only considered the eight home students for this aspect.

In Adam's account of schooling and gaining careers advice, he found a gender bias towards his aspirations. Whilst knowing that he wanted to work in some form of caring environment, whether that be nursing or in a role involving

some professional care employment, he was persuaded that this was not a suitable career aspiration for a man:

It just wasn't seen as appropriate hence I was encouraged to train as a mechanic (Adam Interview two)

This correlates with the findings of the McLaughlin et al., (2010) study about perceived gender bias within the profession by staff and members of the public, illustrated with the introduction of 'male nurse' as opposed to nurse (McLaughlin et al., 2010).

The awareness of the nursing profession and the scope of careers advice provided by professional agencies have received some attention in the literature (Campbell-Heider et al., 2008, King et al., 2007). An Australian study (King et al., 2007), indicated how gaining an appreciation and understanding of advice provided to High School pupils could help to encourage better advice and in turn help their own retention strategies, especially if the advice is reliable, current and "*recognises the complexity of nursing*" and the varied roles (King et al., 2007:137). However, they reported that the advisors in their study "*do not actively promote nursing as a career*" (King et al., 2007:137) indicating that work is required if we are to raise the profile of nursing and accurately describe nursing in the 21st century. By comparison a US study (Campbell-Heider et al., 2008) found offering a workshop for guidance counsellors improved the knowledge and misleading perceptions of nursing careers. Due to their intervention, they reported an increase in admission to their school by young people (Campbell-Heider et al., 2008).

Hodkinson et al., (1996) made an interesting link to geographic location and in-equality of choice in terms of career options, training and job opportunities (Hodkinson et al., 1996:2) based on the nature of the interventions that young people might come into contact with and where they lived. Whilst this factor was not a prominent feature of the findings in relation to learner persistence, it may link to the notion of the nature and type of careers advice

received within the participants' school environments and therefore affected their likelihood of making a more considered approach to their career planning. Table 15 shows how six of the eight home students were located at the time of receiving careers advice.

Table 15 – Participant age and locality of schooling

Participant	Date of birth	Locality of schooling (rural or urban)	Approx. era of making career decisions (participants aged between 14 and 16)
Adam	1979	Rural	1990s (1993 -
Emma	1981	Rural	1990s (1995 -
Emily	1977	Rural	1990s (1991 -
Jane	1966	Urban	1980s (1980 -
Judith	1972	Rural	1980's (1986 -
Kate	1987	Urban	20th (2001 -
Martha	1972	Rural	1980's (1986 -
Patricia	1961	Rural	1970s (1975 -

This data, based on a theoretical sample, indicates that the locality for these eight participants is predominately rural based. This may be a contributory feature in their earlier decision-making because of limited contact with professional agencies, but it is too small a sample to be conclusive. However, it was clear that they had a desire to become a nurse when they were at school but were not openly encouraged.

There is limited evidence of work undertaken about the use of agencies for career advice and those undertaking a healthcare programme (Coleman, 2002). This study did report that Access entrants received patchy formal advice when leaving school which later adversely affected their decisions to seek any further information, advice, or guidance (Coleman, 2002). He also reported that some of the participants were not fully aware of what their

Access course entailed or what direction it would take them in (Coleman, 2002:320), perhaps answering some of the reasons for the high levels of attrition from Access programmes as learners are not fully engaged in their choices.

In this current study, there was no evidence of poor information, advice, or guidance about the Access course and the possible routes to university for the nine participants. However, as described in the category '***I can See Land***', the gatekeepers within the FE and School of Nursing were fundamental to the level of engagement from 'passive' interest to 'active' interest and to applying. Particularly as in all but two cases, the participants made a decision to apply for an Access course within a very short time frame, less than 1 month, from obtaining the necessary information from the 'gatekeepers'. For Patricia there was a 10-year gap between her Access course and her university place and for Judith she deliberately planned her Access course starting around her family commitments allowing for more time.

When thinking about transition decisions made by these individuals it might be worth considering the era in which they were growing up. They are the so called 'Thatcher's Children' due to the era in which they were either born or spent their formative years (age 5 – 18) (Pilcher and Wagg, 1996 cited in Ball et al., 2000:1). The focus for this study is not the political and economic position of the UK during this period but it is worthy of further review in light of the participants' ages.

This 'revolutionary' period (Desai, 1994) so called between the period of Margaret Thatcher's election in 1979 through to her resignation in 1990, saw five of the participants born, educated and entering the workplace. Undoubtedly they were influenced by the changing face of UK Government including the workplace aspirations and the economic transition in UK markets (Desai 1994 as cited in Ball et al., 2000:1). The Ball et al., (2000) study of young people over a four-year period from 1995 to 1999 involved

those who were all born during this Thatcher era and as a result, this aspect is given considerable attention in relation to the decisions young people made. They found that despite the young people living in London suburbs most of the individuals, when interviewed in transition from school to work, had undertaken little career planning or viewed their prospects any higher as a result of the obvious affluence of their 'city neighbours' some 4- 5 miles away. Throughout my interviews, there was no mention or indication that the participants thought they had lacked direction or indeed thought they should have planned their career choices differently. They were indifferent, they were no different from their peers, and this was how it was.

In the literature on career trajectory there is a link to the social norms and values with which young people live (Lehmann, 2009, Reay et al., 2009, Greenbank, 2006, Reay et al., 2001, Hodkinson et al., 1996). Hodkinson et al., (1996) argue that career trajectory, often reported as somehow fixed with specific targets and goals, it is transient in nature and is largely reported as predictable. Hodkinson et al., (1996) developed what they state is a more suitable and dynamic term of "*careership*" (:4). Within this they discuss stages that occur as 'turning points' at which young people convey a sense of change, for example the decisions they make at 16 or 18 when leaving formal education.

If as Hodkinson et al., (1996) suggest, career trajectory is not predictable but based on social values and cultural influences, then there is evidence of this in my participants' data. For example, talking to Emma about her family background and their limited experience of HE had a profound effect on the decisions she made when leaving school. Emma's parents are 'working-class' in that their schooling, education, family background and career aspirations are within this socio-economic grouping. Neither her parents, siblings, nor her extended family attended university, so she is the first in her family to attend HE. This dimension of first in the family is a feature of all but one of the participants in this study; Charles had attended university before and his older brother attended a local university in Africa. Within the well-established

literature, of known barriers for entering university, is the dimension of limited exposure to higher-level study, including university. This is brought about either through lack of social awareness of university opportunities, attending schools that have no tradition of pupils progressing to university, or no family history of attending university (Schoon et al., 2002, Reay, 1998).

Whether it is career trajectory or 'careership', as used by Hodgkinson et al., (1996), there is an implication that young people have a choice, an individual choice. Whilst young people may have choices, these might not always be so clear-cut. What is exhibited in the text from Emma is that her choices were governed by her knowledge, and limited knowledge outside of the family. At a time when Emma was making these decisions, in the mid-90s, Widening Participation was not a widely known concept within the HE sector. It was only in the late 1990s that this changed with the then Labour Government announcing a policy directive that "*50% of 18 – 30 year olds should have the opportunity to participate in an higher education experience*" (Taylor and Steele, 2011). In order to meet these challenges and the high profile government aspiration, the government established funding for widening participation projects within the HE sector but this was not available to influence Emma's decisions or indeed any of the participants in this study.

Prior to this period of wider choices, there was a period of what Ball et al., (2000) refer to as "*market egalitarianism*" (Ball et al., 2000:2) in which free choice and the supposed politics of individual ownership and choices, including parents' choice to do their best for their families, existed. However, studies conducted around this time (Reay et al., 2001, Ball and Vincent, 1998, Reay, 1998) indicate that choice might be talked about but choice is not always available and you need the means to make these choices. This is something which Emma in her narrative describes as having choices, hairdressing or similar options, but her choices were based on her circle of knowledge from her immediate significant others: parents, family and reliance on professional agencies i.e. careers advisors.

Reviewing the interview data and the category '**Home Territory**' there is a real sense that this lack of career planning, whilst the norm, was unsatisfactory for these participants it did not allow them to focus in what they really wanted to do, become a nurse. For Judith she gained her education in a grammar school setting in the 1970s, her career planning and seeking out a 'suitable career' was evident in our interviews, she did not fit these criteria and was relieved to be leaving the constraints and having to '*fit in*'. Judith viewed her next step after leaving school as finding something that enabled her to deal with customers, provide an enjoyable work environment but allow her time to '*settle down*' (Judith, Interview one). For two other participants, Patricia and Martha, they secured professional status jobs prior to commencing their current nursing programmes. Martha became a police officer and Patricia a retail manager. Although both of them did not view this as something, they 'planned for' when leaving school they found that these roles they entered gave them fulfilment, a sense of value and investment in one's self. These roles were 'turning points', that Hodkinson et al., (1996) refers to and indeed roles that enabled them to gain valuable life experiences before re-considering a nursing career.

Parental influence

In the category '**Home Territory**', it was evident that the role of the parent had a profound effect on the career planning and sense of direction that participants travelled. Brannen & O'Brien (1996) describe the influence of parents and how this is related to the extension of "*adolescence and parental responsibility*" (Brannen and O'Brien, 1996). They talk about an obligation to their family by young people and likewise the parents still continue to exert influence over their children's sense of direction in relation to work.

Of the nine participants only Emily and Kate, the youngest in this study, did become what Ball et al., (2000) describe as the "traditional A levellers" (Ball et al., 2000:71). Emily and Kate thought there was an belief by their parents and teaching staff that they would stay on into sixth form and this was part of the 'expectation', although Emily admitted she was not exactly sure what

her career goal was and sought professional guidance from her school who convinced her to stay on to their sixth form. Family, parents, and teachers supported this expectation. For Kate this was also at a time when her parents were leaving the area thus leaving her both emotionally and physically responsible for making these decisions. Kate was making decisions much more in isolation than Emily was, and as a result, she talked about the pressures of carrying family hopes and aspirations, something that Allatt (1993) refers to as "*normative expectations about obligations and reciprocities*" (Allatt, 1993).

Similarly, Giddens's (1991) book on modernity and self-identity discussed this aspect in terms of the individual identity that young people and individuals create for themselves, and how decisions are not the same for all (Giddens, 1991). The nine participants in this study may not represent the career decisions made by young people. Indeed the participants' decisions made during the 70's and 80's and indeed the diversity of options are not viewed the same for all during this period. It is interesting, therefore, that none of them talk about a planned or fully considered view of their career when leaving school or in their younger formative years; it is not until they reached a stage in their life when they thought they needed to make a change as described in the category '***I Can See Land***'. This stage was evident with the code 'reached out' signifying a time when they wanted to achieve something they had wanted earlier in their life, and what Glaser (1998) describes as a 'critical juncture' in the basic social process (Glaser, 1998:101). Career planning and the perception of planning the next stage may not be crucial to all. It may be part of an individual's priorities or indeed, they may lack the necessary skills to conduct this effectively anyway.

Young people may have limited opportunities to construct these opportunities to actually 'do it' especially if they lack the motivation from parents, significant others (i.e. teachers) or from within their peer group. From listening to the participants, school was the facilitator of such interaction and there was some evidence of career engagement. However, this was about the

next job not career trajectory and career action planning. In the words of one participant, *"it was a ticking box exercise, they seemed relieved that I knew what I wanted to do"* (Emily, Interview one). With limited resources and increasing work pressures of staff within schools and those involved in professional agencies involved in young people's career advice now, it would be interesting to see whether the experiences of the 70's and 80's are the same today.

Influencing factors for choosing nursing

The literature identifies the importance of influencing factors for choosing, or not choosing nursing as a career. A key factor discussed in the literature is the significance of others in the decision-making process of young people. The literature identifies significant others as family, friends, teachers and career advisors. This aspect has been explored within pre-registration nursing programmes and social sciences, in particular careers education (Taylor, 2005, Wyn and Dwyer, 2000, Kidd and Wardman, 1999, Roberts and Parsell, 1992). Since the literature predominately relates to young people and accessing the formal career advice at school, it was surprising that this became a feature during our interviews and subsequent coding of the nine mature entrants in this study. Whilst exploring their route into university each participant described their career making decisions. This related to decisions and influence of others when they left formal education at 16 or 18 and mirrors the literature on career decisions by young people (Taylor, 2005, Wyn and Dwyer, 2000, Kidd and Wardman, 1999). In the category **'Home Territory'** and **'I Can See Land'**, the inclusion is made of these career decisions and the important influence of parents and career advisors.

There is considerable research about the decision making process of young people, in particular the decisions they make post 16 when they complete their formal schooling (Croll, 2009, Foskett et al., 2008, Taylor, 2005, Kidd and Wardman, 1999). These studies indicate the importance of support networks that enable young people to make informed choices and the pragmatic way in which these decisions revolve around family, friends, ('hot'

knowledge) and other key role models, such as teachers, careers advisors, and other professionals ('cold' knowledge). Ball and Vincent (1998) found that in their study of secondary school choice there were two sources, 'hot' or 'cold' sources of knowledge (Ball and Vincent, 1998). In the literature consideration is given to learner decisions and the influence of either parental or socio-economic factors for young people to progress to HE (Lehmann, 2009, Reay et al., 2009, Vyverman and Vettenburg, 2009, David et al., 2003, Reay et al., 2001).

An important element included in the category '***I Can See Land***' was the 'gatekeepers'; those who were perceived to have an influence over the participant's ability to 'get in'. Studies conducted within UK pre-registration nursing programmes explore the relationships between young people and those who may influence their decision to pursue a career in nursing (McLaughlin et al., 2010, Neilson and McNally, 2010, Coleman, 2002) but do not deal directly with mature applicants. However, the studies identify that young people seek advice and guidance from those outside parents and family members, whom they termed 'significant others': teachers, career advisors, and other professionals. The advice received can be both positive and negative in the ways in which young people may decide to pursue a nursing career. Their decision has a more profound effect later particularly if not pursuing their desire to become a nurse. This is an area which nurse educators are now exploring with recent studies in the Republic of Ireland (Dunnion et al., 2010, Mooney et al., 2008), although the work by Dunnion et al., (2010) included no mature entrants.

In these two studies, they found that two main factors influenced participants when entering nursing schools: family members and significant others. Participants received positive support to pursue a nursing career with participants citing family members who were nurses as having an influencing factor (Dunnion et al., 2010:465). Of note is the importance of academic staff at university open days, information events and other health care professionals who had a profound effect on the positive decision to enter

nursing (Hinsliff-Smith et al., 2012, Dunnion et al., 2010, Mooney et al., 2008). These studies indicate the importance that family and significant others have in the decision making process by individuals and whether to pursue a nursing career.

In addition, there are the external and ever present media images and UK TV programmes like Casualty and Holby City (Grainger and Bolan, 2006). However despite the assumption that media plays a significant part in the portrayal of the nursing profession, an American study found only 22% of their participants indicated this to be a factor in their decision to be a nurse, which was regardless of respondents age (Larsen et al., 2003). This finding correlated with an Irish study looking at media image of the profession (Mooney et al., 2008). Although this was not a contributory factor with my participants it was something mentioned by Kate, the youngest participant, when discussing her early memories of wanting to become a nurse or working in a hospital setting; she indicated the impact and influence of TV programmes:

well I always wanted to go into health care as when I was little I watched Casualty and I thought 'great' I could be a doctor, physio or I could be a midwife or dietician, anything in a hospital I was interested in (Kate, Interview one)

In summary, the literature review on recruitment and selection indicates its importance to student retention, with nurse educators accepting that this aspect requires constant review and monitoring as cohorts and the nature of students change. Schools of Nursing have an explicit role to produce not only nurses 'fit for practice' but in the process, they need to recruit the very best and then 'hold' on to them.

It is a given that there are a myriad of reasons why students leave nurse education. Recruitment and selection approaches are to some extent an institutional dimension, adjusted to meet local needs and to ensure levels of attrition maintained to an acceptable level. However as this section has

shown career decisions, career planning and support provided by professional agencies are external to the institution and they are therefore further factors to consider by Schools of Nursing. This is an aspect widely reported in the literature on WP best practice for HE interventions (Thomas and May, 2010, Byrom, 2008, Gordon et al., 2008, Yorke, 1999) and perhaps Schools of Nursing have been slower to adopt these wide-scale initiatives seen on many undergraduate courses within UK universities. This may be in part due to success at attracting a diverse population through the very nature of the vocational based professional and the widening of the entry gate since Project 2000.

This is not to say that more work is not needed. Perhaps the current debate on a 'place' for nurse education within UK HEI settings illustrates the different dimension to which Schools of Nursing operate. There appears to be tensions between the role of nurse educators and the expectations of working within HEIs particularly for those working in research led universities like the Russell Group of which nine of the twenty Russell group members offer pre-registration nursing programmes (Rolfe, 2011, Taylor et al., 2010).

Likewise, Schools of Nursing, which engage with individuals at a much younger age, may have an opportunity to present a much better picture of the profession and encourage those that might otherwise reject nursing to consider this career option. This was the case with the nine participants in this study, who considered nursing at school but for a variety of reasons rejected this route. With additional support and guidance, perhaps their journey might have been different. Their story ends on a positive note for they have successfully gained their professional registration in 2012, many years after leaving formal education, and then after finding themselves returning to their original career desire, a desire to become a nurse.

'Lost Bearings' and *'Wearing the Uniform'* referred to in Phase Two are about the participants' journey and their transition during their pre-registration programme. This aspect of transition is receiving prominence in relation to

pre-registration nursing programmes, and referred to as 'transition markers' (Avis et al., 2009). These markers relate to first year experiences that are known as points within pre-registration programmes when learners are more likely to "drop-out", such as after the Christmas break, when the first assessment is due, during or after their first clinical placement, after a refereed piece of work, after a period of 'interruption'. These transition markers are significant as the sense of professional socialization is gained during clinical practice, but it is during these placements that the students are most likely to consider leaving (Melling, 2011, Avis et al., 2009, Meleis, 1986). The following section discusses these aspects in relation to theories of professional socialization.

Professional socialization

As described earlier, UK pre-registration nursing programmes require students to undertake practice placements throughout their 3 years of study. The Nursing and Midwifery Council (NMC) stipulate that practice must form "50% of the required 3,600 training hours in pre-registration nurse education" (Carr, 2008:125). Therefore Schools of Nursing plan placements lasting from 1 – 8 weeks for a minimum of 30 hours per week with a student undertaking approximately 10 placements, in a variety of settings, over the 3 years of their training (Cuthbertson et al., 2004).

Since the clinical component of pre-registration programmes has shown to be a transition marker for learners leaving early, interest is also directed at how best to support student nurses and their socialization into the profession, since this is a dimension of undertaking practice placements. In the context of this study, Weidman, Twale & Stein (2001), provide a useful broad definition of professional socialization:

The process by which persons acquire the knowledge, skills and disposition that makes them more or less effective members of society

Adding to this further:

Socialization has also been recognized as a subconscious process whereby persons internalise behavioural norms and standards and form a sense of identity and commitment to a professional field

(Weidman et al., 2001)

What this definition provides is a sense that learners have control and are responsible for their sense of professional socialization that comes about over time. As members of a professional body there is a need for individuals to develop a sense of professional status, one in which they are able to fully engage with the requirements of the role and develop a sense of identity. This is, in some ways, what the clinical practice placements are working towards; practical demonstration of the learner's professional competence and also the development of the sense of identity they must adopt as soon as they become '*Lost Bearings*' registered nurses and find themselves in a professional nursing role on a ward or acute setting.

The clinical placements are to aid the transition from student to professional nurse. However, the role of clinical experience, or preceptorship as it is called in the US, is reliant on two aspects, level of learner socialization, and the allocated clinical mentor (Melincavage, 2011). These two aspects are crucial to continued identity formation and the extent to which professional socialization occurs. Indeed, when discussing their placements, the study participants spoke about their mentors first rather than the skills or learning that took place. The importance of mentors cannot be underestimated; they are to some extent the 'gatekeepers' to the level of socialization and learner identity formation. In the category '*Lost Bearings*' mentors were viewed as a key aspect to participants feeling a sense of purpose and easing anxieties about the practice placement.

This aspect of purpose when starting clinical placements is something explored in a US study of the occurrence of professional socialization for distance learning nursing student's in comparison to traditional campus based nursing students (Nesler et al., 2001). Their study findings indicated that distance-learning students actually acquired a higher-level of socialization of

the nursing profession compared to campus-based learners, and this finding surprised the authors. The conclusion was that the distance-learning students gained additional clinical experiences through working part-time and therefore were able to gain a broader and faster professional identity (Nesler et al., 2001:300). This is an important factor as the clinical placement is a fundamental aspect of UK training. This exposure, at any stage, has shown to be a factor in levels of stress on student nurse, particularly relating to a 'fear of making a mistake' (Jones and Johnston, 1997, Clarke and Ruffin, 1992), and the actual placement itself (Bradbury-Jones et al., 2011, Melling, 2011, Thomas et al., 2011, Kipping, 2000) including the relationships with staff and mentors during the clinical period (Melincavage, 2011, Thomas et al., 2011, Evans and Kelly, 2004). A different dimension to learners acquiring professional socialization is the role that previous care experience plays. With studies (Wilson et al., 2011, Wray et al., 2010) identifying that withdrawal was less likely to occur if learners had gained previous care experience.

In the category '***I Can See Land***', in order for participants to demonstrate their understanding of the nursing profession some of the participants had either undertaken (paid or unpaid) work or identified their role in caring for a family member. Whilst I cannot directly conclude that this was a factor in the participant's persistence on programme, I suggest that the 'reality shock' of what to expect on their clinical placements was less obvious because of their previous exposure to nursing roles and providing care. This connection between applicants gaining care experience and learner attrition has been highlighted previously (Wray et al., 2010, O'Brien et al., 2008). The reality of nursing in the NHS may be very different from the students' preconceived expectation. In fact, studies demonstrate that the clinical placement is a transition, and when learners are more vulnerable to "drop-out" (Melling, 2011, Avis et al., 2009, O'Brien et al., 2008, Pearcey and Draper, 2008, Zupiria Gorostidi et al., 2007).

In Lindop's (1991) work, he looked at student 'preparedness' for pre-registration training. He was surprised that compared to his previous work

where '50% of leavers had little knowledge of nursing as a career and what it entails' (Lindop, 1991:118), this was not the case in his later study. Here many of the participants had gained some previous knowledge of the profession suggesting that this may prepare them better for the realities of the clinical environment and therefore more likely to overcome any day to day difficulties (Lindop, 1991, 1989).

Another aspect receiving attention is that of pupil exposure to the profession through work experience (Neilson and Lauder, 2008). This UK study recognised that work experience provides an awareness of the occupation and career opportunities, but accepts that the quality and choice of the placement is paramount for a successful outcome. Work experience that is predominately based in a nursing care home may not accurately reflect other aspects of a nursing career. It may have a detrimental affect on those who would make good nurses but have a restricted and unrealistic expectation of current nursing roles. So concerned were the RCN about levels of learner attrition that they commissioned a large study looking at reasons why students were leaving training early (RCN, November 2008). From the findings, the RCN now recommends that all new applicants should demonstrate some practical knowledge prior to commencing a pre-registration programme.

So in addition to reported links between previous nursing experience and learner attrition other studies (Wilson et al., 2011, Wray et al., 2010, Nesler et al., 2001) report that having such exposure can affect the level of professional socialization. They report similar conclusions in that gaining a greater understanding and more realistic expectation of the profession prior to commencing enables learners to move through the stages. Whilst this current study, based on nine participants at one UK School of Nursing, does not offer a conclusive answer to the question of reducing learner attrition and enabling learner persistence, I would concur with the view that prior to commencing their pre-registration programmes learners who have gained some exposure to the nursing profession and the expectations of providing

care are much more likely to gain socialization of the profession during their training period and therefore less more likely to struggle on their clinical placements.

Whilst there is a debate about what individual factors affect student retention there is agreement that professional socialization is something nursing faculties need to facilitate (Nesler et al., 2001, Tradewell, 1996, Edens, 1987). The process of professional socialization occurs in the educational setting and through the experiences gained in the workplace. This necessitates the need for further work conducted in this area, an area that has implications for the learners' success and likely progression to registration and beyond. Indeed a study by Tradewell (1996) looked at the 'rites of passage' and professional socialization for graduate nurses in a hospital setting in Louisiana, USA (Tradewell, 1996). She found that an individual's professional socialization developed as an 'newcomer' to that of an 'insider' (Tradewell, 1996:184). She also discussed how at the newcomer stage graduate nurses are in a state of "betwixt-and-between" (Tradewell, 1996:184). This so-called state was exhibited by the participants in my study, who, as mature entrants with some clinical experience and with previous professional identities, found themselves in a state of flux between nursing student's, newcomer, and someone with previous life and professional skills.

A number of models for professional socialization have been identified for pre-registration nursing students and for the early post registration period. These include Hinshaw (1976), Cohen (1981), Benner (1984), and Clayton et al., (1989) (Chitty and Black, 2011, Nesler et al., 2001). Indeed these models have all received prominence in the literature when exploring the challenges facing nurses in developed countries (Chitty and Black, 2011, Nesler et al., 2001). What is identical in these models is the recognition of identifiable stages in the professional socialization of nurses. Whilst Benner's model in Figure 9 may not appear as relevant to the experiences of today's nursing student, since it relates to traditional hospital based nursing schools, it is still

used and referred to as a model of nurses' proficiencies in the 21st century (Po-kwan Siu and Sivan, 2011). It has also been influential in testing and confirming "adult learning situations" (Hom, 2003) and therefore is a useful indicator for the professional socialization for the nine mature participants in this study.

Figure 9 Benner's (1984) Stages of Nursing Proficiency (Basic Student Socialization)

Stage	Nurse Behaviours
Novice	Has little background and limited practical skills; relies on rules and expectations of others for direction
Advanced beginner	Has marginally competent skills; uses theory and principles much of the time; experiences difficulty establishing priorities
Competent practitioner	Feels competent, organized; plans and sets goals; thinks abstractly any analytically; coordinates several tasks simultaneously
Proficient practitioner	Views patients holistically; recognizes subtle changes; sets priorities with ease; focuses on long-term goals
Expert practitioner	Performs fluidly; grasps patient needs automatically; responses are integrated; expertise comes naturally

Source: (Benner, 1984)

This professional socialization was an aspect to which the participants for this study, as mature learners, appeared to have the greatest difficulty. This difficulty was expressed in the category '**Lost Bearings**', where there is uncertainty in their professional identity and role whilst on their clinical placements. For some participants this was still evident as we talked about their second year placements despite undertaking at least four placement opportunities.

Whilst participants had gained health care experience prior to starting their programme, they still thought like novices during their early placements and

indeed, they followed the pattern included in Benner's model (1984). The dilemma for these participants was that they exhibited the 'practical skills' of nursing but were not competent to know how and when to use the taught theory. Over the course of our interviews, the nine participants shared their anxieties about each new placement, which lessened as they progressed through their second year, and move onto the advanced beginner stage. Whilst at times, during our three interviews, their anxiety levels appeared to lessen, each placement raised new concerns about their allocated mentor, fellow staff, and the expectations that would be placed upon them. These aspects caused the most anxiety for all learners restricting them from moving up through the different stages as suggested in Benner's model (1984) but finding themselves re-entering the novice stage each time they started a new clinical placement.

The nursing curriculum in the UK values learning in practice as crucial in ensuring learners meet the required competencies set down by the nursing and midwifery council (Roxburgh et al., 2011a) . The clinical practice that learners experience is viewed as important to their (learners) socialisation process as midwives or nurses (Levett-Jones and Lathlean, 2007, Melia, 1987). Therefore, the curriculum is based on a wide range of clinical experiences across many settings for a period of 1 week to 6 weeks.

When I first interviewed the nine participants, they had undertaken 6 to 8 different practice placements in a variety of settings, community and acute settings. Whilst studies indicate a variety of clinical settings are useful for pre-registration learners in order to gain maximum exposure to nursing environments the downside is the continual 'negotiating' and relationship building with each allocated mentor (Melling, 2011, O'Brien et al., 2008).

This aspect of student nurse professional progression and its connection to their retention become very much apparent during our interviews that took place during their second year of training as they reflected over the past 12 months of training. This is something worthy of further investigation, particularly as the nursing curriculum is currently been reviewed and 'hub and

spoke' models are been considered, particularly in Scotland (Roxburgh et al., 2011a, Roxburgh et al., 2011b). These hub and spoke approaches to clinical placements enable a continuum of clinical mentors and academic leads throughout the learners programme with an aim to encourage and support:

Belongingness, continuity, continuous support and contemporary and future focused practice for student nurses (Roxburgh et al., 2011a:62)

Indeed this sense of belongingness and for students to feel part of the university is a more recent feature of work conducted in the UK HE sector on supporting student engagement and reducing levels of student attrition (Thomas, 2012a).

Another aspect evident from the interview data was how the participants forgot negative experiences whilst on their clinical placements. On the second and third interviews, I asked each participant to tell me about their academic or clinical experiences since we last met. The data from each interview was coded and included in the category '**Lost Bearings**', as they 'negotiated' their way from one clinical placement to another. Whilst at the time any difficulties, for example mentor relationships, their perceived lack of responsibility and lack of seeing them as 'mature' learners by ward staff, was vividly recalled, but they were unable to remember these instances without prompting some 6 months later.

Understanding the socialization process is important because until the nursing student is able to identify their role then they are vulnerable and, as widely reported, more likely to leave (Avis et al., 2009, Keogh et al., 2009, Kevern and Webb, 2004). In order for professional socialization to occur however, the theory and application to nurse education needs to be fully integrated into the programme of study rather than an add-on, as documented in other related professional body studies (Page, 2004).

Therefore, I would agree with Nesler et al., (2001) and Tradewell (1996) that professional socialization is indeed a factor that needs to be more strongly

considered in the curriculum as we prepare student nurses to enter the workplace. This factor may play a more prominent part in retaining student nurses than is currently considered in the literature (Nesler et al., 2001).

A grounded theory of learner persistence

For the nine mature Access entrants, in this study, it was evident that in order to remain on programme they demonstrated tenacity and an ability to persist despite the known hurdles and transitions associated with a pre-registration nursing programme. Their ability to overcome the known transition hurdles was apparent from the interview data, and became a feature with the categorising of how participants had been able to continue their course. These were particularly acute in the sub-category, '**Role Conflict**', and category '**Wearing the Uniform**' when they described how they used the skills developed whilst undertaking their Access programme and overcoming the new and sometimes difficult transition issues whilst on clinical placements.

Since the literature concurs that there are multivariate reasons why nursing students leave training, few studies have considered what factors make students stay (Dante et al., 2011, Wray et al., 2010, Avis et al., 2009). Therefore this aspect of understanding learner persistence is worthy of further consideration as it provides a new approach to supporting students through the difficult transition points in their course, whether that be a pre-registration programme or other higher education programmes.

From the participants' narratives and the subsequent coded categories, I propose that in order for these nine mature Access entrants to persistence a number of features were evident. These features enabled them to persist successfully on their pre-registration nursing programme and foster a 'persistent' approach to overcoming difficulties. An individual assess their own situation prior to commencing their programme and once on programme are intrinsically linked to the known transition markers, the points when learners are more likely to consider leaving. Whilst the ability to persist can be

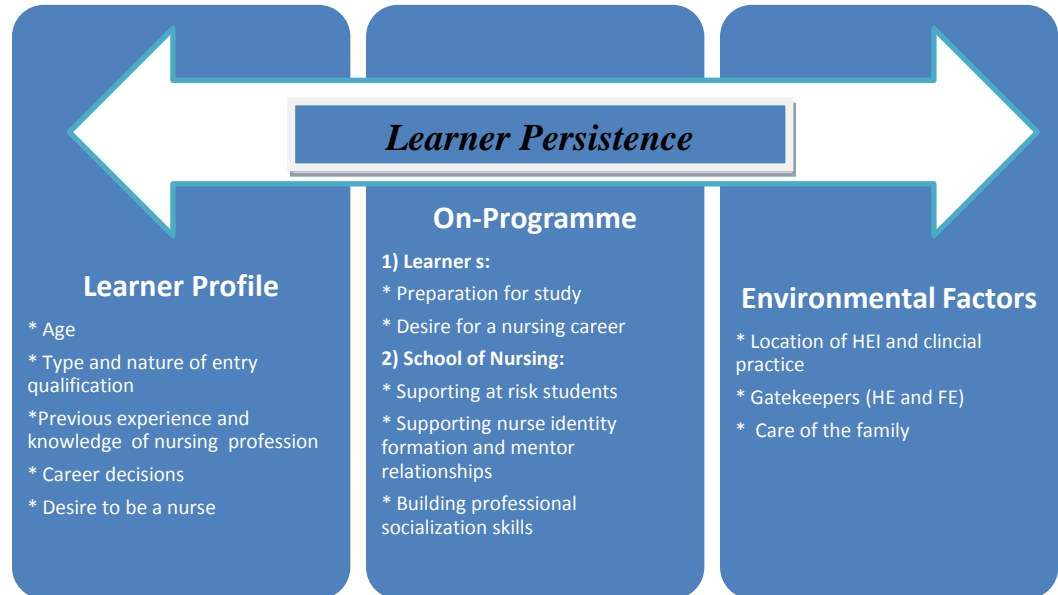
empowering, it does not eliminate the risks and stress, but it does enable the individual to cope and overcome the difficulty (Rutter, 1987). I suggest that having an awareness of the difficulties that are likely to be encountered and having the necessary 'tools' to deal with these difficulties is more likely to reduce the number of learners who withdraw prematurely from their nursing programme. This is particularly pertinent when exit interview data suggests that learners leave early because of stress and lack of coping strategies (Yang and Honghong, 2009, Pryjmachuk and Richards, 2007, Zupiria Gorostidi et al., 2007, Evans and Kelly, 2004, Glossop, 2002).

From conducting this research, I propose a new approach for understanding learner persistence that opens a fresh dialogue on key features that enable individuals to persist on their programmes. Whilst this approach is based on the lived experiences of only nine mature Access entrants, I would argue that their experiences are typical of mature learners who enter pre-registration nursing programmes in the UK. These nine participants have entered university with existing life skills and in order to meet the entry requirements have successfully completed recognised entry qualifications. In addition, having gained a place on a pre-registration programme they are then juggling the demands of home life, becoming a student nurse and dealing with the requirements of clinical placements, as are many mature applicants on UK pre-registration nursing programmes.

This study has demonstrated how participants have overcome the known and widely reported transition markers of a pre-registration nursing programme. To date the literature is predominately focussed on reasons why students leave and measures taken in an attempt to address this continual problem of student attrition. Therefore providing a different perspective on learner persistence and what supports students to stay is a different discussion but one which is intrinsically linked to student retention.

Arising out of the findings from this empirical study, Figure 10 is a proposed approach for the identification of significant factors that can support individual persistence.

Figure 10 – Model of Learner Persistence on a DipHE/BSc nursing programme



The following section outlines the proposed approach that could facilitate learner persistence, not just on pre-registration programmes but could be adapted for other HE programmes that attract mature students.

Learner Profile

The Access qualification is an accepted and established route onto pre-registration programmes in the UK. For this one East Midlands University, they actively recruit and attract a higher proportion of mature Access entrants, applicants who possess a variety of skills who have committed to undertake an intensive one-year programme, many with no previous academic qualifications.

For all participants, regardless of having childcare responsibilities, in their interviews they demonstrated how they were continuing the coping strategies and dealing with 'stressful events' (like deadlines, meeting academic demands and juggling home life) that they had previously developed during their Access programme. They saw the pre-entry course as enabling them to experience what it would be like to cope with the many varied demands placed upon them. The fact that all nine successfully negotiated the demands

of their Access course was pivotal in providing them with a starting place for their current course. They had already shown a tendency to succeed by gaining an Access qualification, a qualification that for many who enrol fail to achieve (QAA, 2011).

The Access qualification had enabled all participants to gain valuable skills in order to prepare and continue on their current pre-registration programme. Access courses are usually delivered over 30 – 32 academic weeks and this intensity enabled participants to complete a range of assessments, meet deadlines and study new modules. They had to complete a programme of study with exacting demands and time scales providing them with two important credentials, academic confidence, and confidence in their abilities to overcome any difficulties on their current programme. These two characteristics are powerful motivators for individuals to succeed.

Institutions need to develop strategies that enable a differentiated approach by learners to utilise academic and life skills that learners possess when they arrive at university. In order to encompass this into the support mechanisms, nurse educators need to understand fully the component parts of the entry qualifications. This would enable mapping of the skills those learners already possess, both from their entry qualification but also from experiences gained in a professional context, which may include care and clinical experiences. This is very pertinent as mature students grapple with their multiple roles as described in the category '**Lost Bearings**'.

The data collected by HESA indicates that mature students, in comparison to younger entrants, are leaving university programmes early (HESA, 2012), although the HESA data does not distinguish which university programmes mature students are leaving. In comparison, the data provided for the two pre-registration cohorts in this study present a different picture about mature student attrition. It indicates mature entrants with Access qualifications are no less likely to leave than younger applicants or those entering with other qualifications. It suggests that students' age in conjunction with the type and

nature of entry qualification is a more likely indicator for those students who are likely to stay on pre-registration nursing programmes. Whilst studies do exist that have looked at age and entry qualification as a factor for student retention on pre-registration nursing programmes (McCarey et al., 2007, Kevern et al., 1999), these studies lack any comparative data to the other factors that I propose in this approach to learner persistence.

Within the UK school system careers advice has been formalised into sessions providing information, advice and guidance (IAG) for all young people, although evidence suggests that this is often non-systematic, patchy and is heavily dependent on resources available (Rose-Adams, 2012). Whilst this study was not examining the nature and type of careers advice received, the career decisions that these nine participants made and their strong desire to be a nurse were factors for them returning, for some 20 years after leaving school. This aspect of how career decisions were made and the reasons for seeking a nursing career were factors that were influencing the participants to persist. Previous extracts of their interview data indicated that they felt *"they had come so far"* (Charles, Interview three) from when they were initially considering a nursing career that they felt a need to *"see it through, to get registered"* (Jane, Interview three). This feature of a desire to be a nurse is more strongly linked in the literature to the influence of significant others in career decisions (McLaughlin et al., 2010) rather than, as suggested in this study, career desire and 'proving' that their original career intentions were valid, they could become a nurse. Indeed this desire and intention to achieve was a factor once on-programme.

On-Programme factors

These significant features, whilst on their pre-registration nursing programme, indicates a partnership between individuals and an institution as part of the process, since Schools of Nursing have a responsibility (moral, social and economic) to support students through all components of their training. The institution is instrumental throughout the process and more so in the initial stages of recruitment, as it is this very starting point whereby

learners, in particular mature learners, need to assess their likelihood of 'been able to cope' on the programme. Applicant's opportunity to assess their own ability to succeed is based purely on the information and supportive 'signals' received from the school of nursing and the 'gatekeepers'. Once on programme individuals, also need to feel supported and have the opportunity to develop a 'persistent' approach enabling them to overcome the known transition points within pre-registration nursing programmes.

The students in this study had an identity prior to starting their pre-registration course, a professional and parental identity. The participants' greatest hurdle was the challenge of a new setting, that of the clinical placement. Whilst the literature discusses this, for participants the professional transitions are not explicit, nor are the different stages that may occur over the length of their training. The clinical placement also presents a change of identity from the university student to that of nursing student on a clinical setting. Whilst this is gaining some prominence in the literature (Melling, 2011) there needs to be a link for students so they can embrace this transition stage since:

Nurse training aims to provide skilled and knowledgeable practitioners; central to this, it's the learning that takes place in practice placement areas, which is designed to make the link between theory and practice (Burns and Paterson, 2005)

Whilst anecdotal evidence suggests that mature students are a welcome part of pre-registration programmes as they bring unique qualities to the profession (life skills, maturity, and commitment) there is a tension between themselves as student nurses and as mature learners. This was particularly evident in the clinical settings for the nine participants and was more acute for those participants who had previous care experience (Adam, Emma, Judith, Kate) as they were treated the same as 'novice' students by clinical mentors. The relationship between mentors and students is crucial to the successful progression of learners and is well documented in the literature on pre-registration programmes (Gidman et al., 2011, Melincavage, 2011,

Pearcey and Draper, 2008, Shelton, 2003). Indeed Moseley and Davies (2007) reported that whilst overall the role of the mentor was positive, many mentors found it difficult to develop relationships, assess students and create a learning environment (Moseley and Davies, 2007). Student nurses have much to gain from these placements not just professionally but academically. It is imperative that mentees and mentors are able to overcome these difficult short-term relationships as this alone can cause stress for the student nurse leading to loss of the student nurse to the profession.

Whilst individuals and Schools of Nursing cannot foresee issues that might arise over the period of their training, providing a flexible and variety of course options when things do 'go wrong' is paramount to keeping learners on track. UK Schools of Nursing are able to offer an 'interruption' from programme, allowing learners to re-enter the programme with a new cohort at an agreed time. The attrition data from the study site indicates that of the 180 'early leavers' from the two cohorts under study, 25% (n=45) were those who were granted an interruption and failed to return, and of these 45 individuals only 3 were Access entrants (Slaney, 2012). The ease of indicating 'at risk' students due to them requesting an interruption indicates a need for a more structured support mechanism to ensure that the students transition back to training is smooth and trouble free.

Tied to this is the relationship that individuals have with the institution. These relationships revolve around the support mechanisms that exist and are explicit. The roles of the university tutor and the clinical mentors play an important part in ensuring that individuals overcome the known transition points. The institutional support mechanisms documented in the literature relate to support networks, including tutorial support and the role of clinical mentors and supervisors as important features for the retention of learners (Avis et al., 2009, Prymachuk et al., 2009, Shelton, 2003, Ofori and Charlton, 2002). It is therefore important that learners are able to draw upon these skills and experiences to help them overcome the known and new difficulties that they may face during their course.

Fostering relationships with clinical mentors is of paramount importance as the first year clinical placements are shown to be the most cited reason for student withdrawal (Melincavage, 2011, Orton, 2011, Prymachuk et al., 2009, Glossop, 2001). This is also confirmed in a survey of nursing students whereby 39% of respondents indicated that the clinical placement was a factor for them considering leaving their programme (RCN, November 2008). The mentor relationship is a key element (as viewed by the learner) to the success of the clinical experience (Melling, 2011, Po-kwan Siu and Sivan, 2011). This would be particularly useful when students enter their clinical placements in the first two years of training, when their nurse identity is still forming as they can lack the self-confidence to utilise their 'life skills'. This was the biggest challenge for the nine participants in this study as they 'negotiate' with clinical mentors, as they are 'nursing student's' regardless of age or previous experience.

Opportunities for students to foster these relationships with clinical mentors and ward staff are critical to their professional socialization. This is also important to enable them to develop a more resilient approach for future workplace settings. These factors are important as the recognition of abilities and skills not only empowers individuals to make a greater contribution, but also improves their self-esteem, self-worth, as noted by Johnson et al., (2010) when conducting a study on early career teacher identity (Johnson et al., 2010). The notion of individual resilience, which is linked to the development of a professional identity and socialization, is of interest to those working in nurse education, in particular in preparing pre-registration nurses for the transition to a workplace setting, including their compulsory clinical placements (Leducq and Nelson, 2011, Thomas et al., 2011) and also for those involved in retaining the current nursing workforce (Jackson et al., 2007). Jackson et al., (2007) conducted a literature review on the Australian workplace setting for qualified nurses (Jackson et al., 2007). They explored the strategies adopted for 'surviving and thriving' as qualified nurses with their conclusions suggesting that resilience needs to be an element within all

nurse education in order to reduce "*vulnerability once employed in a clinical environment*" (Jackson et al., 2007:1).

Environmental factors

In order that learners can persist, nurse educators need to appreciate that they have a powerful and influencing effect on potential applicants. These applicants actively seek reassurance and guidance about their decisions early in their academic journey i.e. prior to starting their Access course. The HEI 'gatekeepers' (programme staff, tutors, admissions staff and those involved at open events) are the key people that learners seek advice from. This re-affirming of their choice to gain an Access qualification and therefore gain entry to a pre-registration course was very important to my participants. This was because this dialogue enabled individuals to recognise that they were able to achieve and meet an earlier career desire to be a nurse, and in having this recognition, provided the platform for them to 'keep going', to persist.

From the interviews with the nine participants, their ability to assess their capability to cope on the programme and overcome difficulties started from the initial contact with the institution. This was further emphasised with their decision-making on the choice of institution (Martha, Patricia) and by all participants the location of the institution and clinical placements, emphasising that learners are ensuring that these aspects ensure a smooth transition to their chosen programme as possible.

As identified in category '***I Can See Land***', individuals made decisions about their university choice predominately based on geographic considerations. This relates to the location of their centre of learning and the location of the clinical placements that would form 50% of their learning. For seven of the study participants this was a fundamental priority, for them to successfully undertake practice placements and complete their programme. These decisions were made around their home situation and the ease of organising their lives to accommodate their transition to university. Tied to this was the ability of the participants to develop on-going coping strategies for the

pressures of academic workload and family pressures. An example of this was how Judith told me she kept 'sane':

I plan everything, right down to the last detail. I need my timetable promptly as I organise the childcare and my husband xxxx based on my shifts and study needs at least one semester in advance, its hard but it works for us (Judith, Interview three)

The participants multiple roles as nursing student, spouse, and parent is a known factor within studies of older applicants to HE (Reay, 2003, 2002). However, there is a paucity of evidence of this in relation to pre-registration programmes (Steele et al., 2005, Cuthbertson et al., 2004, Kevern and Webb, 2004, Glossop, 2002). These study findings do make important points in demonstrating the impact of family on learner retention. However, the converse might be true and this aspect of family may play an even larger part in learner persistence than the literature might suggest. Indeed, in the earlier category of '**I Can See Land**' the participants negotiated family care prior to commencing their programme as a fundamental aspect of their future course continuation and this aspect has a relationship to their success whilst on programme, exhibited in the category '**Lost Bearings**'. Rather than be a factor that causes participants to leave the family, it was something that they saw as a help rather than a hindrance, they planned for the needs of the family unit in order for them to persist. The Access course was for many their first tentative steps into academic study; this provided the opportunity to establish a routine for care of the family and with it a sense of achievement. This Access achievement is a cornerstone to enable persistence as participants constantly refer to this as making them continue on their current programme, they have "*done it once I can do it again*" (Emily, Interview 3).

In summary of the approach presented for learner persistence, many of the reasons given for students leaving their UK pre-registration programmes are linked to their preparation to the programme as well as their ability to overcome the known transition markers. For example, it is well documented

that many students leave due to “*wrong career choice*” or state on exit interviews “*nursing is not for me*” (Glossop, 2002:380).

This approach to learner persistence enables a broader consideration for these factors of student withdrawal. For example candidate age and entry qualifications are often suggested as indicating ‘at risk’ students (Prymachuk et al., 2009). However, if these factors were considered along with other factors, as indicated in this approach to learner persistence such as an individual’s career aspiration and knowledge of the nursing profession, would the outcome still be the same? This current study indicates that mature entrants with an Access qualification were no more likely to withdraw from a programme in comparison to younger entrants but mature entrants did indeed persist on their programme. This new perspective on learner persistence through a grounded theory highlights significant features which is worthy of further examination wider than one School of Nursing offering pre-registration nursing programmes.

CGT testing

In Chapter Three, I provided an explanation of a CGT methodology proposed by Glaser & Strauss (1967). Within their early work and later work by Glaser (2003, 1998, 1992) they presented a criteria for assessing a CGT theory (Glaser, 2003, 1998, 1992, Glaser and Strauss, 1967:237-250). This assessment framework includes four main areas used to judge the theory

fit – refers to the emergence of conceptual codes and categories from the data rather than the use of preconceived codes or categories from extant theory (Holton, 2008:78)

The ability to achieve fit is a gradual slow process. It evolves over time and, even having provided a label of what I thought best described the actions of the participants, reviewing the data made me reassess if this indeed was the right phrasing. For example, ‘**Wearing the Uniform**’ eventually emerged having previously named the category visualisation.

The data analysis suggested that participants were visualising themselves as nurses but it was the act of '**Wearing the Uniform**' that enabled the participants to progress. Their uniform helped them to form an identity that enabled them to overcome the hurdles they encountered on the clinical placements. Glaser (1998) uses fit as another word for validity and asks the question,

Does the concept adequately express the pattern in the data that it purports to conceptualise? Fit is continually sharpened by constant comparison (Glaser, 1998:18)

Based on this 'validity', I judge the concepts and categories are induced from the substantive area, therefore meeting the CGT criteria. To demonstrate further, the nine participants in this study reviewed the findings and discussion chapters for comment and feedback in order to provide 'participant validity' since they were the best judges of the findings and conclusions drawn from the data. Despite the researcher-participant relationship, formed over the 12 months of data collection and meeting formally on three occasions, very little feedback was received from the participants about the content of the chapters. Whilst they all acknowledged receipt, having sent them copies electronically and via post, none of them engaged in a detailed discussion about the conclusions drawn from their interview transcripts. Whether they felt it was not their 'place' to comment, or that any feedback they provided would not be helpful for a doctoral thesis, I am unable to confirm. However, having met two participants over coffee later (Martha and Patricia) the reasons they gave for their lack of detailed feedback centred around receiving their own assessment feedback, what they perceived to be their lack of expertise to construct feedback at this level and time constraints.

As a researcher, these presented some dilemmas; did they want to provide more detailed feedback but thought they lacked the 'academic' know how, were they uncomfortable to provide feedback that might be construed as negative and how I might address this now, and in the future. How I decided to address this was to contact them again, via an email, explaining how any

feedback would be helpful and placed this in the context of their own studies, stating that any feedback can be a positive learning experience. I also stressed that the thesis was their story and it was important that what I presented was an accurate reflection of this. This further correspondence generated a further acknowledgment from participants indicating that whilst they appreciated the opportunity to provide feedback, their own time constraints meant that they lacked the capacity to "do justice" (Emily) to make further comment and that they "trusted my interpretation" (Adam), it appeared "all accurate and reflected how they felt about the journey" (Martha). The overriding conclusion that I draw from contacting participants, after the data collection period, is that it tends to be driven by the researcher rather than from participants. There is an assumption that participants value the opportunity to be involved further and therefore without this the data is less 'valid'. Rather what I take from this process is how participants indicated that they enjoyed reading about other people's journeys and how this act helped them to make sense of their own journey, "it was rather cathartic" (Patricia).

I also view the research dissemination that has taken place throughout the study period in receiving 'peer' feedback useful for the development of the theory. In addition, the supervision meetings enabled discussion at different stages of the research process and were extremely helpful and insightful.

Workability means do the concepts and the way that they are related into hypotheses sufficiently account for how the main concern of participants in a substantive area is continually resolved. (Glaser, 1998:18)

I believe that they do. Throughout the thesis, I have demonstrated that the participants are constantly resolving their concerns, to realise a desire to become a nurse. Each of the five main categories and two sub-categories clearly explain the participant's journey and the process that each individual is undertaking to achieve this. The comprehensive way in which the literature review provided an overview of the field, not only demonstrated a gap in understanding learner persistence amongst an important section of UK HE

recruitment but also more importantly, the contribution of these students to pre-registration programmes at this established East Midlands University. Yet there are still areas of retention, withdrawal, and widening participation that remain unchallenged and complex to address. Much of this early interest only touches the surface and certainly does not address the difficulties faced by institutions.

Relevance – refers to the theory’s focus on a core concern or process that emerges in a substantive area. Its conceptual grounding in the data indicates the significance and relevance of this core concern or process thereby ensuring its relevance (Holton, 2008:78)

Added to this,

Relevance makes the research important because it deals with the main concerns of the participants involved. To study something that interests no one really or just a few academics or funders is probably to focus on non-relevance or even trivia for the participants. Relevance, like good concepts, evokes instant grab (Glaser, 1998:18)

This indeed was the focus for this study; the passion exhibited by individuals, who despite known transition markers on their programme endeavoured to successfully complete not just one qualification, their Access to HE to gain entry but their current programme of study, but their DipHE/BSc pre-registration nursing programme.

The contribution that this thesis makes is important for a number of reasons, not least because of the limited focus on mature Access learners in a pre-registration context. Economic pressures require HEIs to review constantly their recruitment and selection strategies. The key findings from this study have value for all Schools of Nursing who attract mature learners and wish to retain them. Understanding how learners’ persistence has a fiscal and social implication for institutions and individuals, making this study topical and relevant.

Mature students account for a large percentage of entrants to UK HEIs (1:4), whilst anecdotal evidence suggests that they make a valued contribution to university programmes, the more we understand their needs, the more likely we are to retain them and likewise encourage other mature applicants to consider university level study.

Modifiability – refers to the theory’s ability to be continually modified as new data emerge to produce new categories, properties, or dimensions of the theory. This living quality of grounded theory ensures its continuing relevance and value to the social world from which it has emerged (Holton, 2008:78)

The emergence of new data would constantly question the relevance and in turn may require the substantive theory to be modified. However, at some point, this thesis has to be submitted and that will end the review of data for this purpose. However, in order to add to the value of CGT this work should not be left on a shelf indeed, as it is hoped that this work will inform and guide practitioners and academics working in the field of student retention whether in nurse education or HE interventions. From this study, there are opportunities to develop further the theory presented; a theory that emerged from gaining ‘access’ to the participants over 12 months in their training at this East Midlands university. Whilst I am closing a door on this study there are other doors and research opportunities providing new data. This is not to disprove the theory but as Glaser (1998) states “*new never provides a disproof, just an analytic challenge*” (Glaser, 1998:19).

Chapter summary

This chapter, in light of the category findings described in the previous chapter, detailed aspects that were pertinent for the learners in this study. What became apparent from Phase 1 of their journeys towards nurse registration was the participants’ career decisions that they undertook when finishing their formal school education (usually between the ages of 14 and 16). During what is considered as a key transition for young people in the UK education system, the influencing factor of parents became a key component

in the participant journey. What this chapter presented is the different dimensions of involvement in career decisions, and as a result, a direct influence over future career direction, sometimes to the detriment of the learner. As identified in participants' interview narrative, they had a strong desire to be a nurse, for many from leaving school, but for most, they did not pursue this avenue.

The chapter discussed a more recent phenomenon of career planning by young people and how for these participants, as mature entrants, career planning and career trajectory entailed a different experience. I used the work by Ball et al., (2000) and Hodkinson et al., (1996) for how career planning was somewhat different in the era to which these nine participants were considering their future.

Since this study is in the context of nurse education, there was a strong emphasis on vocational and clinical practice due to the professional requirements laid down in the UK. Unlike many traditional university programmes, student nurses are being prepared for entering a profession as nurse leaders having gained professional status as qualified nurses. This dimension of clinical practice presents different difficulties for the students and is well documented as a reason for students leaving early from their programmes (Thomas et al., 2011). A direct consequence of learners engaging in the clinical aspects of nursing, rather than just theory of nursing is student nurses' understanding of professional socialization. This includes their preparation for these clinical experiences, which is a fundamental part of UK nurse training programmes.

Using a well established model by Benner (1984) on the stages for nursing proficiency (basic social socialization) and work by Tradewell (1996) on nurses "*rites of passage*" (Tradewell, 1996), I described the dilemma for these nine mature applicants upon entering their clinical placements. This dilemma relates to them developing their professional socialization as student nurses and then their dichotomy as they enter each clinical placement as

mature students with life skills and in some cases previous nursing experience. This aspect of developing professional learning, and understanding their nursing behaviours, as suggested by Benner et al., (1984), caused some difficulties for the participants with no easy solutions. I suggest that Schools of Nursing need to consider how they can support all learners, but in particular those who exhibit life skills needed for the nursing profession and who can already demonstrate some nursing proficiencies.

This thesis started from the premise that there is a discourse around the issues of student retention and the reasons for students leaving early from UK pre-registration nursing programmes. This discourse has emerged against a background of pressures to retain more students whilst providing the most competent professional nurses, which would appear an insurmountable problem to address since it is understood that there are multiple and often-complex reasons why students leave their university courses without completing. Within this current chapter, I presented a different approach to student retention, that of learner persistence and a discussion of three significant features to learner persistence: Learner Profile, On-programme and Environmental factors.

The chapter then concluded with the use of an assessment framework used in CGT studies. This assessment tool enabled the emergent categories and suggested approaches to understanding the phenomenon of learner persistence to be tested. The following and concluding chapter will return to the three research questions for this study and examine each of these in turn and in light of the presented theory on learner persistence present recommendations for particular stakeholder groups.

Chapter Seven

Conclusions, Policy, and Practice

Implications

In this concluding chapter, I will draw together the findings identified through a CGT methodology. It will provide a summary of the notable findings and discuss these in relation to UK Schools of Nursing. These findings indicate how the nine participants in this study were able to persist successfully on programme due to their underlying desire to become nurses, something that was evident from their earlier career decisions at school.

The chapter will return to the three research questions and reflect on how these are addressed within the study. I will outline how the study contributes to the body of literature on student retention within pre-registration nursing programmes and Access learners entering HE institutions.

Introduction

Byway of twenty-seven interviews, conducted over the second year of their pre-registration training, nine participants shared their journey with me on how they were able to progress on their programme. The starting point for this study was to gain an understanding of how Access learners are able to persist on programme and answer my three research questions:

Question One: What are the lived experiences for 'persistent' Access entrants on a pre-registration DipHE/BSc programme?

Question Two: What theory emerges about the nature of 'learner persistence' in the context of higher education nursing programmes?

Question Three: How should a new understanding of learner persistence be reflected in future policy and practice?

Research Question One:

What are the lived experiences for 'persistent' Access entrants on a pre-registration DipHE/BSc programme?

In Chapter five I described the categories and the core category for the nine participants in the study. Their journey started with their earlier career decisions whilst in formal education; career decisions that were to carry them through their young adult lives. For many of the participants their path was successful, enabling them to gain professional recognition in their selected careers. Some viewed their lives as fulfilled with partners and children. Nonetheless, the participants had an underlying yearning to resolve their earlier career aspiration, that of becoming a nurse. In the process, they were looking to realise some aspect of these early career decisions as well as the decisions made to pursue a nursing qualification.

The shared experiences are as individuals classed as mature, for they were over the age of 21 when they entered university. Mature students are important to the UK HE Sector and form an integral part of the Widening Participation Agenda, which has dominated recruitment policy in the UK for the past 10 years. The review by Smith (2009) indicated that, of the mature students entering university, 21% were classed as WP entrants with either no previous experience of HE or from low participation neighbourhoods (Smith, 2009).

The large-scale number of mature applicants within the two study cohorts (56% and 66%) indicates not only the volume of mature entrants but also the importance to the long term planning of the future East Midlands workforce plan. As seen in the study findings, Access applicants in many cases have taken time to arrive at university. Their career paths are often unplanned, not straightforward, and sometimes chaotic (Hinsliff-Smith et al., 2012). In many cases, the participants in this study had few or no formal qualifications prior to commencing their Access qualification but having undertaken an Access programme they appear prepared for the requirements of a DipHE/BSc programme and are able to 'persist'.

As shown in two studies (Cameron et al., 2011, David et al., 2003) one from a nursing perspective and one from a gender and education perspective, family members and their involvement in the process of career selection are valued by the individual and this input has direct implications for career choice and any planning that takes place. Indeed, in this current study of pre-registration Access entrants, parental involvement was evident although this was sometimes overshadowed by the life events that took place during this crucial time of forming future career decisions. In those cases, the individual turned away from their original career aspiration of nursing and only returned a number of years later. The delay in starting a nursing programme was not expressed by the participants as a concerning factor or one of regret but it was a factor in their decision to undertake the additional degree credits.

Within the category, '***I Can See Land***', the geographic location of the university and subsequent clinical placements was an overriding factor for individuals, particularly those with childcare responsibilities in their choice of university. Whilst this university is centrally located in the East Midlands, all participants had access to a range of high calibre institutions both pre and post 1992 establishments offering pre-registration nursing programmes. Whilst a number considered other institutions the merits of ease of location was the deciding factor rather than research excellence or institution's reputation. Indeed this geographic factor of choice and one they were able to access with ease, including the clinical placements was a factor for enabling participants to successfully persist. It was one fewer 'problem' for them to consider when undertaking their pre-registration programme.

In thinking back to the work by Tinto (1993) he describes institutional commitment whereby learners have a university or college allegiance that is driven by the desire to achieve at an elite or prestigious university, for example Ivy League institutions in the US and Russell Group universities in the UK (Tinto, 1993:43). The prevalence of choice between pre and post 1992 institutions in the UK may support this view. Particularly as levels of 'early leavers' are statistically higher in post 1992 institutions than many pre 1992 and Russell group members (HESA, 2009). Whilst learners may perceive that such 'elite' universities will lead to greater job prospects, career enhancement and therefore have a higher regard for continuing on programme this was not the case for the participants in this study. The participants had carefully considered their options and therefore made a commitment to that institution as 'the best fit' for their personal circumstances which included childcare provision and ease of travel to placements rather than 'academic fit'. This may be a factor unique to university programmes that have a professional placement as part of the programme such as social work, teacher training, midwifery, physiotherapy. This is an interesting aspect in terms of the emphasis placed on league tables, annual student surveys, and research impact factors highly driven by policy makers and a strong focus within HEIs. The rationale for learner choice

is an important factor as a means to aid successful transition by the learner and the likelihood of continuation on their programme as described in the model for learner persistence (Figure 10).

What is apparent is that by classifying all entrants as mature, based on age alone, portrays them as a homogenous group. The literature supports that this is not the case, nor is it my experience of mature learners or indeed is presented as the case in this current study. A fresh focus on these mature Access applicants, through gaining an understanding of their lived experiences, presents a different approach to thinking about how they are able to persist on programme. Whilst the findings from this study are based on the lived experiences of nine individuals, seven women and two men at one UK university, it does allow a different understanding about mature learner persistence and highlights how little is understood about significant factors that enable individuals, who are mature, to overcome the known transition markers on a pre-registration nursing programme.

In the category '*Lost Bearings*' the nine participants shared some of their difficulties of their 'dual role' when in clinical settings. This dual role of student nurse vs. mature student required them to 'work' through how best to resolve difficulties with their allocated mentors and they expressed how relationship building was paramount to this. What became apparent from the participants' narratives was the dilemma for them as mature entrants and the expectations of them whilst on clinical placements. This dilemma directly related to them as mature students who could demonstrate life skills and clinical experiences rather than them as new student nurses. There is a growing body of evidence about the cultural transitions from a university setting to that of the NHS culture that students have to navigate throughout their pre-registration programme (Melling, 2011, Wood, 2005), but there is less evidence of this cultural dynamic for learners who possess pre-existing knowledge and skills about nursing. The theory of learner persistence presented in this thesis included Schools of Nursing and their need to support learner persistence by supporting the formation and understanding of

professional identity and the professional socialization to the nursing profession. These two aspects of identity formation and professional socialization need incorporating into student preparation for their practice placements since the practice component of pre-registration programmes is a reported transition marker resulting in many students leaving their programmes prematurely (Avis et al., 2009).

A strong desire to become a nurse was an overriding feature for the individuals in this study, particularly as many of them spoke about a deep-seated career aspiration when they left school. That is not to say that for those students who do not possess this innate desire are likely to withdraw however this motivation combined with other features is more likely to see a better outcome for the individual and the institution. Based on the findings from this study it would be interesting to explore the question of '*Does having a stronger career purpose along with the learner profile (as suggested in the model on learner persistence) lead to a better outcome for the learner and institution?*'

At the study site, mature Access entrants are actively recruited to pre-registration nursing programmes. But there is growing pressure that entry requirements need to reflect the new all graduate route resulting in judgements about the 'right' entry qualifications in order to minimise levels of attrition. It is too early to say how mature Access entrants will cope with the higher academic requirements of a degree programme but this study has demonstrated that these learners are able to persist, with seven taking extra credits to obtain BSc degree rather than a DipHE qualification. It is therefore imperative that levels of student attrition are carefully monitored in relation to entry qualification and age. Whilst measures can be put in place to mitigate against students leaving early, the requirements of higher-level degree qualification have implications for longer-term support needs, especially those from non-traditional routes. This support, both academic and personal, has shown to be invaluable in aiding students to stay on

programme (Avis et al., 2009, Shelton, 2003). Indeed surely, the aim of such measures is to retain as many able and competent students as possible.

In exploring the research question, what are the lived experiences for 'persistent' Access entrants on a pre-registration DipHE/BSc programme, this study has revealed how little was previously understood about mature entrants who entered nurse training with an Access qualification and are persisting on their programme. The narratives of the participants provide a unique glimpse into the factors that are enabling them to stay on their programmes. The use of 7 metaphor categories, identified through a CGT methodology, provides a useful grounded theory on mature learner persistence.

Research Question Two:

What theory emerges about the nature of 'learner persistence' in the context of higher education nursing programmes?

For many mature applicants to a pre-registration nursing programme their end goal is to become a qualified nurse. Weighing the benefits and costs associated with training, including the understanding of academic requirements and clinical aspects are factors of consideration by learners. For mature applicants the 'juggle' required while at university is likely to cause the most tension compared to other aspects of their training (Hinsliff-Smith et al., 2012). My conjecture is that understanding a theory of learner persistence through a lens of mature Access entrants provides a new dialogue within the context of student retention.

The theory I propose is that learner persistence is explained by three inter-relating factors: the profile of the learner, on-programme factors and environmental factors. Whilst some of the findings, in particular professional socialization for newly qualified nurses is located within the existing literature, the findings from this study illustrate how little is understood about pre-

registration students who are mature in years and may enter training with previous 'life' and work skills.

Studies which focus on student retention do enable a broader framework, which goes beyond levels of attrition and student withdrawal; however an understanding of what enables learners to persist, including mature learners, is clearly lacking within the current literature. The findings and conclusions from this study indicate that this is worthy of further exploration if UK Schools of Nursing are to address the continuing issue of student attrition.

This study is about mature Access entrants and how they were able to persist on their nursing programme. However it is clear from the lived experiences of these nine participants that persistence should not be in isolation but in an active partnership between learners and the institution. Since as Tinto (1993) describes the retention of students and therefore their persistence is not just a concern for a department or faculty but a social affair for the institution and the wider HE community (Tinto, 1993:72). In becoming active partners Schools of Nursing also need to consider the wider discourses around student retention within a HE context since many examples of good practice for student retention including student engagement are well established (Thomas, 2012a, Jones, 2008a, Yorke and Longden, 2007).

Tinto (2002, 1993) is able to illustrate that for learners their educational experience is about the academic and the social aspects of their programme (Tinto, 2002, 1993). He identifies that learners need to connect with the faculty and/or the institution on a social level as it has a powerful way for students to feel well supported and part of the wider institution (Tinto, 2002, 1993). Later work indicates how student engagement, both social and academic, are factors for success and academic engagement by the students in attending classes and engaging with staff and fellow students is only one aspect (Scott, 2005). What these studies indicate is the importance of social engagement that can only occur when students have the opportunity, sometimes presented by the university, to develop networks and develop

relationships (Crosling et al., 2008, Tinto, 2002). Indeed these very aspects of 'belonging' to an institution, academically and in a social context, is beginning to receive attention within the UK HE literature on student retention (Thomas, 2012a, Jones, 2008a, Yorke and Longden, 2007).

However, providing a sense of 'belonging' and involvement in social activities for learners of all ages, is not without difficulties as Schools of Nursing are predominately located in teaching hospitals rather than on traditional university campus. Also clinical placements are often geographically widespread with no dispensation for the traditional Wednesday afternoon free from lectures. Whilst Tinto (2002, 1993) and others espouse the dual role of an institution to facilitate social engagement, within the context of learner persistence for mature learners presented in this thesis, this was not a prominent feature. This may be in part due to six having 'outside' family commitments and so felt less need for 'social engagement' as a means to enable them to persist. What will be interesting will be how social engagement, as a means to 'engage' with entrants and therefore retain students, is reflected in the new UK nursing curriculum

The participants in this study were able to persist on their chosen career pathway. This is also borne out by studies on those achieving high-level entry qualifications and their likelihood to succeed (Youell, 2007, Houston et al., 2007). They are also able to remain on programme compared to other mature students in their cohort and statistically perform better than younger students as shown from the cohort statistics obtained from the institution for these two study cohorts. What became apparent during the interviews is that, whilst the participants experienced known transition issues in nursing, juggling academic work demands, dealing with new clinical experiences and patient care, they were able to utilise skills taken from their Access course in order to overcome these difficulties. These skills, both soft and hard, were developed and enhanced during their intense Access programmes supporting their ability to successfully gain their professional nurse registration. Having an opportunity to study at an academic level to meet exacting national

standards whilst developing their personal attributes, 'soft' skills like communication, listening, empathy, stood them in good stead for pre-registration nursing requisites.

This aspect of preparation for study, achieved through their intense Access programme in a FE college, did indeed play a significant part in their overall ability to persist on their DipHE/BSc nursing programme and is a strong feature in the model suggested for learner persistence (Figure 10). On reflection of the study findings in relation to the work presented by Tinto (2002, 1993) there could be a relation between persistence and having a strong career intention. In this current study there was evidence that the participants either had an early desire to become a nurse when leaving school or had a sense of purpose which provided them with the impetus to seek out career advice before joining an Access programme. It stands to reason that students who are highly motivated and have an end career goal are much more likely to succeed. Furthermore, what these mature Access learners in this study also possessed is a commitment to and understanding of the nursing profession. This commitment was demonstrated by their gaining work experience of the nursing profession prior to commencing their current university programme. Indeed this experience enabled them to cope with the requirements in the clinical placements, although was not without difficulties. So having shared the lived experiences of these nine participants it was clear to me that they had an innate sense of motivation, driven by a strong desire to be a nurse and crystallized through undertaking an Access programme coupled with practical skills gained through some nursing and life experiences. It is their individual motivation coupled with their entry qualification, age and gained experiences that enable them to be 'persistent' learners. Therefore Schools of Nursing should consider, at the crucial selection and recruitment stage, how best to assess candidates for these attributes within their learner profile described in Figure 10 in the previous chapter.

Tinto (1993) suggests that entry qualifications alone are not a good predictor of success and I would concur that this is a fair judgment since students who simply enter with higher level qualifications, including Access and A levels, may not possess other significant characteristics which enable them to persist. The discourse on recruitment and selection of nursing students is evidenced within the literature and it is clear that many Schools of Nursing including the study site are burdened with the requirement to conduct face to face engagement with all suitable applicants to pre-registration programmes. It is accepted that all candidates are 'seen' and 'vetted' for suitability to the nursing profession. However, in addition to assessing suitability for the profession the study findings would suggest that wider aspects of learner persistence would equally be useful. Since the need for a 'persistent' approach to learning is not a short term requirement but will be necessary to meet future challenges individuals face as qualified staff nurses.

Much work has been undertaken with UK HEIs on the importance of addressing support needs, particularly in the 1st year (Thomas, 2012b, Wray et al., 2010, Yorke and Longden, 2007, Yorke, 1999), although it is widely accepted that learner support is a continual process, one to which learners will call upon as and when needed and is often not pre-planned. However, within Schools of Nursing there is acceptance that the known support needs are around the first placement experience, a transition marker (Avis et al., 2009, Bowden, 2008). The nine participants in this study talked about transition points, particularly the clinical aspects of their programme. In order to navigate they call upon their Access skills to move through these 'hurdles' before moving to the next stage of their training, reinforcing the value of their entry qualification as enabling them to overcome the difficulties and seek advice when required. Unlike traditional UK degree programmes, pre-registration nurses not only receive support from a personal tutor, they also have access to a placement support team and mentor support whilst on each placement.

The nine participants' stories echo the findings by Kevern & Webb (2004) on mature students' experiences, who reported:

Participants used their maturity to their advantage in the clinical areas. Age and life experiences enhanced their relationships with patients and provided them with diplomatic skills that they could use to negotiate learning opportunities with trained staff. However, not all felt they could assert themselves in the same way and continued to feel overpowered by circumstances on the ward (Kevern and Webb, 2004:305)

The participants in the current study had an overarching desire to be a nurse. Their career motivation became the key feature to their individual persistence. However, this was not tested against those in the same cohort who left the programme prematurely.

Research Question Three:

How should a new understanding of learner persistence be reflected in future policy and practice?

Without doubt, all UK institutions that offer pre-registration programmes are keen to retain their student cohorts. This is because of the financial cost and penalties associated with student attrition, but also because there is a social cost to the individual and society as a whole (UCAS, 2011). There is now a body of research spanning 15 years on student retention across UK pre-registration nursing programmes. However, despite this and the guidelines contained in the DoH (2006) report "*Managing Attrition Rates For Student Nurses and Midwives: A guide to Good Practice for Strategic Health Authorities and Higher Education Institutions*" any changes to practice or policy at a local or national level have not achieved the goal of reducing levels of student attrition. Current national levels of student attrition are at similar levels to pre Project 2000.

The integration of nurse education into HE institutions was a major shift from salaried employees to that of full-time students, funded by bursaries while gaining clinical experience (Leducq, 2002). As a result, the profession had to

embrace the requirements of both local and national stakeholder groups for example local and national health care commissioners, including the DoH, in addition to meeting the requirements of HEFCE and a Widening Participation agenda. The contribution of this thesis in presenting a new perspective on learner persistence for mature Access entrants on a DipHE/BSc programme needs to be considered in light of future policy and practice implications for UK pre-registration nursing programmes. Whilst providing a different and new understanding for the long-term problem of student retention this is not without challenges for nurse educators and policy makers not least as the public perception of nursing care and nurses that are 'fit for practice' are often cited as issues for pre-registration education (Francis, 2013). In light of the findings in this study, I offer the following recommendations for the stakeholder groups involved in UK pre-registration nursing programmes:

Schools of Nursing

Selection and Recruitment

- 1) One major policy implication that this study highlights is the need for a review of the recruitment and selection of candidates to UK pre-registration nursing programmes. The NMC requires that all suitable pre-registration applicants receive face-to-face engagement with Schools of Nursing. However, the type of engagement and interaction varies considerably. For example, some Schools of Nursing insist on a written component and group assessments at interview whereas other institutions simply arrange a panel style interview. Such a wide variance in the selection of nursing candidates is not helpful for candidates, who might apply to more than one institution but may also unfairly disadvantage those who can offer other desirable attributes, for example previous nursing experiences or a long standing desire to be a nurse. These are precisely the attributes that this study has highlighted as key features for learners to develop a persistent approach to their studies.

Recommendation - A review of the UK NMC guidelines for the recruitment and selection of candidates that explicitly requires nurse educators to consider a wider array of learner attributes (linked to the Model of Learner Persistence Figure 10) such as career aspirations, nature and type of qualification and what skills this has developed in candidates for the nursing profession. This recommendation underpins the recommendations contained in the DOH (2012) report *"Compassion in Practice. Nursing, Midwifery and Care Staff Our Vision and Strategy"*. The report highlights a need for a "value based recruitment" (DOH, 2012:22) that ensures that candidates wishing to enter the caring profession demonstrate "empathy, honesty and integrity" (DOH, 2012:22). Future reviews of student recruitment could usefully link to the work conducted in Scotland, who have taken a holistic view of selection and recruitment in order to improve their overall levels of student attrition (Rodgers and Stenhouse, 2010).

2) I identified a paucity of evidence in nurse education on how, at the selection stage, Schools of Nursing identify and support students who are considered 'at risk' of leaving pre-registration programmes and thereby could reduce their overall levels of attrition. The 'at risk' factors are shown to be linked to 'external' pressures including caring responsibilities, financial pressures and a lack of preparation for the requirements of a nursing profession. Furthermore, the study highlighted how learners who request an 'interruption' from their pre-registration programme often do not return to complete their studies.

Recommendation – Schools of Nursing need to address how to support 'at risk' students whilst on programme. This could be built upon from the existing information that is gathered from candidates on their application form and from the face-to-face engagement with Schools of Nursing. One approach to support 'at risk' students is the development of a student-to-student peer-mentoring scheme. Within UK HE, this type of student-derived support is becoming mainstream and is well documented in the report *What Works? Student Retention and Success programme. Building student*

engagement and belonging in Higher Education at a time of change (Thomas, 2012a), but is a relatively new innovation in UK pre-registration nursing programmes. Good practice from the HE sector and Schools of Nursing that are currently offering this peer support model should be considered and where appropriate offered supplementary to the wide scale support already imbedded into pre-registration programmes (i.e. clinical mentors, personal tutors, academic support services).

Recommendation – Schools of Nursing need to consider how they manage the transition for those pre-registration learners who wish to return to study after a period of interruption, as this currently appears to be ‘hidden’ phenomenon of student attrition. This is despite the wealth of data that is collected when learners request an ‘interruption’ from their programme. Schools of Nursing need to formulate strategies to support those learners, who with ongoing support would return, flourish and could achieve professional registration. Schools of Nursing could refer to the extensive work by an OU funded project ‘*Back on Course*’ (Rose-Adams, 2012) in supporting learners to return to university study or gain employment.

3) This study highlighted how participants engaged with Schools of Nursing prior to commencing their Access programme. In the model of learner persistence (Figure 10), a key environmental factor was one of geographic location participants ease of accessing university whilst meeting the demands of practice placements. Mature applicants, unlike younger applicants, are likely to have more outside commitments, are more likely to study locally but much more likely to enter the local work force. Tapping into these factors for mature applicants provides a unique advantage for Schools of Nursing and healthcare commissioning stakeholders. These aspects of locality have resonance for mature applicants but are currently missing from marketing and recruitment strategies both locally and nationally.

Recommendations - Schools of Nursing need to revise their marketing and recruitment campaigns so that they reflect the diversity of the local

healthcare workforce whilst addressing the need to attract a diverse student population on pre-registration nursing programmes. Schools of Nursing should refer to the scenarios suggested in the commissioned report '*Nursing: Towards 2015. Alternative Scenarios for Healthcare, Nursing and Nurse Education in the UK 2015*' (Longley et al., 2007) which provides scenarios to attract a diverse workforce in the future. Additionally, the use of mature nursing student ambassadors should be involved in future marketing campaigns and Widening Participation initiatives. Current mature students could be more widely used in University Open Days working alongside staff providing information to prospective mature entrants.

Pre-registration nursing programme transitions

- 1) The known transitions of clinical placements and academic programme requirements are acknowledged to cause difficulties and can result in learners of all ages prematurely leaving their pre-registration nursing programme. The metaphor categories provided vivid examples of how transition difficulties manifested themselves and how each participant was able to overcome these. However, in order to support all learners through these transitions the following are recommended:

Recommendation – A wider scale understanding of student transition into the clinical setting needs to be undertaken, particularly for learners who enter pre-registration nurse training with previous nursing and life skills. This needs to be linked to the curriculum such that students are better prepared for the challenges of clinical settings. Student nurses should be provided with the necessary 'tools' to equip themselves to draw upon and utilise their existing skills and experiences often developed when undertaking their entry qualifications.

UK universities and Widening Participation Policy

- 1) This study was based in one UK School of Nursing but the findings add a new perspective on mature learner persistence having resonance for

other academic disciplines, particularly university programmes that traditionally attract and encourage mature applicants with Access qualifications (i.e. teaching, social work, midwifery). In light of the latest HESA (2012) data it indicates mature entrants are less likely to progress into their 2nd year than younger applicants (13.3% compared to 7.2%) (HESA, 2012). Universities therefore need to consider how to address this imbalance of continuation rates between cohorts of entrants.

There is a gap between examples of good practice and the issues of student attrition for mature students across the HE sector that consider vocational disciplines like pre-registration nursing, midwifery and teacher training. Likewise, there is limited evidence of good practice or engagement by nurse educators with the extensive body of work on student retention within the UK HE sector. Current models of widening access shown in the NHS (2010) document '*Widening Participation in pre-registration nursing programmes*' are to be commended for encouraging existing healthcare staff to enter nurse training but only addresses one dimension of widening access. Further work is required by universities, Schools of Nursing and the NHS as a stakeholder to address widening access and the continuation of learners throughout their university journey not just at the beginning.

Recommendation – Closer links need to be forged between the NHS, university widening access policies, and Schools of Nursing who are often viewed as 'outside' of the scope of WP support due to their different funding streams. Different models of supporting mature and WP students should be explored from other vocational disciplines that have a professional clinical component (i.e. medicine, dentistry, midwifery physiotherapy, social work).

Pre-registration nursing is now an all-graduate profession and as such affects the financial arrangements for all students. For mature entrants, including the nine participants in this study finances were a factor in their decisions about

undertaking additional degree credits. These recent funding arrangements for pre-registration programmes are still not fully understood as to their influence on career decisions by learners, including mature learners who may already have financial commitments.

Recommendations – It is recommended that university admissions and UCAS monitor annually the profile of applicants to pre-registration nursing programmes as the curriculum becomes all-graduate by 2013, in order to identify any patterns relating to changes in the financial burden of study.

Other stakeholders groups – Further Education Colleges (FEC)

- 1) FECs that provide Access programmes are often the first point of call for potential applicants to pre-registration programmes. In this study, the 'gatekeepers' were often those providing information, support and guidance and are crucial to the likelihood of learners taking the next steps into university. Through the metaphor categories described in this study it was vividly highlighted from the participants narratives the importance of the Access programme in not only providing an accepted entry qualification to nursing but the means to overcome difficulties they encountered on their university programme.

Recommendation – It is imperative that existing links between Schools of Nursing and Access providers continue since these Access students are a major source of recruits for all UK pre-registration programmes. Close working partnerships between all providers and local universities are to be encouraged for the best interests of learners. Those working within FECs need to ensure that an accurate and a true account of the nursing profession is presented, this includes relevant course material and programme units to ensure learners continue to be prepared for the demands of a nursing Degree programme. Support should be provided for mature ambassadors from pre-registration nursing programmes to visit current Access learners in FEC settings.

Indeed, in answering these three research questions scope is identified for further work to understand the true extent of learner persistence within a variety of disciplines. For example, mature students, including those entering with an Access qualification, to teacher training, social work, midwifery and other university programmes. I would concur that the factors identified in this study as a model of learner persistence is worthy of further consideration not only for Access entrants but also for mature applicants applying to any UK university programme. This is particularly timely as statistics indicate that for those entering UK universities as mature applicants, are more likely to leave their programme prematurely compared to younger applicants (HESA, 2012). Whilst this was not the case for the two pre-registration nursing cohorts in this study it would be fruitful to pursue further research about mature student learner persistence in order that the imbalance of those succeeding on any UK university programme can be addressed.

Coinciding with the completion of this thesis a more worrying trend is that mature applicants to all undergraduate programmes, including part time and full time programmes has seen the largest fall in applications (Bolton, 2013:9). The introduction of tuition fees in 1998, and variable tuition fees in 2006, may indicate a reason for this however, the same HESA data indicates that applicants to allied to medicine courses (including nursing) as bucking this downward trend with a 150% increase in applications between 2002 and 2012 (Bolton, 2013:11).

What is less clear is despite worrying levels of mature entrant attrition from traditional programmes, limited work exists that consider how some mature entrants, including those that have gained an Access qualification, are able to persist on any university based programme. Indeed, at the study site, statistics indicated for the two study cohorts, that mature Access entrants are no more likely to leave early than younger entrants with traditional A level qualifications. Such differences between mature student attrition highlight the need for further research that considers the factors for all mature learner persistence. Whilst this study was only based at one School of Nursing, it

would be a fair assessment that the type of mature applicant in this study is similar to other UK pre-registration programmes that attract mature Access applicants. Whilst the study findings were not intended to be generalizable they are worthy of further reflection by other Schools of Nursing. Student attrition continues to be a matter of considerable concern to all those involved in nurse education not least for financial reasons. So it is timely that all stakeholders harness the value in understanding what makes mature students stay and how best to support a positive outcome for all mature students.

Study conclusions and overall summary

The key findings and conclusions presented identify that nurse educators need to explore the role that mature applicants have particularly those undertaking an Access to HE course. This study is not suggesting that mature entrants are a panacea to the worldwide shortage of registered nurses or the persistent concerns of attrition rates in the UK (McLaughlin et al., 2008). However, in light of the increasing importance of Access entrants to undergraduate nurse education over the past decade (Steele et al., 2005) there is limited research on mature Access entrants to the nursing profession and the persistent nature of these applicants. This study adds to the current debate on mature applicants; in particular, how pre-requisites gained during their further education experience aid their transition through HE and onto success.

Whilst overall attrition rates on pre-registration nursing programmes are lower than traditional UK HE courses (DoH, 2006a) and levels of university 'early leavers' are one of the lowest in the developed world (Prymachuk et al., 2009), nurse educators cannot be complacent. There are still accepted difficulties in collecting and interpreting student data from pre-registration programmes, not just regionally (Ireland, Scotland and Wales) but national and internationally with no coherent single approach, therefore making an accurate account of student attrition complex and difficult to gain an accurate and true picture of the overall scale of the issue. The Department of Health

(DoH) itself has insisted that from 2007 data is submitted directly rather than relying on HESA data where there are still anomalies, difficulties in clarity and accuracy due to the nature of delivery and local arrangements between health authorities and providers (i.e. universities). The lack of accurate data has led to misunderstandings and interpretation for the true extent of student retention on UK pre-registration nursing programmes. It is estimated that over a quarter of all UK nursing students are leaving before achieving professional registration, resulting in a financial cost in excess of £57m per year (BBC, 2006) highlighting a pressing need to address this continual problem of retaining students.

Arguably, in times of increasing consumerism, the choice of HE can be seen as no different from other purchases that individuals make on the High Street: they have a variety of choices and will consider a range of factors before 'purchasing'. For 'consumers' in the UK the advent of variable tuition fees has made students much more 'savvy' in their expectation of the HE experience but also how this is a product like any other to which they have choices. This has implications for HEIs in that their failure rates (those that withdraw from programme) are used as indicators of quality. UCAS, university web sites and HE prospectuses now include such information as staff ratios, graduate employment rates, and levels of attrition. Whilst tuition fees are not a factor of pre-registration programmes, an all-graduate route does affect the student bursary and the requirement for a student loan arrangement. Having such readily available statistical information and the ease for potential learners of accessing such information necessitates institutions to be constantly reviewing their student recruitment, retention and progression rates if they are to continue to attract the best nursing students and fill their commissioned places.

The findings from this study are timely for a number of reasons. Firstly, the nursing profession is in the process of a major review of its pre-registration programmes and will need to consider carefully how it will recruit, select, and retain its future student cohorts whilst at the same time meeting exacting

NMC standards. This highlights some challenges that nurse educators face, namely the complex and fast changing demands on individuals entering the profession and the future demographic profile of its entrants. This study, based in one large School of Nursing, attracts a diverse student body to meet the local NHS workforce plan. However, this is not without challenges and whilst their overall attrition for the two study cohorts is around 22% (Slaney, 2012) comparing favourably to national data, UK nurse educators are fully aware of the competing demands to provide the next generation of registered nurses.

Secondly, the global recession and the current economic climate in the UK is a factor to which university faculties, including SoN, will need to be mindful of as governments consider 'value for money' and cost effectiveness. Renewed focus on value in tough economic climates may provide a fresh emphasis on the retention of our students. This is alongside the damning criticism and recommendations for future nurse education made in the Willis Commission (Willis, 2012) and the Francis Report (Francis, 2013).

Funding changes, government policy, recruitment drives, the commercial nature of HE and the use of technical advances has resulted in a UK HE global brand, which has a reputation and thus is open to more scrutiny than has been seen in previous years. In essence, it is imperative that for financial and institutional reputations all universities and faculties, including Schools of Nursing, need to understand why students leave and to support learners to persist and achieve their personal career goals. However, the current debate on acceptable levels of attrition on pre-registration programmes, and given the current UK economic climate, Schools of Nursing may be forced to consider a more collaborative approach. This is particularly pertinent in light of the changing entry criteria for an all-graduate profession from 2013 when institutions will be 'chasing' the best applicants (Taylor et al., 2010). This factor, I believe, will affect the number of mature entrants, including Access learners, who consider a nursing profession for two reasons; the short and long-term financial implications of undertaking a degree option compared to a

diploma qualification, and the revised entry requirements set by individual Schools of Nursing who may be pressurised to adhere to university wide admissions criterion. These are indeed interesting times for nurse educators. From conducting this doctoral study my conjecture is that mature Access entrants, who exhibit the significant features of learner persistence (Figure 10), are much more likely to persist on their chosen programme. Furthermore the preparation undertaken by Access entrants and their journey made prior to and whilst on their pre-registration programme is a significant factor for whether learners are able to develop a persistent approach through their DipHE/BSc programme.

Indeed Schools of Nursing that wish to remain competitive, recruiting the very best talent whilst supporting learners to progress, need to consider what enables learners to persist, and not just focus on the multifaceted reasons why learners leave training. Whilst the reasons for student losses are important to understand and address it only presents one side of the picture and reflects those that did not succeed, those that left the system rather than those that did succeed. The nine individuals in this study are the success stories as they all gained professional nurse registration; these are the future ambassadors for the profession and we should continue to support and applaud their determination and persistence.

As the metaphors in this Doctoral study illustrate, learners make individual journeys whether onto pre-registration programmes or onto programmes within Higher Education. The same holds true that it is an individual's journey, helped along the way by HE institutions and the measures they have in place to support their learners, but ultimately as described by Yorke Mantz (2012) their journeys are:

Single sailing navigation of the world – you make your own choices of how to get there. Wind, current and other things matter and are the same for all but many things are variable and your chose you own course and direction (Yorke, 2012)

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Figure 3 - Research Activity Planning

<i>Academic Year</i>	<i>Total Registrations</i>	<i>Number and % of Access learners</i>
<i>Oct 2005 + Jan 2006</i>	<i>827</i>	<i>175 21%</i>
<i>Oct 2006 + May 2007</i>	<i>759</i>	<i>136 18%</i>
<i>Oct 2007 + Jan 2008</i>	<i>712</i>	<i>132 18.5%</i>
<i>Oct 2008 + Jan 2009</i>	<i>798</i>	<i>135 17%</i>

Source (SoN, 2008)

Project Title: *How an Access to HE course, prepares mature women on a Diploma in nursing programme, to persist on programme despite levels of personal and social stress and how this might benefit an understanding of attrition in UK nurse education.*

Lead Investigator: Kathryn Hinsliff-Smith MA, PGCE, BA (Hons)

Participant Consent Form

Please read this form and sign it once the lead investigator has explained the aims and procedures of the study fully to you.

- I voluntarily agree to take part in this study.
- I confirm that I have been given a full explanation by Kathryn Hinsliff-Smith and that I have read and understand the information sheet given to me which is attached.
- I have been given the opportunity to ask questions and discuss the study with the above investigator on all aspects of the study and have understood the advice and information given as a result.
- I authorise the investigator to disclose the results of my participation in the study but not my name.
- I understand that I can ask for further instructions or explanations at any time, or contact the Medical School Ethics Committee secretary, louise.sabir@nottingham.ac.uk or the School of Education Ethics Co-ordinator Alison.kington@nottingham.ac.uk
- I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing.
- I understand that information about me recorded during the study will be kept in a secure database. If data is transferred to others it will be made anonymous. Data will be kept for 7 years after the results of this study have been published.

Name:

Address:

Email

Telephone number:

Signature:

Date:

I confirm that I have fully explained the purpose of the study and what is involved to and I have given the above named a copy of this form together with the information sheet.

Investigators Signature:

Name: Kathryn Hinsliff-Smith

Date

Participant Code



Project Title: How an Access to HE course, prepares mature women on a Diploma in nursing programme, to persist on programme despite levels of personal and social stress and how this might benefit an understanding of attrition in UK nurse education.

Lead Investigator: *Kathryn Hinsliff-Smith MA, PGCE, BA (Hons)*

Participant Information Sheet

Dear Participant,

Firstly, thank you for indicating your interest in my research study which forms part of my PhD thesis as a funded student from the School of Education. My study aims to explore the experiences of pre-registration student nurses who are enrolled on a Diploma in Nursing at The University of Nottingham. I have two supervisors, one based in the School of Education, and one from the School of Nursing.

You have been invited to take part in this research study as a current student nurse on a Diploma in Nursing programme on the 2nd year of your training. Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully discussing any aspects with colleagues or friends if you wish to. Please feel free to ask me if there is anything that is not clear or if you require more information on any aspect of my study.

Having carefully read this information sheet if you wish to be involved further as a participant please sign the attached consent form, which will be countersigned by me, and a copy will be provided for you. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

Background to the study

My name is Kathryn Hinsliff-Smith and for 6 years, I was employed at The University of Nottingham as the Access and Vocational Manager in the Widening Participation Unit. During 2007/08, I successfully completed a Masters in Educational Research Methods Training at the School of Education. As my interests are with mature applicants to University, in particular those who have undertaken an Access to HE course I conducted a pilot study exploring experiences of applicants who successfully secured a place on a Diploma to Nursing programme. My PhD aims to investigate these findings further with a particular focus on personal and social stress and whether these might be a factor for levels of attrition in UK nurse education. Your support would be invaluable in exploring the continual issue of retention in nurse education.

What does the study involve and why you?

From October 2009 until August 2010, I will be collecting data from a range of participants. Data will be gathered using a confidential on-line questionnaire and group focus interviews and follow-up interviews with myself as facilitator. These will be held at a mutually convenient time and place lasting approximately 1½ hours and will be audio taped/videotaped but can be stopped at any point during the interview. I am interested in collecting a range of views from student nurses who are from a variety of sites and branches of nursing.

What do you have to do?

If you wish to be involved as a participant, please indicate your interest by signing the consent form and completing the on-line questionnaire. I will make regular contact with you via your preferred method (i.e. student or personal e-mail account and/or by mobile phone). I can confirm that at no time will you be put under any undue pressure to be involved in the research activities and at all times have the right to withdraw from the project. No prejudice or risk will occur should you wish to withdraw from the project. Data generated up to date of withdrawal may be used in the findings unless you request otherwise.

What if something goes wrong, whom can you complain to?

In the unlikely event of a complaint, please initially raise your concerns with me or failing that please contact either one of the project supervisors, contacts details provided at the end of this sheet or the Medical School Ethics Secretary, Louise Sabir on louise.sabir@nottingham.ac.uk.

Will my taking part in this study be kept confidential?

This research has received ethical approval from the School of Education with all data

generated handled according to British Educational Research Association (BERA) guidelines (www.bera.ac.uk). Ethical approval was also gained from the Medical School ethics committee. All data that is collected about you during the course of the research will be kept on a password protected database and is strictly confidential. The collection of data from participants will be anonymised throughout the research process and in any future publications as well as the PhD thesis. All data collected will be treated in the strictest confidence unless not doing so will result in harm to participants. No academic staff, School of Nursing, project supervisors, colleagues, examiners, or other research students will have access to your data or data generated.

What will happen to the results of the research study?

The study findings will be published as part of my PhD thesis in addition to any papers that may be published on my work. The final thesis, subject to a successful Viva, will be held electronically on The University of Nottingham e-thesis facility in addition to the School of Education library (as required by the university). This will be no sooner than January 2012 and should you wish to be notified of any publications based on this study please inform me. All data will be anonymised.

Contact for Further Information

If at any stage during this study you wish to contact me my details are as follows, student e mail ttxkh1@nottingham.ac.uk my phone number 0788 303 2441 or via my web site www.kathrynhinsliff-smith.com

For your information, my PhD supervisors are Dr. Peter Gates, School of Education peter.gates@nottingham.ac.uk and Dr Marion Leducq, School of Nursing, marion.leducq@nottingham.ac.uk

May I take this opportunity to thank you for agreeing to assist me in my research project to gain my PhD.

Yours faithfully

Kathryn Hinsliff-Smith

www.kathryn.hinsliff-smith.com

Participant information sheet
Version 3

September 2009

Dear Participant,

Firstly thank you for agreeing to take part in my research which is to be conducted for my PhD where I am based in the School of Education at The University of Nottingham.

The attached sheet is a copy of the participant information sheet as well as a consent form. Please carefully read the information sheet and sign the consent form in order for your involvement in the project. I will be involved in collecting participant data from October 2009 until August 2010, with thesis submission in 2012.

Should you wish to contact me at any time with regard to any aspect of the research process and your involvement, my details are listed below:

Kathryn Hinsliff-Smith

Student email ttxkh6@nottingham.ac.uk

Mobile 0788 303 2441

Home 01949 842333

For your information my PhD supervisor are Dr. Peter Gates, in the School of Education, peter.gates@nottingham.ac.uk and Dr. Marion Leducq in the School of Nursing marion.leducq@nottingham.ac.uk and the Ethics Coordinator is Dr. Alison Kington, Alison.kington@nottinghama.ac.uk

May I take this opportunity to thank you for agreeing to assist me in my research project to gain my PhD.

Best wishes

Kathryn Hinsliff-Smith

Participant Information Sheet

- This research is to be conducted for my PhD where I am based in the School of Education at The University of Nottingham where I am currently a student.
- This research has received ethical approval from the School of Education and the Medical School Ethics Committee. All data generated will be handled according to British Educational Research Association (BERA) guidelines (www.bera.ac.uk)
- The collection of data from participants will be anonymised throughout the research process and in any future publications as well as the PhD thesis.
- All data collected will be treated in the strictest confidence unless not doing so will result in harm to participants.
- All data generated by the research will be kept in a safe and secure location and will only be used for the purposes of the research and subsequent publication of findings. No academic staff, School of Nursing or School of Education staff, supervisors, colleagues, examiners or other research students will have access to your data or data generated.
- I can confirm that at no time will you be put under any undue pressure to be involved in the research activities and at all times have the right to withdraw from the project. No prejudice or risk will occur should you wish to withdraw from the project. Data generated up to date of withdrawal may be used in the findings.
- For any data generated from transcribed interviews where possible, and if requested, participants will be provided with a copy of the transcript for approval and confirmation of accuracy.
- Participants who wish to view a final copy of the research project with findings, where ever possible, this will be provided electronically as well as stored in the School of Education library (as required by the University).
- The collection of data will be generated between October 2009 and August 2010.
- A copy of this information sheet as well as a signed copy of the consent form will be retained by both the participant and researcher.

Kathryn Hinsliff-Smith

PhD Thesis

Submission Deadline 2012

Project Title

How an Access to HE course, prepares mature women on a Diploma in nursing programme, to persist on programme despite levels of personal and social stress and how this might benefit an understanding of attrition in UK nurse education.

Appendix 5

Interview Schedule – 2nd year Diploma nursing students – Access entrants 1st round interviews

This schedule provides an outline of the areas and themes that are to be explored during interviews with Access entrants who are enrolled on the 2nd year of a Diploma in Nursing course. In some cases, specific questions are provided with prompts on areas to explore.

Firstly, remember to thank participants and agree the terms of the interview, their involvement and ethical guidelines. Set the scene.

Background: The following questions are to provide background information on each participant.

1. Can you confirm the following information for the record please:

Can you confirm you are in your 2nd year of training?

Centre of learning and branch?

Did you enter this course as a transfer (internal or external), a re-entrant or under any other circumstance?

Your age?

Caring responsibilities are your children pre or post school age?

Is this your first experience of Higher Education?

Access course: looking at exploring participants thoughts about their experiences on the Access course

(predictors of retention)

2. Can I confirm which FE college you attended and that you completed your course as a full time student?

Was there a gap between your Access course and attending university? If so, can you tell me about this?

3. What were your qualifications prior to starting your Access course and where did you gain these?

Appendix 5

Theme: aspirations, choice

4. Can you tell me about your decision to return to college to undertake your Access course and then to progress to university?

Were they linked to your career aspirations, personal goals, what was driving you to do this at a relatively old age, i.e. not straight from school?

5. Why did you apply to the University of Nottingham was this your 1st choice or did you consider other institutions?

(Tinto theory of institutional commitment)

Appendix 5

6. Can you tell me about your 1st year experiences as a new student? How did you find the workload, juggling, what was expected, placements etc? Do you feel more prepared at the start of your 2nd year compared to how you coped last year? Why is that? What is different?

I believe you have the option of undertaking additional credits at degree level during your 2nd year of training, are you intending to do this? If yes/no why is that, what do you see as the benefit to you?

7. During your 1st year of training did you consider withdrawing from your training, why was this? Explore if this relates to academic or voluntary withdrawal. (*Tinto, conceptions of withdrawal and psychological persistence*)

Appendix 5

8. **Ambrose:** As a male student can you tell me about your experiences as a minority student (male and black) in a traditionally female dominated area. For example in the 08/09, cohort only 31 males enrolled.

9. Can you share with me your outside caring commitments whether that is for children or an adult? How does that work with been a full time student, what have been your experiences compared to when you did your Access course? How has support from partners, family, extended family assisted you? How have these responsibilities affected your ability to cope with the demands of a full time HE course?

(P & P 2007 study)

Appendix 5

10. In three months time I will be meeting you again to track your progress through your 2nd year of training, is there anything in particular which concerns you about the next three months?

Thank you for your time today, I will be in contact with a confirmed date for the next interview but the next occasion is hoped to be mid March (22nd – 29th March 2010)

you think your colleagues be like to be involved in this study?

Appendix 6

2nd Interview Schedule – 2nd year Diploma nursing students – Access entrants

This schedule provides an outline of the areas and themes that are to be explored during interviews with Access entrants who are enrolled on the 2nd year of a Diploma in Nursing course. In some cases, specific questions are provided with prompts on areas to explore.

Firstly, remember to thank participants and agree the terms of the interview, their involvement and ethical guidelines. Set the scene.

Background: The following questions are to provide background information on each participant.

1. Can you confirm the following information for the record please: Julie Warren
You are a 2nd year at Uni of Notts, Access entrant, FE college Derby, Branch: adult, Centre Derby, Age 44, 1 daughter
2. We first met on the 15th March so I would like to talk about your experiences on your course since then. How did your placement go?

Appendix 6

3. You also confirmed at our last meeting that you had decided to undertake the extra degree credits, DO YOU STILL FEEL THIS WAS THE RIGHT DECISION?

4. Has there been any personal issues which have affected your continued progress on your 2nd year?
Assessments, May placement surgical and Rebecca with school holidays

Appendix 6

5. Despite all these aspects you are still here today, have you considered leaving? Can you tell me more about why?
(Tinto, conceptions of withdrawal and psychological persistence)

6. In three months time (June) I will be meeting you again to track your progress through your 2nd year of training, is there anything in particular which concerns you about the next three months?

Appendix 6

Thank you for your time today, you think your colleagues be like to be involved in this study?

Appendix 7

3rd Interview Schedule – 2nd year Diploma nursing students – Access entrants

This schedule provides an outline of the areas and themes that are to be explored during interviews with Access entrants who are enrolled on the 2nd year of a Diploma in Nursing course. In some cases, specific questions are provided with prompts on areas to explore.

Firstly, remember to thank participants and agree the terms of the interview, their involvement and ethical guidelines. Set the scene.

Background: The following questions are to provide background information on each participant. (13th Oct)

1. Can you confirm the following information for the record please:

You are a Sept 2008 cohort? So now 3rd year! Access entrant, FE college Lincoln College Branch: adult, Centre Lincoln
Age 29 and you mentioned you and 3 children 11, 9 and 18 months

We first met on the 13th November and then again 13TH May now our final interview (13th Oct) I would like to talk about your experiences on your course since then.

2. AREAS TO EXPLORE: WORKLOAD, KEEPING GOING ON THE 2nd year through to the 3rd year, , placements and workload? How is you confidence about your abilities?
3. Can we talk about your home situation and the 'push pull factors' in your role juggling home life (life as a single parent, illness of your father and your Grandmas dementia)

Appendix 7

4. You also confirmed at our last meeting that you had decided to undertake the extra degree credits
DO YOU STILL FEEL THIS WAS THE RIGHT DECISION?

5. Despite all these aspects you are still here today, have you considered leaving? Can you tell me more about why? And what is keeping you going?
(Tinto, conceptions of withdrawal and psychological persistence)

6. This is the final interview of my, is there anything in particular which concerns you about your final year?

Appendix 7

Thank you for your time today and throughout the study, I would very much like to track your progress and see you graduate! I wish you every success.