



Doctorate in Professional Studies

Developing Recruitment and Retention Processes for Nursing Programmes in Higher Education

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of the requirements for the degree of Doctorate of Professional
Studies

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Caroline Sargisson

9540646

DPS: 5360

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Caroline Jane Sargisson

Abstract

Developing Recruitment and Retention Processes for Nursing Programmes in Higher Education

The ability in Higher Education to attract competent student nurses and midwives and ensure they complete and pass their degree programme are constrained by the decrease in contracted numbers and the value for money pressures of the health commissioners. The nursing and midwifery contract is currently worth around £14 million annually to Middlesex University. As the current Head of Recruitment, my professional role is focused on ensuring I meet agreed institutional targets and recruit high calibre students who will successfully stay and graduate.

My Research Project Report explores and identifies both the levels of attrition from the nursing programme as well as the reasons for interruption and non-continuation. My findings are considered along with the identification of structures, relations and good practices of support that enables students to remain and progress. The recommendations from this project will impact on the delivery of a package of bespoke bridging activities to assist the transfer of students to their chosen nursing programme at this university. The findings will also inform and shape the support provided during the crucial first year.

Deploying a mixed methods approach, this Research Project Report shows how students from FE college and schools may be better prepared for both application processes and their study on nursing programmes by the use of a package of interactive and informative activities. This earlier and more targeted preparation as well as increased support during year one, will assist the students with their socialisation to both the university and the nursing profession.

Glossary of Abbreviations

APL	Assessment of Prior Learning
CINAHL	Cumulative Index to Nursing and Allied Health Literature
DBS	Disclosure and Barring Service
DipHE	Diploma in Higher Education
ERC	Education Research Complete
FE	Further Education
HE	Higher Education
HEE	Health Education England
HEFCE	Health education Funding Council for England
HEI	Higher Education Institution
LETB	Local Education Training Board
MHR	Mental Health Research
MISIS	Middlesex Integrated Student Information System
NHSL	NHS London
NIP	Nursing for Initial Practice
NMC	Nursing and Midwifery Council
NTS	Nurse Training System: database of all students on nursing and midwifery programmes at the university. Used to manage placement allocation and monitor attendance hours
OH	Occupational Health
UCAS	University and Colleges Admissions Services
PHC	Primary Health Care

Chapter One:

Introduction

The context for this project has emerged from my work as a nurse academic but primarily from my role as the Head of Recruitment for professional programmes. The role is large and complex as I am responsible for operationalising our recruitment and selection procedures and ensuring we recruit the required number of nurses and midwives each year.

This project is set against a background of significant change in pre-registration nurse education and wider healthcare provision in the UK. There has been a persistent decline in the number of applications received by universities for nursing programmes and an increase in the number of nurses retiring or leaving the profession. Figures from the Universities and College Admissions Service, (UCAS), released in 2018, report a decline of around 32% in applications received, a drop of 5,000 application compared with 2017, (UCAS, 2018).

The Royal College of Nursing carried out a survey in 2013 of workloads, pressures and decreasing staff levels across the NHS in the UK and discovered that there had been a decline in the number of student nurse training places from approximately 24,800 across the UK in 2010 / 11 to 21,380 in 2012/13, (RCN, 2013), and this has ultimately led to a further shortage of trained nurses in clinical practice.

There has been increased focus on attrition from nursing programmes and a recent survey completed by the Nursing Standard in collaboration with the research charity, the Health Foundation, revealed that one in four nursing students in the UK ends up dropping out of their course. They identified that out of 16,544 students who started nursing courses in the UK in 2014, 4027 left their course early; an average attrition rate of 24%, (<https://rcni.com/nursing-standard/features/nursing-student-attrition-why-it-happens-and-how-to-stop-it-137071>).

These developments mean that universities are under increased pressure to ensure that they attract and recruit the candidates who not only stay and complete the programme but will also become the qualified nurses of the future.

Using a mixed methods approach, this project will consider how applicants from further education colleges for nursing programmes may be better prepared for their studies. The work will explore the notion that earlier interventions through partnership working with the colleges will increase successful applications and reduce attrition from the programme.

1:1 Current Role

My current role as Head of Recruitment, (Professional Programmes), is focused on the recruitment of high calibre nursing & midwifery students for the BSc and PgDip programmes for the University. I remain a registered nurse and whilst I am no longer in clinical practice I continue to apply the relevant professional skills and knowledge as well as ensuring our recruitment and selection processes are evidence based, up to date and student focused. I also recognise the need for early engagement by the students with the University to assist with their preparation for studying on a higher education, professional programme and therefore, beginning the process of identifying themselves as one of 'our' students.

The changing nature and responsibilities of my role has led to the increased use of informatics to assist with decision making and monitoring of recruitment figures. This has furthered my interest in understanding the decisions made by students as well as developing my ability to find out more about our students; where do they come from, why are some of them successful and why do some of them not succeed.

This project will also consider whether is it possible to decrease the levels of attrition through better preparation for the demands of studying on professional programmes, when should that work begin and what should be included.

1:2 Recruitment and Selection

The Willis Commission, (2012), completed an independent inquiry into nurse education and identified the need for a graduate nursing work force who were well educated and able to take the lead in delivering excellent healthcare. Universities are tasked with selecting candidates for nursing programmes who demonstrate academic ability, caring and competence and motivation to pursue their chosen career.

All admissions tutors across all University programmes are searching for the gold standard of recruitment and selection processes to identify and select the most suitable candidates. For non-professional programmes it may be the application of the UCAS tariff, the combination of subjects studied to gain entry or the relevant work experience gained. For professional programmes such as nursing or midwifery, there are further processes included and the use of these and their relevance will be explained in more detail in later chapters.

Any or all of these approaches are applied to help find the potential students that will complete and pass their programmes without causing any problems to their academic colleagues or clinical mentors

and then achieve a high classification in their degree. The temptation can be to add more and more processes and checks for the candidate to complete or to make the entry tariff higher. The assumption is that the more academic the candidate, the more likely they are to succeed and the better the nurse or midwife they will be once they have completed and qualified. Some Universities will only shortlist candidates if they have clinical experience in a hospital setting; they may only be required to have two week's experience but this is often difficult to acquire as they will need to find a place and have DBS clearance and busy clinical staff often do not have the time to spend with a volunteer who is not there for long.

As providers of nurse education we have a responsibility to our partnership trusts to ensure that quality assurance standards are met and we are seeking and recruiting high calibre recruits for our programmes. Successful recruitment to nursing and midwifery programmes is more complex and lengthy than the 'normal' processes required for other University programmes and students require help and support with these to ensure that they are fully informed of what is required. It is not simply a question of submitting a UCAS form and being made an offer. The Nursing and Midwifery Council set out clear expectations in regard to literacy and numeracy standards, assessing potential in caring and compassion as well as stating that all candidates must have a face to face interview, (NMC, 2010). All our short-listed candidates are invited for maths & English testing and, if successful, they then proceed to interview with a member of the academic staff, a clinician from our partnership Trusts and a service user. The use of these 'extra' processes does ensure we have the opportunity to engage with our successful candidates and begin to build a relationship before they start on the programme, but it adds to the stress for the candidates as they are required to complete these processes for all their five UCAS choices. The recruitment of nurses and midwives in London is fiercely competitive as all nine HEIs are seeking to attract the best candidates.

UCAS reported in 2010 that nursing was the most popular of all the undergraduate courses and they had received a total of 194,000 applications, seven applications for every one place, (UCAS 2013). In London, the nursing and midwifery programmes remain popular with applicants and often over-subscribed but programmes still end up with shortfalls due to a lack of suitable candidates. There were 7,353 applications received for our 449 nursing and midwifery places in the 2015 / 2016 cycle.

Whilst this is a high number of applications it is still a struggle to fill the places without at least one of our nursing programmes entering into Clearing as they have not fully recruited. The table below shows the applications received and how many offers are required to fill the contracted places. There remains a discrepancy between the calibre of applicants for the different programmes: BSc mental health nursing received 1044 applications for 49 places but had only filled 30 places by July 2016 so

had to go into Clearing. However, the BSc midwifery programme received 1192 applications for 59 places and was full and closed by May 2016.

Application Rates for September 2016 entry

Table: 1

Programme	Qualification	Commissions	Total Applications Received	Offers made	Offers accepted	Starter numbers
Adult Nursing	BSc	176	2788	359	233	186
Adult Nursing	PgDip	30	580	67	37	32
Mental Health Nursing	BSc	49	1044	98	65	62
Mental Health Nursing	PgDip	45	501	73	55	44
Children's Nursing	BSc	70	982	141	91	71
Midwifery, Long	BSc	59	1192	168	116	70
Midwifery, short	BSc	20	205	37	29	21
European Adult Nursing	BSc	inc in BSc Ad	61	10	3	3
		449	7353	953	629	489

Data retrieved from university reporting systems

In my working life as a nursing academic and Head of Recruitment, I am required to regularly deal with students and candidates who have either failed to achieve entry to the programme or been unsuccessful during their training, either in theory and practice, or both. This causes distress and upset at a personal level for the student as it can mean that they had to confront the reality that they were not going to be a nurse and often they have been working towards this for many years. On a wider scale, this is the loss of another potential nurse to the health service. Because of the uniqueness of recruitment role I currently hold, I have developed my own expertise through the development of analytical and critical review skills and I use these to provide me with the specific evidence to feed into and update our recruitment and selection policies and procedures. This approach will be explored in more detail in the following chapters and the significance to the work of this project analysed further.

1:3 The Recruitment Role

From my own personal perspective, the recruitment role can be isolating at times, as there is no network of staff in similar roles in London to meet up with and discuss common ground despite the fact we are all dealing with the same challenges. The HEIs are all competing to attract the best students and we are all using different approaches to ensure we fill our places but we are also recruiting from the same pot of applicants and there is fierce competition amongst us to attract and secure the best candidates. We are reluctant to share what works and what does not and we do not have a forum to facilitate this.

There is no agreed Pan-London approach to attracting, recruiting and retaining student nurses and there are no discussions with colleagues from the other London Universities sharing best practice or even more importantly, speaking up when there are problems such as predicted under recruitment or high levels of attrition. However, I have come to realise that sharing the findings from this project may be a way that the London HEIs may start to consider some common ground and work more closely in addressing some of the key issues we all face. It is planned that the findings from the completed project may be shared in some way across London so we may consider shared ways to help with the preparation of our students and increase the number who will stay and work in our London Trusts, once qualified.

1:4 The London Problem

Recruiting student nurses and midwives in London is particularly challenging with the added issues of longer journeys to placements, often on public transport and increased housing and living costs. Universities have to be very clear about what it is that they are offering to make them more attractive to potential applicants; not just at the application stage but also when candidates are choosing between several offers. A high level of preparation for the programme and support throughout, both academic and clinical, are key aspects that may be attractive to future students as they select their University. Students and their families also use information such as UniStats and the National Student Survey to help them make their decision when choosing a programme or university. Completion rates and levels of attrition as well as student feedback contribute to these results so increased completion and decreased attrition will improve the standing of the programme and the University.

Health Education England have recognised the specific problems facing qualified nurses in London as more than 30% of newly qualified nurses leave the capital within five years and this is on top of a vacancy rate of 17% (<https://www.rcn.org.uk/news-and-events/news/london-safe-staffing-review-of-2015>). A focused response to this has been launched in 2017: the Capital Nurse programme has been created and developed by Caroline Alexander, NHS England's chief nurse for London and Health Education England's Dean of healthcare for north, central and east London, Dr. Chris Caldwell. It has been established to ensure that all newly qualified nurses in London will be guaranteed a job when they qualify to improve recruitment and retention across London and there are also plans to work with other organisations to reduce costs associated with housing and transport. This is a positive and supportive step that goes some way in recognising the problems faced and it also demonstrates collaborative working amongst competing Trusts who are again looking to recruit from the one pool of applicants.

1: 5 Methodological approach

The work undertaken for this project recognises the importance of understanding meanings, contexts and processes related to the transition of students from FE to HE. The research methods will incorporate both qualitative and quantitative approaches and use a mixed methods approach to compare the findings to produce the final outcomes and recommendations.

1:6 The relevance of this project

The work undertaken for this project will look at not just the reasons for students leaving the programme but also recognise what support and preparation helps them to stay and complete and qualify as a nurse. The review of literature as well as my own data gathering will focus on identifying if there are any clear predictors of either. Castles, (2004), stated that academic staff are constantly surprised not just by the misfortunes suffered by their students but also by their determination to stay and complete their studies. This is a significant insight because it shows that most students do want to complete and qualify and it may be that with increased and targeted support or a better understanding of the challenges the students face, may help increase the numbers who achieve this.

The clear and ongoing remit for me in my recruitment role is to attract and recruit the best candidates for the professional programmes; but unlike my colleagues working as admission tutors in other areas, I also have to ensure that my candidates have the required skills and attributes to ensure that they will not just be academically able but also be safe and competent nurses at the end of three years and employable by our partnership Trusts.

The completed project will produce recommendations carried out and one of these outcomes is primarily looking at how we can better prepare our students for the rigours of a professional programme. This has come from looking at specific reasons for attrition in year one and related these to the student profiles to see if we can identify those students who may require more support and how we could provide this. However, it is also hoped that this work will also show our future students that we are keen to support and work with them at the earliest opportunity.

There has been considerable work already completed in the field of attrition from nursing programmes, which considers how we may predict student success or failure. This project does call upon the outcomes from this body of work to support the findings of this project. However, this work is not just about looking at who succeeds and who does not but how we may best support the successful transition into university study on a professional programme. This work is not looking for ways to exclude future students from applying to study but encouraging them to consider nursing as a career.

Conclusion

The importance of this project to my area of practice, is that it identifies and considers those factors that may assist students in their transition to studying on a higher education, professional programme and suggests a tailored approach to a programme of activities to address these challenges.

The work considers a more joined up and smooth transition for students from further education to higher education and by starting this preparation prior to the students joining the course, it is envisaged that this may reduce attrition and improve the individual student experience. This project will identify and describe specific approaches for the university to implement to support the applicants through the recruitment and selection processes as well as during their transition and first year of study.

Chapter Two: Terms of reference, objectives, review of knowledge and information

Introduction

This chapter will focus on providing the context and evidence to support the project work as well as the professional terms of reference. The literature selected will be critically analysed and discussed and different viewpoints compared and contrasted to show how they have contributed to the development of the project.

The work completed for this project relates specifically to my current role as Head of Recruitment for Professional Programmes and draws on my previous experience gained in nursing, academia and the recruitment of student nurses.

My interest and involvement in recruitment and selection developed further after I stood down as a Programme Leader for the Diploma in adult nursing. I was in this role for eight years and during that time had completed my MSc (Nursing). I had over 450 students a year from two intakes in March and September and I had overall responsibility for the day to day operational management of their diploma programme as well as monitoring progression, academic achievement and attendance.

I have been involved in student nurse selection both as a ward sister and a nurse academic for around 20 years. My commitment and involvement increased as a Programme Leader at Middlesex University School of Health and Education, now part of the Faculty of Professional and Social Sciences, when I was regularly required to deal with students who were referred to me with many and varied challenges that affected their progression on the programme. These issues involved behaving unprofessionally in clinical practice, not submitting work or failing to engage with the programme. Dealing with these varied situations led me to consider if there were any identifiable factors at the point of selection that may have enabled earlier intervention and focused support to assist these students. These are still the questions that are asked of me today when students are struggling with the academic demands of the programme or not coping in clinical practice; is there any way to either identify the students who will struggle or those who will succeed? These questions have underpinned some of the work I have undertaken since taking on the role of Head of Recruitment. I know I need to be able to clearly demonstrate that our recruitment and selection processes are fit for purpose and that the students we select are ready to take on the challenge of studying and completing a higher education, professional programme.

The academic positioning and contributions of this project are in its closer and more detailed identification of the reasons why students stay and progress in the Nursing and Midwifery

programmes in a post-1992 university in London. This is the particular context which I addressed bringing out the mechanisms and good practices which identified support structures contributing to retention and graduation. The findings from this project recommend that the focus of analysis should shift from 'attrition' to the characteristics and practices of the students who stay and complete. These students are able to provide better and richer insights into how they successfully navigate the challenges of a professional programme. The information, insights and knowledge gained contributes to the preparatory induction materials for prospective students, along with the focused support provided during the transition to university and throughout the first year.

The mixed methods approach I have used has enabled me to reflect upon and include all aspects of the roles that I have to deliver in meeting recruitment targets, their induction into the programmes and enabling the successful completion of the programmes for the cohorts concerned. However, these units of investigation which roughly mirror my professional practice at the University also required me to apply my specific knowledge and experience from both my academic and nursing disciplinary backgrounds. This means that my professional practice is located at the intersection of Nursing Studies, practice-based learning pedagogies and HE management / administration. In short, my work has been avowedly transdisciplinary.

This project is based on the unique professional role I hold within the university, and allows the work to sit within the wider area of HE recruitment to university and ensuring successful transition to all programmes. The specific knowledge I have applied also includes professional knowledge gained about attrition, retention and bridging. Consequently, my materials and the findings are applicable to nursing programmes, other programmes with a professional practice component and to university programmes in general.

2:1 The purpose of this project

The purpose of undertaking this particular doctoral study was to review current practice in recruitment and selection and then develop and produce approaches that would have a clear impact on the preparation of nursing candidates for their study on a professional programme. Nursing has been a graduate only profession since 2013; prior to this date nurses could either study for a diploma or degree and both qualifications would enable registration as a nurse. The degree programme is validated by both the university and the Nursing and Midwifery Council and managed in partnership with local Trusts who provide and supervise the clinical placements.

The nursing degree is intense and demanding for the students as they spend 50% of their time, (2,300 hours over three years), in clinical practice, working shifts in a variety of health care settings and are

often faced with difficult and demanding situations. The students are also required to gain their academic credits to achieve their degree so they also have assignments to complete and submit.

2:2 Why this project?

This project is reflective of some of the challenges I encounter in my recruitment role but also builds upon the interest I developed from my time as a programme leader. I have a genuine interest in the recruitment of students who will stay and complete their programme but also wanted to explore and implement other ways of improving their chances of doing this.

My original plan was to consider changing the approach we currently used for the screening of the applicants for their suitability during the selection stages; but adopting this strategy could lead to the loss of potential students as we are likely to be rejecting high numbers of applicants at an early stage in the process.

An easy way to screen or reject students at the shortlisting stage is to use fixed criteria such as health care work experience or only accepting those with specific A level subjects or grades. However, a review of the number of applications received by the nursing programmes at this university in 2015 and 2016 shows that there are already high levels of rejection across all the stages of the process. It should be noted that the candidates rejected by us may gain a place at another University so they are not lost to the profession. The table below shows the overall number of students 'lost' during the recruitment processes from shortlisting to testing / interviews or not achieving their offer conditions.

The quandary for me in my role is how I decrease the high level of wastage at this stage without diluting the agreed processes. There is little point in increasing the numbers who are accepted if they are then unable to stay and complete the programme.

Table: 2:1

Comparison of applications received and rejections September 2014 - 16

	Overall Number of Applications Received	Overall Number Rejected	Percentage
September 2014 Applications for Nursing and Midwifery	7,290	5,333	73%
September 2015 Applications for Nursing and Midwifery	6,314	4,543	72%

September 2016 Applications for Nursing and Midwifery	7,113	4,209	59%
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Source: University Reporting Systems (MISIS)

Nursing programmes attract and welcome applications from a diverse pool of applicants and my commitment to widening participation means that I look for ways to encourage and support candidates throughout the process rather than deter them. However, evidence accessed through literature searches and researching the approaches taken by other Universities shows that the majority of processes may appear to focus on ways of de-selecting or identifying ways of screening out candidates rather than supporting and encouraging through the application process.

2:3 The current challenges of nursing recruitment

It is well reported that nursing programmes are over-subscribed and it is often implied that universities are turning potential nurses away. However, UCAS have reported that applications to study nursing have fallen again in 2018; this is in part being attributed to the loss of the bursary. They report a fall of 13% in applications for this year and a drop of 700 fewer nurses starting their training in 2017, (https://www.ucas.com/file/147216/download?token=wuwe_zbe).

The table below shows the drop in applications since 2013 cycle by age group. The number of applications from 19 – 34 year olds fell by 22% last year and the same can be seen for the applicants aged over 35 years.

Table: 2:2



Source: UCAS 2017 cycle applicant figures – June deadline

However, the Government have stated that they have increased the number of places available to prospective students by 25% by removing the bursary and therefore, places available on nursing programmes are no longer restricted by NHS funding, (<https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform>). What this means in practice is that universities previously could only recruit to the agreed number of places allocated to them by local commissioning bodies and any over or under recruitment could lead to financial penalties. The removal of the bursary places the funding of nursing programmes with the same student finance arrangements as other students; i.e. they are required to borrow money to cover the cost of university tuition and living costs and will only have to start to re-pay this loan once they are employed and earning over £25,000 per year., and will be required to pay back around £ 15.00 per month. (http://media.slc.co.uk/sfe/1819/sfe_terms_and_conditions_guide_1819_o.pdf). Newly qualified nurses in London currently start on a salary of £24,963 p.a.

2:4 Aims of the Project

My overall aim for this project was:

“To consider how the development of recruitment and retention processes for professional programmes in Higher Education could contribute to the successful transition of students from FE to HE as well as their ability to stay and succeed”.

My objectives were as follows:

- Review reasons for attrition in year one to identify possible predictors at selection stage
- Review current processes and the student experience of transition from FE to HE
- Critically review relevant and recent literature to identify good practice
- Disseminate and embed the learning from the objectives above to contribute to an improvement in both acceptance rates and attrition rates.

2:5 Professional Terms of Reference

The Nursing and Midwifery Council (NMC) is the professional body in the UK for nurses and midwives and sets the standards for the recruitment of student nurses and midwives. They categorize the specific requirements under three main headings and selection processes must demonstrate that these are being met:

- Academic criteria
- Good health
- Good character

(NMC, 2010)

We are also tasked by Health Education England to ensure that we apply a values based approach throughout our recruitment and selection policies and procedures. The NHS Constitution for England which sets out the rights for patients, public and staff was revisited in 2015 by the government and one area of focus was a clearer identification of the principles and values of the NHS.

The NHS values are:

- Working together for patients
- Respect and dignity
- Commitment to quality of care

- Compassion
- Improving lives
- Everyone counts

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>).

The challenge is to ensure we identify and select those students who not only have the skills and potential to succeed but also have the values and behaviours that align with the NHS Constitution.

We also need to identify those candidates who may require extra support and not dissuade or reject those with potential and these complex recruitment challenges will be explored in more depth in later chapters.

2:6 Literature Review: the search process.

I started my literature review by accessing the following databases:

CINAHL (Cumulative Index to Nursing and Allied Health Literature

Medline

ERC (Education Research Complete)

These are the databases I am the most familiar with and they offer a breadth of literature concerning nursing, recruitment and attrition. Nursing literature can sometimes be limited to the art of science of nursing so I needed to ensure I included a database, (ERC), that covered the broader educational literature.

I commenced my search by using general terms to ensure I did not exclude any literature that may be relevant to the project... These were:

Nursing recruitment

Attrition

Retention of students

My initial literature review showed me that the individual themes of my work were well covered by supporting evidence but only in the broadest sense and mainly related to attrition and retention.

I limited the time period to the previous ten years, 2007 – 2017, but many articles were discarded as they were reporting on programmes that no longer existed such as the diploma in nursing and their associated challenges. Nursing has been through a major change since the introduction of degree only programmes in 2013 and one of these changes was the increase in entry requirements as well as increased focus on the need to assess compassion and caring through a values based approach to recruitment. I was aware of the need for the supporting evidence for this work to acknowledge the recent history of the profession but mainly to provide the background to the current picture.

A major area of evidence for this project comes from the data arising from individual students and programmes within my own university. Access to the university reporting systems meant I am able to find statistical data relating to attrition from nursing programmes and comparing this information with key documents exploring the specific challenges of recruiting and retaining nurses in London.

2:7 Key areas of interest

There is a great deal of related literature that considers the key areas of recruitment, retention and attrition. Several authors have also focused upon the ability to predict success through the application of various interview techniques as well as identifying the required values and behaviours of nursing students.

I was not challenged by a scarcity of supporting literature but I was in danger of being side tracked or lacking focus because there was so much evidence available. I ensured that I only researched the identified themes for this work and discarded research that was dated or not specifically relevant.

As this is a professional Doctorate and concerned with the review of admissions and retention procedures there was a need to include other sources of evidence such as relevant policies as well as data from both within the university and external sources. The inclusion of this material ensures that the project and the findings is current and relevant.

2:8 Recruitment and Selection

The literature search for this project also focused on reviewing and assessing the varying approaches to nursing recruitment of the partner institutions, where possible. All admissions tutors across all programmes are searching for the gold standard of selection processes but are reluctant to share their successful strategies as we are all competing in an ever-decreasing field.

The aim of all admissions procedures for any university programme is to identify and attract the students that will complete and pass their programme without causing any problems to their academic colleagues or clinical mentors and achieve a high classification in their degree. The Swartz

Review, (DfES 2004a:7), an independent review of the admissions in Higher Education, commissioned by the Government of the day, states that 'the ability to complete the course must be an essential criterion for admission to any programme of study'.

One of the key drivers that identified the need to assess the care and compassion of future nursing students at the recruitment stage was the Francis Report, (2013). This was published following the failings at Mid Staffordshire Hospital NHS Foundation Trust and one of their main recommendations was an increased focus in nurse training on the essential components of delivering compassionate care. This priority led to further scrutiny of recruitment processes and the need to evidence the assessment of 'appropriate values, attitudes and behaviours' for both applicants to nurse training and qualified nurses.

Also, a further key report that is central to this work was the Willis Commission on Nursing Education, published in 2012, also in response to the Mid Staffordshire Enquiry. One of the findings identified that high quality recruitment campaigns should be focused on attracting potential nurses from a wide range of applicants, these should include graduates of other professions, health care assistants and mature people as well as school leavers.

These two reports have helped to form both my approach to the development of our recruitment and selection processes and provided the starting point for this project. They also suggest that our ideal student is the one all HEIs are looking to recruit. This student may be defined as one who is academically able, has identifiable caring and compassion skills, and will stay, complete and succeed on their professional programmes and gain a position with a partnership Trust as a qualified nurse or midwife. However, it must be acknowledged that students may not present themselves with these characteristics or maintain them throughout their studies due to changes in circumstances or dealing with the challenges of the programme. It is therefore important that academic staff and clinical staff establish supportive strategies to support and encourage student development. I recognised that this input needs to commence before the student starts on the programme so they can start to learn about what the challenges are likely to be and what is available to assist them to successfully progress.

The temptation can be to add more and more processes and checks for the candidate to complete or to make the entry tariff high as the assumption is that the more academic the candidate, the more likely they are to succeed and the better the nurse they will be at the end. A review of entry requirements on UCAS, (www.ucas.com), of nursing programmes in London, completed by me for my recruitment role, showed the variation in approaches used by our close competitors; for example, universities will only shortlist candidates if they have clinical experience in a hospital setting. The

candidates may only be required to have two weeks experience but this is often difficult to acquire due to the sheer number of requests received by Trusts as well as ensuring compliance with governance procedures such as DBS clearance.

The recruitment of nurses and midwives in London is fiercely competitive as all nine HEIs who offer nursing programmes are seeking to attract and recruit the best candidates, often from the same pot. This means that each HEI needs to be seen to be responsive and supportive as well as showcasing what they can offer. Successful recruitment to nursing and midwifery programmes is more complex and lengthy than the 'normal' processes required for other University programmes, and students require help and support with these to ensure that they are fully informed of what is required throughout. It is not simply a question of submitting a UCAS form and being made an offer. The Nursing and Midwifery Council set out clear expectations in regards to literacy and numeracy standards, assessing potential in caring and compassion as well as stating that all candidates must have a face to face interview, (NMC, 2010). All our short-listed candidates are invited for maths and English testing and, if successful, they then proceed to interview with a member of the academic staff, a clinician from our partnership Trusts and a service user. The use of these 'extra' processes does ensure we have the opportunity to engage with our successful candidates and begin to build a relationship as well as screening out those who are not suitable, but it adds to the stress for the candidates as they are required to complete these processes for all their applications.

The nursing and midwifery programmes remain popular with applicants and over-subscribed throughout London. There were 7,353 applications received for our 449 nursing and midwifery places in the 2015 / 2016 cycle. Whilst this is a high number of applications it is still a struggle to fill the places without at least one nursing programme entering Clearing¹, to fill empty places, so one of the drivers for this project was to consider how the conversion rate from application to offer may be improved by a closer and more supportive relationship with our candidates. Analysis of the numbers at each of the stages of the selection processes has identified the key areas where candidates are lost and this has provided valuable data and structure to the project.

The table below shows the applications received and how many offers are required to fill the agreed places for each programme. There has always been a marked variance between the calibre and characteristics of applicants for the different programmes: for example, BSc mental health nursing received 1044 applications for 49 places but had only filled 30 places by July 2016, so had to go into

¹ Clearing is available to anyone who has made a UCAS application but does not hold any offers. Clearing matches universities that need students to students that need a university. It takes place in August each year and starts on the day that the A level results are published.

Clearing. BSc midwifery received 1192 applications for 59 places and was full and closed by May 2016. These differences will be explored and analysed in more detail in later chapters as will the significance for this project. However, this table shows the volume of applications required to meet the agreed contracted numbers for each programme and how this may limit what we can offer to an individual student to help them prepare for the processes.

Table 2:3

Application Numbers for September 2016 Cohort

Programme	Qualification	**Commissions	Total Applications received from UCAS for each programme	Offers made after tests and interview	Offers accepted by the candidates	Starter numbers at the beginning of the course
Adult Nursing	BSc	176	2788	359	233	189
Adult Nursing	PgDip (shortened two year programme)	30	580	67	37	30
Mental Health Nursing	BSc	49	1044	98	65	63
Mental Health Nursing	PgDip (shortened two year programme)	45	501	73	55	44
Children's Nursing	BSc	70	982	141	91	71
Midwifery, long	BSc	59	1192	168	116	72
Midwifery, short	BSc	20	205	37	29	21
European Adult Nursing	BSc	inc in BSc Ad	61	10	3	3
		449	7353	953	629	471

** Nursing and midwifery programme numbers were previously set by local commissioning bodies not by the University

Data sourced from University systems; uploaded from UCA

This table is included as it shows the numbers of applications required to achieve the commissioned targets. Recruiting to targets may be considered to be something of a black art as the final reporting day is four weeks after the start of the programme when all university processes have been completed. These can include occupational health and DBS clearance as well as verification of final results or submission of references so even if would appear that targets have been met or even exceeded by day one of the programme, it may well be a different situation four weeks later.

The challenge of ensuring that the required numbers are achieved is one that requires a clear understanding of the implications of not doing so. Under recruitment to programmes will lead to a loss of income to the university that may affect the resources available as well as the potential loss of future trained nurses. Over recruitment is not desirable either as extra placements and mentors will need to be identified and too many students may mean that their overall experience is poor.

2:9 The London Position

Universities in England have invested considerably over recent years in targeted marketing and improved facilities to attract suitable candidates; this was in some part due to the Labour government's (1997-2010), target of increasing participation in higher education to 50% by 2010. However, there has been more focus recently on the nursing and midwifery programmes by the universities, Trust partners and Health Education England (HEE), not just on recruitment numbers but also on the retention of students and their achievement rates. This has led to a closer scrutiny of the suitability of the candidates available for nursing and their preparation for study and likelihood of success and completion. We are tasked with selecting the candidates who will become the next generation of nurses for our partnership Trusts.

There have been increasing concerns, both locally and nationally, about the drop in the number of newly qualified nurses and the need for Trusts to recruit elsewhere and the costs associated with this as well as the increase in the use of agency staff. Trusts are unable to recruit the required numbers of suitably qualified permanent staff and have to rely on filling gaps with agency staff. In September 2015, Trusts were set individual expenditure ceilings for agency nursing staff but a report by the King's Fund in March 2015, (<http://www.kingsfund.org.uk/blog/2016/03/nhs-agency-staff-spend>), stated that more than twenty Trusts had exceeded the cap for more than 100 shifts a week. It is estimated that London Trusts spend £14million a month on temporary and agency nursing staff as they simply do not have enough trained nurses to cover the shifts. It is an ongoing problem as many nurses prefer the flexibility that agency work offers them as they can choose where and when they work and Trusts struggle to replicate this degree of flexibility. Reliance on agency staff also means less capacity in a clinical area for the allocation of student nurses who require consistent support and mentorship from the same nurse(s). Clinical areas are audited by the University and the number of students to be allocated is agreed based on the number of trained, qualified mentors available.

The lack of suitable mentors available in a clinical area to support and teach students has a direct impact on the numbers that universities may recruit to the programmes. We can only allocate students to clinical areas where there are adequate numbers of staff to mentor, support and assess

the students. This is not simply a safety measure but experienced mentors are required to ensure that students are supported and guided in their learning to enable them to progress safely and acquire their professional and clinical knowledge.

2:10 The bigger picture

There is currently an international shortage of nurses as the projections for 21st century populations show an ageing population and the birth rates decreasing, (Kukkonen et al, 2016). The average age of nurses is 41 – 45 years in the EU, (WHO, 2015), and by 2020 there will be an estimated shortage of 1,000,000 health professionals across the EU, (European Commission, 2012). The impact of BREXIT on the recruitment of both trained nurses and applicants to nursing programmes remains unclear but is likely to result in reduced numbers for both. There are also concerns that EU nationals currently working in the NHS will no longer be able to work unimpeded once the freedom of movement policy changes and many staff are expected to return to their own countries.

In 2014, there was a national shortfall of 5.9% (around 50,000 full time equivalents), between the number of staff required and the number in post; particularly in nursing, midwifery and health visiting, (National Audit Office, 2016). In recent years, Trusts have been going overseas to recruit qualified nurses and midwives in Ireland, Spain, Portugal and the Philippines but the market is tightening and the nursing shortage continues to grow. The financial cost of recruiting from abroad is high with some estimates claiming it costs £12,000 to recruit one nurse but there are also the moral and ethical issues of enticing nurses away from poorer countries who can ill afford to lose them.

In 2015, the nursing vacancy rate in London was 17%; an increase of 3% since 2014 and nine London NHS employers report vacancy rates of 20% or more. One solution is to train more nurses but this is not a quick fix as it takes three years to train a nurse and they will then require a period of preceptorship of three to six months, however a survey by HEE showed that more than 30% of newly qualified nurses had stopped working in the capital within five years.

The RCN published the London Safe Staffing Review in January 2016, (<https://www.rcn.org.uk/news-and-events/news/london-safe-staffing-review-of-2015>). In this they reported that there were 10,000 nursing vacancies across the capital; twice those for the rest of the country, yet there were only 20,000 training places available across England. It was also reported that 57,000 applicants applied to train as a nurse in 2014 and 37,000 were turned away.

Nurses in London experience higher living and travel costs and there is a lack of affordable housing. The RCN report, *Caring for the Capital*, published in June 2015, noted that the average house is twice the price of the rest of the UK and childminding costs are 30% higher than elsewhere in the UK. They

also identified that shortage of staff means that nurses are getting less access to training and support and a growing number are taking time off due to stress, (RCN, 2015).

The Government spending review of 2015 announced that proposals to end free University education for student nurses and midwives in England would allow Universities to provide up to 10,000 extra course places by 2020 as they would no longer be constrained by funding, (<https://www.gov.uk/government/collections/nhs-bursary-reform-and-nurse-education>)

However, concerns were raised by nurse educators and Trusts about the availability of the extra placements and mentors required to support this increase. There is little point increasing the numbers of students in training if there are too few mentors to support them in clinical practice; students who be paying for their training are likely to be less accepting of being placed in a clinical area that does not meet their expectations or their professional requirements.

2:11 Partnership Working

The change to the funding arrangements has opened up the market for providers of nursing and midwifery education and the implications for this change to us as a university is that we need to work more closely with our partnership Trusts in ensuring that we are able to attract the best possible candidates. The relationship between student and university will shift from one where we 'owned' our students for three years because their training was funded by the NHS to one where they are the purchaser and consumer. There is no room for complacency as we do not know at this stage whether we continue to receive the same number of applications for our courses. If the numbers applying to study do decrease, then we need to work harder and better with the candidates who do apply to increase the numbers who then convert to becoming students.

Partnership Trusts provide the clinical placements that make up 50% of the course, (2,300 hours), and work closely with the University throughout all the recruitment and validation processes.

2:12 Applicant Profile

The recruitment, selection and retention of high calibre nursing and midwifery students is crucial in ensuring the future NHS workforce and this is set against a drop in candidates from traditional backgrounds as well as an increase of more mature students with 'vocational' qualifications such as BTEC, Access, HND and NVQ. In 2009, 59% of candidates accepted onto nursing courses were aged under 25 years and 17% were over 35 years; compared with the acceptances in 2015 when 61% were under 25 and 14% over 35 years, (www.health.org.uk). This shift may be explained by the move from diploma and degree entry to all degree training so higher level qualifications are required.

The number of people holding a BTEC qualification and gaining a place at University has almost doubled since 2008, to 85,000 in 2014, (<https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/ucas-undergraduate-end-cycle-reports>). Figures for acceptances from candidates with Access qualifications show that 23,305 students gained a place at University and this figure has only shown a slight increase since 2008 when 19,225 students gained a place, (QAA, 2016). These figures show that the introduction of the graduate only profession has need meant that students are applying with a wider gate of A level equivalent qualifications. These are candidates who are more mature, in the case of Access students, and may have returned to study after working or they may be have been encouraged to study for vocational qualifications such as BTEC rather than the more traditional A levels.

2:13 Transition from Further Education to Higher Education

Successful transition from studying at FE level to HE level has been acknowledged as challenging especially for learners from qualification backgrounds other than the traditional academic route and has been the subject of several studies, (e.g., Haggis & Pouget, 2002; Knox 2005; Laing, Robertson & Johnston, 2005). The relevance of the findings from this work to my project is that they all identify the need to commence the transition period and preparation as early as possible. The transition may be a stressful one but universities have a moral obligation to offer their students as much assistance as possible and to focus on helping them to complete rather than just counting the numbers who initially enrol on a programme, (Leese, 2010, Briggs et al, 2012). This research also highlighted the need for support on both sides of the 'transition bridge' from universities and HE colleges. This resonated with me as it supports the work I had commenced with our partnership colleges to identify positive adjustment activities for the future students. This approach will be explored in more detail in later chapters.

The students with non-traditional qualifications remain under-represented in universities; statistics from the Higher Education Statistics Agency state that less than one in ten young people enter university from NVQ, Access, ONC or Foundation degree routes, (HESA, 2011) and a study by the Linking London Lifelong Learning Network, (2010), suggested that increasing the linkage and bridging between FE and HE are fundamental to the development of a more socially inclusive education system. The report recommends the development of these activities as they have been shown to have a significant impact on retention and progression, especially among vocational entrants. (Clark, 2010). This area will be explored in more depth in later chapters in relation to the scoping I completed of a whole cohort. Following on from this article I felt it important to explore our student's journeys and

whether this not only impacted on their ability to stay and complete but also their final degree classification.

Several studies show it may be especially difficult for candidates from non-traditional learning backgrounds where students may be older or have returned to study to gain the required qualifications after a period of employment, (Bamber & Tett, 2000, Crombie et al, 2013, Hinsliff et al., 2011). However, these students have often been working in a caring role for many years and have gained useful transferrable skills, not just in the area of healthcare but also they have gained key work based skills such as being part of a team, dealing with public and managing their own time. These are often skills that are gained by experience of the world of work and develop with maturity and insight.

Prymachuk et al, (2007), identified the need for nurse educators to ensure that they selected and retained those students who were capable of handling the changing role of the nurse and the constant expansion of nursing, knowledge, skills and abilities. However, it can be seen that this is no easy task for recruiters as they encounter applicants with a wide breadth of entry qualifications and experience and there remains no way of using these entry characteristics to successfully predict their future success.

The Government supports the inclusion of applicants to University from either a widening participation background, or application to University with qualifications other than A Levels; one in ten young people enter University from NVQ, Access, ONC or Foundation routes, (HESA, 2011). I am aware from my involvement with short listing for our programmes each year that we have a high level of candidates who apply with these qualifications and therefore it is right that I should focus on how we may develop these candidates and this work should start at the pre-application stage. Prymachuk et al, (2009), recommended that HE institutions should have a robust pre-admission strategy that included providing informative material; O'Donnell, (2010), also recommended a pre-university study programme which included a cultural component and Urwin, et al, (2010) suggested that Universities need to be pro-active in securing lasting relationships with pre-nursing candidates but at the pre-entry stage not at selection. A recent study by Linking London Lifelong Learning Network also recommended the development of linking and bridging activities between FE & HE as they are shown to have a significant impact on retention and progression especially among vocational entrants, (Clark, 2010; LLLN, 2010).

The body of literature reviewed for this project and referred to above, suggests that there is a need for development of a specific set of learning materials designed to help 'non-traditional' candidates succeed at applying to and studying at University but many of these are aimed at students who are on

the programme rather than at the application stage. This project is directed at students who are at the transition stage of applying and accepting and will acknowledge the wide gate range of entry qualifications and diverse backgrounds.

2:14 The Successful Student

The ability to identify the students who will be successful is seen as a key component of admission processes; even though it is rarely achievable and difficult to measure. Earlier discussions in this chapter have identified the challenge of classifying the reasons for attrition and the same could be said for identifying those factors that contribute to students completing and passing their programme.

Tinto's, (1987), seminal work on first year student success and progression identified six key principles of social and academic circumstances which contribute to success:

- Students enter with, or have the opportunity to acquire, the skills to needed for academic success
- Personal contact with students extends beyond academic life
- Retention actions are systematic.
- Retention programmes address student's needs early.
- Retention programmes are student centered
- Education is the goal of retention programmes

The key to persistence on a programme is identified as persistence and integration but most Universities do not begin supporting student with the transition until they actually commence the programme. Leese, (2012), suggests that there is a need to move away from making the new students fit in with HE and that there needs to be further analysis of the needs of the new students. However, I am aware that prolonged periods of induction can present other challenges in terms of extra resources and expenditure particularly when there are large cohorts and packed teaching schedules; this is one of the reasons why I have identified the clear need to start to prepare students before they start on their programmes.

The Good Governance Institute's White Paper, (2015), suggested that student nurses need to be better equipped for the demands of entering a 'challenging and often daunting profession'. The paper recognised the need for increased support for students on professional programmes but also recommends that more work is done prior to the commencement of the programme to ensure that students are not 'blindly committing to the profession'. The suggestion is that this work is done as a

partnership between universities and Trusts but also recommends that current nursing students are also encouraged to present a practical view of both the course and the world of work by voicing concerns and positive feedback. Anderson & Ostroff, (1997), suggest that candidates form impressions of the organisation from their experiences of the selection processes and this begins the pre-entry socialisation process. Anderson & Burgess, (2011), identified that selection methods have traditionally been concerned with predicting applicant suitability and role performance rather focusing on the processes from the candidate's view point and their own selection methods.

2:15 Early Preparation

Hoeve et al., (2017), noted that one possible reason for attrition was the discrepancy between the expectations that nursing students have at the beginning of the programme and what they encounter during their placements and studies. This difference between expectation and practice can lead to premature attrition and suggests that better and more structure preparation may decrease this, (Last & Fulbrooke, 2003, O'Donnell, 2011).

The recruitment role I currently hold has meant that I am involved in a variety of activities to provide information and guidance to potential candidates. These include visits to colleges, schools, targeted open days and career guidance sessions. I have also influenced the content of the professional programme pages on the University web site to ensure that the information is relevant and interesting. This work is often reactive rather than structured and the main element that could be missing from all this work is that there is currently no evaluation of the success or failure of the interventions. We recently ran an open event on a Saturday at the University to attract candidates to apply for BSc mental health nursing as it seemed that we would not be able to recruit to the contract numbers for September. It was advertised as an interactive event and there were talks and the chance to talk to clinicians, current students and academic staff. It was well attended and the staff fed back that they felt it was worthwhile but a review of the 97 candidates who attended has shown that 66 did not submit an application and only four were successful and had conditional offers. The remaining 27 did apply but were either rejected at short listing or did not pass their maths & English test. It may be that some of the attendees did not have required qualifications and may submit applications for next year but this was very resource intensive and did not provide the desired increase in successful applications.

Staging these events requires time, resources and commitment from a variety of staff both clinical and academic but it is becoming clear that these activities are not particularly worthwhile in terms of increasing the uptake of places so this led to further consideration and discussion as to how we can attract and prepare the candidates with the resources available.

2:16 Pre-admission preparation

Prymachuk et al, (2008), carried out a retrospective cohort study on four cohorts of nursing students, (1259 in total), from a large English University exploring the factors that may have an impact on student completion rates. There were multiple recommendations but one of the main ones was that HE institutions should have a robust pre-admission strategy that includes 'the provision of informative material explicitly extolling both the challenges and pleasures of studying for a nursing qualification'. O'Donnell, (2010) considered the benefits of a graduate only profession and the possible impact on retention and success and again recommended that students be offered pre-university study programmes which provide a cultural context that can provide them with the skills necessary for successful academic adjustment and Urwin et al, (2010), suggests that Universities need to be proactive in securing lasting relationships with potential nursing candidates but this needs to be at the pre-entry stage rather than at selection.

O'Donnell & Tobbell, (2007), recognised that during the transition to HE, students engage in active consideration of practices that shape their new educational world and that these lead to 'identity shifts' that enable participation. These articles have supported my implementation of pre-admission days for successful candidates as a way of reinforcing the preparation for the challenges of studying on a higher education, professional programme. This approach will be explored in more depth in later chapters with suggestions as to how we may build on this work.

2:17 The students who stay

Identifying the reasons why students stay has become an important thread in my project and again I realized that if we wished to support and encourage students to stay and complete, we needed to look at how we could facilitate this and when it should start. There is limited literature available that considers this as most of the research is focused on those that leave and when I started this work my focus was also on those who leave and then I realized that we were missing a resource by not investigating those students who were successful and stayed

Fowler & Norrie, (2009), not only identified some of the multifactorial reasons for attrition and why students do not stay but they also discovered five key factors that support completion of the programme:

- Inner strength; high self determination to pass course, vocation for nursing
- Pre-course preparation: informative open day and admission interview.
- Outside support; network of family, friends and peers

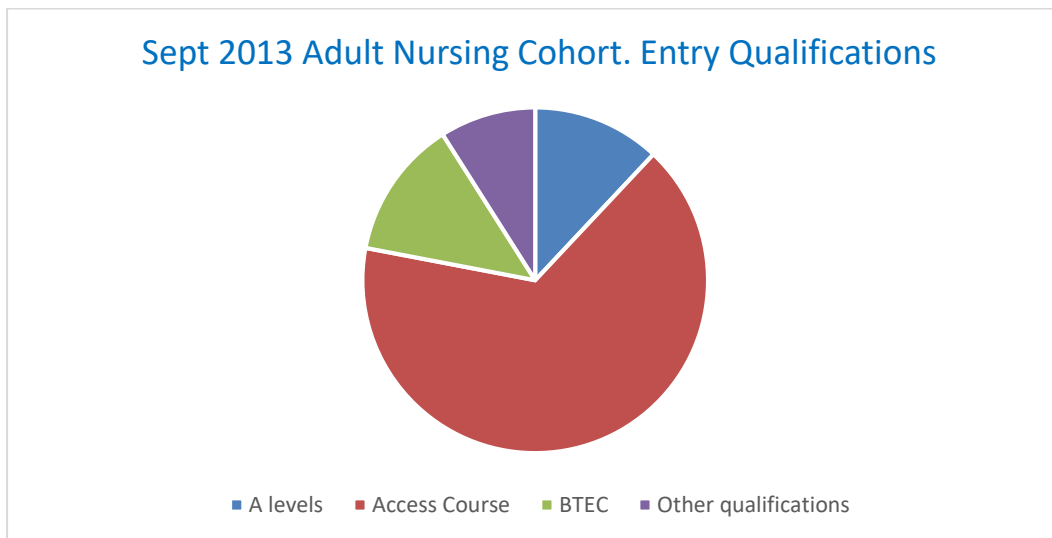
- Tutor support which is genuine and positive.
- Practical support; reading weeks, appropriate annual leave, child care supplements and support staff who are friendly.

From my involvement with visits to schools and colleges and observing students throughout the recruitment processes it is clear that we need to start this identity shift prior to commencing their programme of study at University. The project outcomes will consider how these themes can also be incorporated into the preparatory materials for students.

2:18 Building Resilience

McCarey et al., (2007), suggested that whilst more mature students have valuable life experiences they may also be juggling home / social life and the emotionally demanding nature of nursing may compound the stress they are already experiencing. Nursing & midwifery students as a group are often older, have family commitments and also have jobs as well as experiencing longer academic terms (a 45-week year), shift patterns, clinical practice and academic work. Prymachuck et al, (2008, p157), suggested that mature students entering nursing have previously been disadvantaged in education and it is through 'sheer motivation, commitment and determination' that they have the necessary entry qualifications and are able to use the same strategies to succeed but may require support and many different levels. Hinsliff-Smith et al, 2011, identified that this requires student nurses and midwives to develop different coping strategies from traditional students to enable them to persist and complete their course. However, Wharrad et al. (2003), discovered that those with eligible but non-standard entry qualifications, often fare better in terms of completion than those with standard qualifications. Analysis of the entry qualifications for September 2013 BSc adult nursing programme, shows that the majority (66%), of the applicants entered with an Access course rather than the more traditional A levels, (12%).

Table: 2:4



Data from MISIS. (Middlesex University student management system)

This basic analysis of the entry qualifications demonstrates that the majority of our students who entered the programme in 2013 were older, had returned to study and are likely to have life and work experience. This may lead to the assumption that these students are more resilient because of these characteristics and therefore, more likely to stay and complete the programme. McAllister and McKinnon, (2009), completed a critical review of the literature in relation to resilience in health care. They defined resilience as the ability to overcome adversity and grow stronger from the experience and Thomas and Revell, (2016), suggested that nurse education needs to investigate what affects a student's resilience and how it may be enhanced as it is an essential element for nursing practice.

Stephens, (2013), suggested that fostering resilience in nursing students may assist them through their education and better prepare them for practice and it is clear from the literature that this approach is now recognised as important. However, the understanding is that we as educators need to move away from examining character traits and risk factors to developing protective factors associated with resilience and we are in a unique opportunity to facilitate this, (Waite and Richardson, 2002, Hodges et. al, 2008, Stephens, 2013).

Thomas and Revell, (2016), in their review of knowledge of resilience in nursing students identified that resilience positively impacts nurse satisfaction, retention and can enhance patient care and whilst these findings refer to qualified nurses it is clear that this work needs to start whilst they are students. Grant and Kinman, (2013), produced guidelines to assist with developing emotional resilience through curriculum planning and they suggest that resilient nurses are reflective, optimistic and socially competent; they also have a sense of purpose and possess good problem solving skills.

Thomas and Asselin, (2018), reviewed the literature on resilience and suggested several strategies that may be adopted:

- Social support
- Education
- Reflection

These are broad categories and need to be developed further in the context of student preparation and inclusion in the curriculum. They are underpinned by the need to help students develop their emotional intelligence as this may help them to relate confidently and empathetically to others, (Goleman, 1996).

The question that arises from these findings for this project is to consider both the relevance for the findings, but also how to integrate the developments of these skills into preparation for the programme and carry them through the curriculum.

Conclusion

This chapter has outlined the themes that contribute to the topic I am investigating and also sets the scene as well as the boundaries of the research. The review of literature shows that there are several key pieces of research that contribute to the individual areas of research but the findings show that this work will combine these into a cohesive, integrated project.

The literature researched for this work, does identify that there is a need for both early preparation of nursing students as well as socialisation to the profession and university to increase confidence but this is another area that I will investigate further through my analysis and findings.

Another key area of interest that has arisen through the background work for this project is the identification of the students who succeed and what is it that helps them to achieve this as well as identifying where they find their support. It is apparent to me that we should explore in greater depth not just those who fail but also those who remain and complete; this also ties in with the recent growing body work looking at how to build resilience in future nurses.

The following chapters will show how these findings will support the research studies that were carried out and not only how the literature was used to support both the approach and the outcomes but also how my knowledge and experience was applied to increase insights and understanding.

Chapter 3: Methodology

Introduction

This chapter discusses the research approach selected, including the methodological design and framework, as well as the project context. I will also be justifying the research approach in terms of validity, robustness and rigour. I will explain and analyse my unique position within the project as an insider researcher and the impact my role and professional knowledge has on the project development as well as future practice.

I have selected a mixed methods methodology approach for this project because the approach enables me to use techniques and strategies from the quantitative as well as the qualitative paradigms, broadening my options. Halcomb, (2018), stated that the methods may include a full range of techniques and strategies and utilises the two main perspectives of interpretive / constructivist (qualitative) paradigm and positivist, (quantitative) paradigm.

Researchers have proposed that mixed methods research may be defined as the 'third methodological movement', (Cresswell & Clark, 2018, p1). They suggest that mixing research methods is an intuitive way of completing research and one that mirrors problem solving in real life as well as being rewarding for the additional insights gained. This makes this approach particularly applicable as the nature of the enquiry for this project is firmly grounded in the solving of complex, real life problems, encountered in my working life.

The data collection methods for the areas of research I have selected will provide a more rounded, richer and balanced picture as the methods are interwoven towards a well-supported conclusion, (Davies & Hughes,2014). I have used both qualitative and quantitative methods in the collection of my appropriate data and evidence and I will show these were merged through their analysis and the findings identified. This allowed me greater creativity in how I approached the work and identified the findings. These individual areas that I have chosen to research and analyse will be identified and explored in this and the following chapters.

This chapter will include further discussion of the application of the mixed methods approach and methods of data gathering originally identified in the previous chapter. Cresswell and Clark, (2018), suggest that designing research studies is a challenging process but even more so when using a mixed methods approach because of the complexity involved. However, using this approach may mean that the multiplicity of sources of knowledge and the research questions are better explored with more understanding, (Gerrish and Lacey, 2010). This resonated with me as I have been aware from the start

that my work needs to be relevant, and to achieve this, the often complex findings need to be clearly understood and explainable and related to the original research questions.

This chapter will also explain how the project developed and how the evidence was gathered using both qualitative and quantitative methods to provide the framework, insights and understanding. The findings will be explored and explained in chapter five and conclusions and recommendations in chapter six.

3.1 Research Questions:

The research questions I set at the beginning of this project identified how this finished version will inform my areas of practice and continue to contribute to improvements in reducing levels of attrition and students reporting increased levels of satisfaction with their preparation for studying on a higher education, professional programme.

- What factors make for successful transition from FE to HE for pre-registration student nurses and midwives?
- What preparation and entry factors lead to good levels of retention throughout the programme?
- What resources are required by both the University and colleges to further embed this work and to continue to improve the quality of student selection?

I considered a variety of approaches to this research with a focus on participatory methods and a broad methodological approach, as I am aware from previous work undertaken that I align myself with interactive or transformative research. That is to say, research that contains an action agenda for organisational and personal change or reform with a variety of approaches that will impact widely on participants, relevant institutions and the researcher, (Cresswell, 2009). The research questions I have identified lead to a participatory and evaluative approach and the project contributes to the improvement of student attrition and retention rates within the School of Health and Education, (SH&E) and successful completion of nursing and midwifery training. This ensures that the finished project and its findings are meaningful to practitioners within the School and partnership colleges as well as the other key stake holders for this work: partnership Trusts, the School and the University who all hold an interest in methods for reducing attrition and improving retention and therefore increasing the numbers of nurses and midwives who complete their programme and qualify.

Thomas, (2016), states that social science research is recursive rather than linear. In practice this means that the work is iterative as well as reflective as it goes backwards and forwards as new findings and connections are discovered during the research process. This iterative movement takes into account the fluidity and shifting nature of my actual practice and the constantly changing Higher

Education sector and NHS contexts. This requires a constant and relentless refinement of the original approach, (in built reflexivity), and this has been my experience throughout this process. However, one of the challenges I did become quickly aware of was the rapidly changing world in which I work and whilst this provided further data that I could incorporate into my project, I was aware of the need to keep on track and not be diverted; at times I became aware that following certain lines of research took me in new and different directions which were interesting and also relevant to my role but would expand and change this project.

3:2 Project Overview

My decision to use a mixed methods approach was primarily because this method is above all defined by its flexibility as it can be used in a variety of ways enabling the generation of both qualitative and quantitative data, (Taylor & Thomas-Gregory, 2015). The variety of methods used in this project and described in this chapter include surveys, interviews, literature review and observations but it is also important to acknowledge that the knowledge and experience of the researcher is key to providing the 'imagination and originality' in the conclusions drawn, (Thomas, 2016 : p 250). My professional knowledge and experience as a nurse and an academic have enabled me to initially identify the areas that I needed to review and research as well as contributing to the interpretation and evaluation of the information gained from the data gathering and final results.

Unit of Analysis

It is important to define the unit of analysis for this project as this is the major entity that is being analysed or the 'what or who' that is being studied; the main focus of this project. It is also the item I wish to be able to comment on at the end of the study. I have identified the unit of analysis as the pre-induction programme of activities which will reduce attrition and increase the numbers of nurses who are likely to stay and complete. The individual units of observation, those items that will be observed, measured or collected, will provide the methodological scaffolding throughout, (<https://scientificinquiryinsocialwork.pressbooks.com/chapter/7-3-unit-of-analysis-and-unit-of-observation/>) . These units of observation that provide this scaffolding will be the qualitative and quantitative data gathering identified in this chapter and explained in more depth in chapter four.

The use of mixed methods throughout the project lends itself well to the research design as it ensures that the results are more robust as the gaps are filled. However, consideration needs to be given to how the different methods are integrated and not merely combined or mixed together as this may lead to simplistic assumptions or inaccurate conclusions, (Simons, 2009). I was also aware that a further criticism of this approach is that using both qualitative and quantitative methods in my

research could mean that neither are done well and this would undermine the entire project and not just the findings.

It was important to me, both as a researcher and in my professional practice that I was able to be flexible, pragmatic and credible but also ensured that my approach remained rigorous. Using a mixed methods approach throughout supports these characteristics. However, carrying out research in the real world is often complex and poorly controlled and any research process needs to take note of the context of in which it is being conducted, (Gerrish & Lacey, 2010).

Clarke and Reed, (2010 in Gerrish and Lacey, 2010), suggest that if the identified, individual studies are too flexible and data is collected in an ad hoc way as and when it becomes available or looks interesting, then there is a danger of the original questions being lost in a sea of data. I became aware of this, early on in the process of gathering data, as I recognised that I could often become indiscriminate in my approach and had to ensure I remained within the parameters of my original research questions. Too much unrelated data would have meant that the final work is unfocused and lacking meaningful conclusions. The validity and reliability of the research methods are key to establishing the rigour but it is the construction of the project as well as the interpretation and analysis of the evidence that is the most significant. These key areas will be considered and discussed throughout the project work.

I will identify in this chapter how I have used mixed methods in my research as my methodological framework to provide the structure for the project.

3.3 Framing the Problem

The processes leading to the recruitment of student nurses and midwives on to professional programmes are under increasing scrutiny from multiple stake holders and commissioning bodies. Now more than ever, there is a recognised need to be confident that recruitment and selection procedures are evidence based and effective and will deliver the candidates who will stay for the duration and complete and become a valued part of the future workforce. Also, the candidates who are applying need to be assured that they will be supported in their application, treated fairly and with parity.

The partnership Trusts are key stakeholders and they are involved and consulted throughout the recruitment processes as they are the potential future employers of our students. They contribute to the development of our recruitment and selection procedures and also assist with interviewing the applicants. The Trusts are key stakeholders as they provide the clinical placements which make up 50% of the degree programme and the nurses to mentor students but their interest is more long term.

They need to be assured that we are recruiting the students who have the potential to be employable nurses of the future who will work within their organisations.

The university is a further key stakeholder for this project. They provide the required infrastructure and resources such as staff, rooms and administrative support required to administer and run the professional programmes. The professional programmes are more resource intensive than non-professional programmes due to the need to ensure they are validated to meet the professional regulatory standards of the Nursing and Midwifery Council (NMC). The nursing programmes are 45 weeks long instead of the normal 36 weeks of the non-professional university programmes so extra resources are required for rooms and teaching staff as well as the specialist facilities such as skills laboratories and equipment. These extra demands on already limited resources mean that the university is keen to see that these programmes are well regarded by potential applicants, recruit to their agreed target numbers, have low attrition and produce employable students at the end.

3.3 Student attrition, retention and achievement.

The preparatory work for this was mainly quantitative as I wished to identify the levels of attrition for the three fields of nursing across our nursing programme and compare with national levels. However, there was a qualitative strand to this work as I explored the reasons given for students leaving and also what helped them to stay.

The issues of student attrition, retention and achievement on nursing and midwifery programmes have been regularly identified as complex and multi-faceted by several studies, (Boyd & McKendry, 2012, Glossop, 2001, Prymachuk, Easton & Littlewood, 2008). In 2015, the average drop-out rate for student nurses at some UK Universities was as high as 20% but it was reported that some Institutions were experiencing a rate of up to 50%, (RCN, 2016).

One of the more simplistic measures of success utilised by outside agencies when rating university programmes is the difference in numbers between starters and finishers. It could be said to be easy to ensure that 100% of each cohort complete and finish but then this would lead to other concerns about the 'Fitness for Purpose' and 'Fitness for Practice' of the finishers as this would suggest that there was little evidence of rigorous and appropriate assessment and testing of clinical skills and academic knowledge.

The current nursing & midwifery contract is worth approximately £13 million to the University and each student recruited to the programmes is worth £9,500 per annum so any drop in the number of students recruited at the start has a knock on effect year on year. We are unable to recruit into years

two or three as this would require students transferring from other universities and it is difficult to map the programmes because of the differences in modules and placement experiences.

An analysis completed by me prior to starting this research project showed that attrition from the nursing programme at this University has previously been as high as 36.6% for some three year programmes. Bowden, (2008), completed a case study into attrition from nursing programmes and identified that the attrition rate in 2006 across the UK was 24.8% and the highest levels were in London and Scotland; the lowest were in Wales.

The table 3.1 below, shows the quantitative data gathered to show the comparison between the nursing programmes, year on year. It also includes the pass rate and variance for the years. The reasons for attrition will be explored in more detail in later chapters but it is clear from this information that these high levels of attrition and low pass rates are worrying for the university and the profession.

Comparative Data compiled from University Systems showing attrition and pass rates for nursing programmes

Table: 3:1

	2008/9	2009/10	2010/11	2011/12
Course attrition (all 3 years)	36.6%	33.5%	35.5%	26.8%
Attrition Year 1	11.4%	9.6%	5.1%	9.2%
Attrition Year 2	12.7%	9.8%	4.5%	6.3%
Attrition Year 3	11.1%	16.5%	14.4%	9.7%
Pass rate	79.4%	74.7%	62.5%	62.5%
Pass variance	40.2%	30.4%	32.3%	57.5%

Data obtained from Middlesex university systems

Whilst these attrition and pass rate figures are comparable with the London and national averages, the future of our nursing programmes is dependent upon our ability to attract, appoint and carefully prepare the right calibre of candidates. Failure to recruit to the required numbers and loss of students during the programme leads to a shortage in the number of newly qualified nurses identified as needed to meet current and future workforce requirements.

The candidates who are likely to receive several offers of places to study may use the rankings awarded to Universities to assist in making their choices and those HEIs who have either dropped down the table or persistently remain nearer the bottom may struggle to recruit.

From 2017 the students applying for nursing and midwifery programmes have become fee paying rather than receiving a bursary and this has led to UCAS reporting a drop in the number of applications by an average of 23% in 2017 and the numbers have fallen again for 2018 applications, (<https://www.ucas.com/file/92646/download?token=FFC9R2rP>). Reported high levels of attrition and poor pass rates are unlikely to attract future students who will need to be assured that they are going to receive the best possible opportunities to complete and pass their course.

Several studies have considered the relationship between students' expectations of nursing and the reality of a studying on a professional programme that can often be physically, emotionally and psychologically challenging, (Banks et al, 2011; Glossop 2001, Last and Fulbrooke, 2003). One of the key aims of this project is to focus on the early preparation of students and part of this work will be to look at student's expectations and how they may be addressed to reduce the challenge of studying on a professional programme.

3.5 Predictors of attrition

The Department of Health, (DoH), in 2006 published a guide to good practice in the management of attrition for nursing and midwifery and this work acknowledged the many variations in attrition across the country as well as the multiple reasons for students leaving their programmes and therefore, how difficult it was to 'standardise' the approach. The report concluded that: "it is only when a proactive, systematic, proportionate and sustained approach to managing all the known risk factors is adopted that step improvements in performance are realised." (DH, 2006, pg 4) Health Education England also would previously use the attrition figures from each University to produce their annual rankings (RAG) of the nursing and midwifery courses. A low position in the league tables may lead to a decrease in the numbers of applications received or acceptances of a place by the candidates as the university would be deemed to be less attractive to prospective students. This has become more of an issue for universities with the loss of NHS funding for nursing and midwifery students as all students are now required to fund their studies through student loans. Future students are likely to be using a variety of sources when making decisions and high levels of attrition from a programme are likely to be a deterrent.

Failure to recruit to the required numbers at the beginning of a programme means a loss of income to the University and the risk of reduced resources such as staff redundancies and loss of students during the programme leads to a shortage in the number of newly qualified nurses identified as needed to meet current and future workforce requirements.

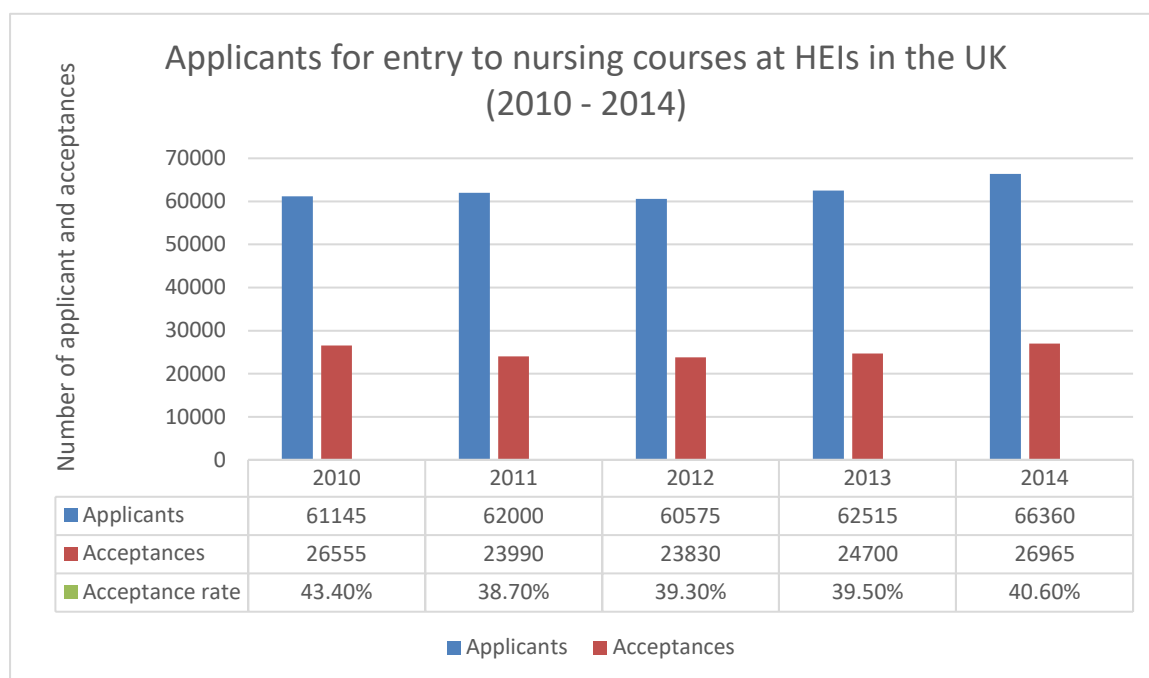
Fowler & Norrie, (2009), explored the possibility of developing a tool to predict the likelihood of attrition from a programme and whilst they recognised that the reasons for attrition are multi factorial, they identified that of the strongest predictors of the likelihood for success is the commitment to nursing or midwifery. However, the tool they developed is only completed once the student is on the programme rather being used prior to the start and it may be argued that this is too late.

The work undertaken for this project recognises that the preparatory work needs to be in place before the start of the programme to assist with promoting early socialisation of potential students. It also recognised the importance of being able to select and prepare students before the start of the programme to minimise the need to deal with problems once they have started.

Applications to nursing and midwifery programmes have outstripped the places available in recent years, however, this has led to the idea that as a University we are turning away applicants but the reality is that we receive around 16 applicants for each place but still sometimes struggle to fill the places on some of the programmes. Analysis of the applications received for 2015 entry for my own institution showed that we received 6321 applications for 457 places, made 958 offers but had 455 students start on the programme.

The figure below uses data gathered from the annual reporting by UCAS, (University and Colleges Admission Service), shows that applications and acceptances for nursing programmes have remained stable since 2010 but this figure has changed for the 2017 intake as the bursary has been removed and students will be fee paying. It should be noted that the acceptance rate for non-nursing programmes for the same years ranges from 70.3% to 74.1% (UCAS annual reference tables).

Table:3:2



Source: UCAS Annual reference tables; end of cycle data, (2014) <https://wwwucas.com>

3:6 Cohort demographics

As part of my preparation for this project I completed a review of the demographics of the entry characteristics of the September 2015 intake of student nurses. This quantitative work was also relevant for my recruitment role as it showed the profile of the students we were recruiting in terms of their age and entry qualifications.

The finding from this demonstrated several difference between the age ranges of the students in the three fields of nursing within the degree programme. Further work has shown that this break down is replicated across the annual intakes so any planned approach to attracting applicants and assisting them to prepare for University study needs to take this into account. The students who are studying BSc child nursing are predominately younger; 56% are between 18 and 20 years and often moving away from home for the first time so planning for them needs to take into consideration that they may be homesick or lonely or never lived alone before. It is clear that a network of specific support needs to be put into place early to support the needs of these students to ensure they receive help and appropriate interventions.

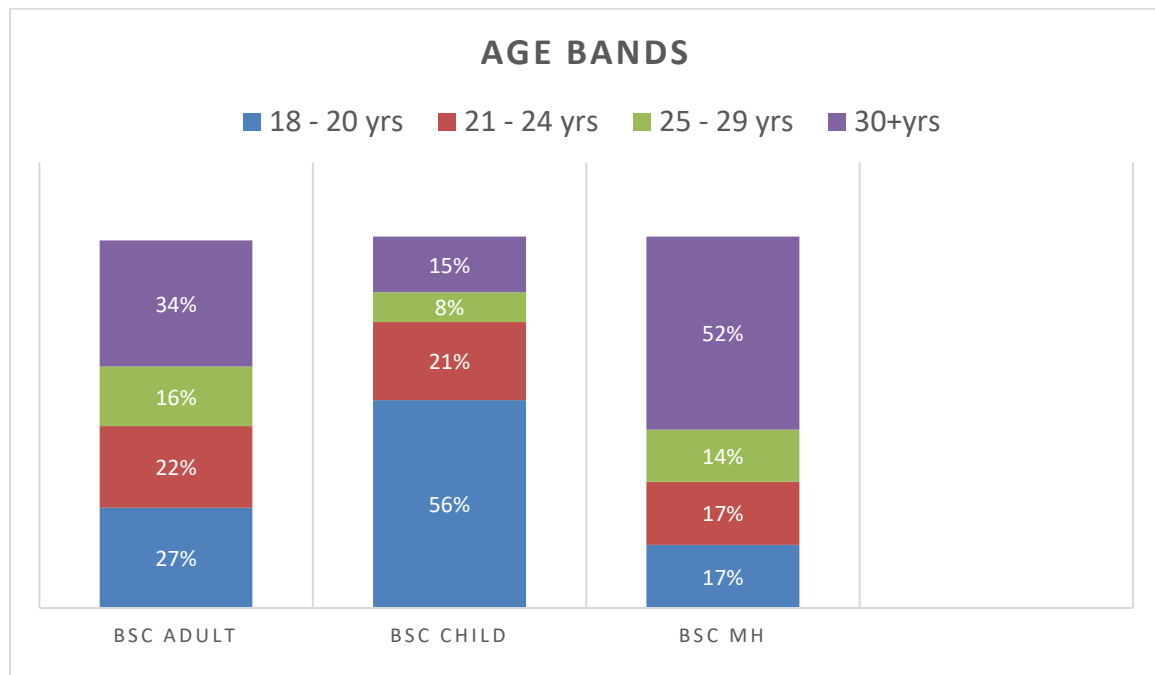
In comparison, the students studying BSc mental health nursing are more mature, mainly over 30 years of age, and the support they require is completely different. A review of the membership of the cohorts over the past few years has shown a different set of challenges: few move house or area to

take up their place so preparation and support for them needs to focus on topics such as domestic issues, travel to placements and finance.

These findings are shown in the table below:

Table 3:3

Age brackets of Nursing Cohorts (September 2015 entry)



Data accessed from Middlesex university reporting systems

The UCAS end of year reports for 2015 intake shows that young people in England became 3% more likely to enter higher education and this has pushed the number of UK 18 year olds accepted up 5% to record 235,400, (<https://www.ucas.com/corporate/news-and-key-documents/news/record-numbers-students-accepted-uk-universities-and-colleges>).

This preparatory work led me to completing a review of a whole cohort who had completed and finished their programme using both qualitative and quantitative approaches. I recognised the importance of analysing not just their age and entry qualifications but I also wished to further explore reasons for attrition as well as their final exit awards. The knowledge gained from this deeper understanding of a cohort will be explored and analysed in chapter 5 and makes up one of the units of analysis for the project.

3:7 Further education colleges

I identified that approximately 60 % of the students enrolled on our professional programmes are from local FE colleges rather than schools. These students are older, usually studying Access courses and some are taking BTEC qualifications. In 2017, we received 1,810 applications from local FE colleges. These numbers of applications have dropped dramatically since 2014 when we received 2,593 applications and the numbers have been declining slowly but in 2017 the NHS funding ceased and students are now required to fund themselves through student loans. This has led to a further drop in applications received from key feeder colleges in 2018 to just 1,363.

I have been involved in working with a number of colleges across London as it is recognised that these are key providers of current and future students to the professional programmes. During my visits to many different colleges I spent some time exploring the knowledge that the students had about their chosen careers and their reasons for applying to be a nurse or midwife; this contributed to the beginnings of the early work I completed for this project. I quickly realised that if I could improve their knowledge of the course and challenges of their chosen programme I may increase the numbers of candidates who successfully gained a place at University.

The FE colleges are keen to ensure that they are preparing and providing the right calibre of candidates who will then make the transition to successful study at University and are also looking for ways to increase the numbers who transition from FE to HEI. The colleges have been under increasing pressure since the government cut funding by 25% for 2015 /16; it is estimated by the Skills Funding Agency that colleges will need to reduce their adult skills budgets by around 17% (http://feweek.co.uk/wp-content/uploads/2015/02/Allocations_for_the_Funding_Year_2015_to_2016.pdf). This decrease will mean that the colleges who predominantly provide adult education are vulnerable as the gap in funding will mean fewer courses and less chances for students to gain the entry qualifications to study at University.

The colleges also have the added pressure of working with UCAS processes and deadlines; in real terms this means that as soon as the students commence their courses in September they begin work on UCAS applications to ensure they are completed and submitted by the January deadline. The nature of the Access programmes means that they are specifically recruiting from groups who may have previously been disadvantaged in education when they were younger and now wish to further or commence their career. These students have generally not been involved in study for many years and may not have English as their first language and are coming to terms with the academic challenges of

the course and the added pressure of producing an accurate application form and outstanding personal statement before starting the next stage of the selection processes.

The work I carried out with the FE colleges using qualitative and quantitative approaches makes up another key unit of analysis that will be explored and discussed in chapters five and six.

3:8 Student expectation

Early on in my recruitment role I met informally with the University academic staff who are involved in the first year of teaching student nurses. I was keen to explore their areas of concern when dealing with the students to see if they were identifying issues that could be dealt with by changing our approach to recruitment. This was part of the preparation for nurse training moving from diploma to a degree only profession and a review of recruitment and selection policies and procedures.

I met with ten academic staff and asked them about what they thought were some of the challenges they faced when dealing with the first year students. The key themes that I identified from this meeting suggested that they have found that students can be poorly prepared for the rigours and demands of a professional programme and required high levels of support; both academically and in clinical practice.

Poor preparation and lack of insight may lead to low levels of engagement by the students with all aspects of the programme as well as unrealistic expectations of both theory and clinical practice. Results from the meeting showed that some students were not expecting to work shifts or weekends whilst on placement or were surprised that they were required to deliver direct personal care to patients. Unrealistic expectations and a lack of preparation, (either by the students or the University) can lead to either withdrawal of the student or failure of their programme; both of these outcomes will have a direct impact on university targets and funding received as well as damaging our relationship with our partnership Trusts who provide the practice placements.

Previous studies have identified the key reasons why students leave and there are often no surprises but the wrong career choice and academic difficulties are the most commonly repeated reasons, (Bowden, 2018; Cameron et al.; 2011, O'Donnell, 2011). Unrealistic student expectations can lead to disillusionment with the course and/or career, this coupled with the demands of degree level academic workload leads to higher levels of attrition, (Kevern et al., 1999; Glossop, 2001). It is clear from these studies that students were often not aware or not prepared for the challenges of a professional programme or able to adjust and develop coping strategies once they encountered difficulties or discovered that their prior expectations were inaccurate, (O'Donnell, 2011; Jones and Johnston, 2000; Glossop, 2001).

It is clear that students need to be assisted to explore the realities of the course they have chosen but this needs to be done in a way that encourages rather than deters them but timed to allow them to plan carefully as well . It has been apparent to me over the years as Head of Recruitment, that colleagues may view the selection processes as an opportunity to make the students aware of all the challenging situations they may encounter as they think this may mitigate against the possibility of them dropping out. However, endless check lists that potential students have to tick or doom filled presentations are likely to heighten the stress or deter even the most enthusiastic candidate.

3:9 Resilience in nursing students

As part of the mixed methods approach to this project, this preparatory work used a qualitative approach by exploring the literature published around resilience in nursing students. The findings that came from the literature will be used to underpin and support the unit of analysis; the package of activities designed to prepare students for their study.

Resilience has been defined as the ability to both overcome adversity and grow stronger from learning about the experience and if students are not adequately prepared for the 'emotional and cognitive labour' then they can become stressed and then burnt out, (McAllister and McKinnon, 2009, p 372). It was clear to me from the work that I completed in preparation for this project that I needed to consider how to develop resilience in the future students as this would be a major contributory factor in reducing attrition. This approach would need to consider the dual aspects of identifying those who may be identified as 'resilient' as they have well developed coping strategies as well as insight into how they managed complex, challenging situations. But I also needed to consider how we may develop resilience in other students as I was not looking to reject candidates who did not demonstrate these skills. Resilience in our students has not been investigated for this project as a separate area but I am aware of the need to acknowledge the work that is being done on the subject and incorporate it across the project.

Recent work on developing resilience and coping strategies in student nurses has identified that applicants who are motivated to enter a 'helping profession' may have experienced illness or a traumatic event in their own life, (Thomas & Revell, 2016). This is sometimes referred to by the candidates in their personal statements or during the interview process and generally seen as something positive as candidates have identified an event involving health care and the effect it has had on them, (Anderson & Burgess, 2011).

However, previous experience does not mean that the students necessarily have the coping skills to deal with complex, emotional situations in clinical practice without tailored support. Stephens, (2013),

identified that the role of being a new student necessitates the reconsidering of personal beliefs and values as they apply new concepts and ideas in the clinical area. It was clear to me from the literature that I needed to identify ways of alerting students to this change and also to look at ways of involving colleagues, both academic and clinical, to the time and support that students may need to help them with this.

The concept of resilience and the ability to either recognise or develop it has grown over the last few years after a paradigm shift in the early 2000s. At this time there was a move away from identifying those with the required character traits or risk factors to considering ways to evaluating and growing existing strengths, (Thomas & Revell, 2016; Richardson, 2002). There have been strong recommendations to incorporate resilience training in nursing programmes but no clear strategy on how this may be achieved, (Hodges et al., 2008; Jackson et al., 2011; McDonald et al., 2013).

The recognition of the need to identify those who may have the required attributes at the selection stage and therefore, be able to succeed in the world of health care has led to changes in the way some Universities recruit to their programmes; several competitors have introduced the multiple mini interviews, (MMIs), a values based approach designed to assess non-cognitive competencies such as empathy, honesty and integrity, (Perkins et al., 2013). However, this approach is resource intensive as there are five stations each requiring an academic, clinician and service user; applicants have stated that they dislike it as they find it stressful and struggle to see the relevance. However, it has also been noted that early findings from evaluating the effectiveness of MMI are inconclusive as the scores gained during the interview processes are not predictors of success or failure on the programme, (Gale et al., 2016). When I began the work to review our selection procedures as I was tasked to incorporate a values based approach using MMIs instead of interviews.. I did consider this approach as an alternative to the traditional group or one to one interviews but there was little evidence at that time that this method would improve conversion rates of applicant to student or if the scores gained could predict success on the programme.

The issue of student resilience is closely linked to the ability of the students to stay and complete the programme, interrupting to re-join at a later date or failing. Killingley, (2017), explored the need for resilience in midwifery students and identified that pastoral care and support in both the university and clinical practice were key drivers in helping students to become more resilient. However, her work recognised the challenges that are so prevalent in clinical practice such as staff shortages or heavy workloads that often prevented this. She also identified that often senior staff can lack resilience and may be struggling themselves so are not best placed to identify problems in students or seek ways to support and guide them through difficult times.

The work I have carried out for this project has examined specific factors relating to the recognition of developing resilience across our potential student group but also recognises that the majority of the work will be focused on helping students develop or strengthen existing skills. The relevance of these findings will be explored in more detail in the chapters five and six as well as the final recommendations.

3.5 Why mixed methods?

Mixed methods research emerged as a response to the limitations of the sole use of either qualitative or quantitative research methods as it shown to offer much to health or social science research, (Doyle, Brady & Byrne, 2009). The research design and methodology bring both sets of data together which then allows interpretations to be made as a single study but treats each data set with importance and integrates the findings, (Moorley & Cathala, 2019).

The literature around mixed methods research describes it as a way to ‘harness the strengths that offset the weakness of both the qualitative and quantitative research’, (Cresswell & Plano Clark, 2018: p 12). Using this approach for the project has led to a deeper understanding of the individual areas I was researching as I was able to use all methods possible in my investigation. Morgan, (2007), stated that mixed methods provides a range of flexible ways to solve problems and understand the dynamics of real world life.

Using both qualitative and quantitative approaches may be problematic as instead of producing a coherent account it can make differences more blatant and compound sources of error inherent in the methods employed, (Hammersley & Atkinson, 2007; Gerrish & Lacey, 2010). It has been suggested that one way of dealing with these potential problems is to not think of qualitative and quantitative research as two approaches divided by differences but to think about them as different approaches with their own strengths and weaknesses. Combining them in a mixed methods approach should reduce the weaknesses and highlight the strengths to produce robust and valid results, especially when these are underpinned by my reflections on my current and past practices.

Tashakkori & Teddlie, (2010), also note that the mixed methods research has the potential for credible and trustworthy conclusions as the approach capitalises on day to day problem solving abilities of the researcher. Fielding, (2012), describes both approaches as essential as by adopting this method we integrate rather than mix two ways of thinking to answer research questions.

One of the reasons for selecting this approach for the project has been that mixed methods research adds value by increasing validity in the findings, informing the collection of the other data sources and assisting with knowledge creation, (McKim, 2017, Hurmerinta-Peltomaki and Nummela, 2006).

I decided to use a mixed methods approach to this project because my preliminary exploration into the best approach for the areas of research I wished to explore showed that it was the most suited to the areas of interest I had identified. Simons and Lathlean, (2010, p331), defined mixed methods research approach as one that ‘crosses the two primary research paradigms in the same study’. However, they also noted that the two methods should be ‘mutually illuminating’ and there must be interaction between the two. Mason,(1996), advised that researchers need to think strategically about how to integrate different methods and not simply piece them together in an ad hoc manner. Simons and Lathlean, (2010), also noted that the nature and robustness of the integration contributes to whole being more than sum of the parts. This is particularly true of the exploration of the data related to attrition as identifying and comparing the rates of attrition across the programme and with national statistics is useful and relevant; it is only when these figures are explored in more depth in the next chapter, through both profiling the students and exploring their reasons for leaving that the outcomes become useful and interventions can be planned to manage it. It is clear that using a mixed methods approach can add depth and richness to a project as well as answering complex questions but there is a risk that if the methods are not integrated at any point then this deficit has the possibility of undermining the study, (Morgan, 2014).

Halcomb, (2018), emphasised that inferences should be drawn from the whole mixed methods study and not just from one component. For the study to be successful it is required to be:

- transparent
- linked to the research questions
- clear rationale for the choice of the mixed methods approach
- explicit about the nature of the design
- clear description of the integration of the components

These guiding principles resonated with me as the work developed, grew and changed and they helped me to recognise what was required to produce a coherent and robust project. I was also able to reflect on the findings and see how they support both my recruitment role and the strong identification I was developing as a doctoral candidate.

3:11 Mixed methods research and the role of the researcher

I identified myself as a work based insider research early in the process based on my previous experience gained through completion of my Masters research. The work for this project would be

carried out within my own area of work and would be calling on my expertise in the areas of nursing recruitment and academia. Costley et al, (2010), refers to the 'situatedness' of the work based researcher and how this arises from the interplay between the researcher, the situation and the context. This allows an for understanding of complex situations that an outsider may not be able to acquire. My professional knowledge as a nursing academic working in recruitment is key to being able to carry out the role of work based researcher for this project. As previously identified in this chapter, the unit of analysis for this project is a programme of activities designed to assist with the earlier preparation of students for their study on a nursing programme. Students who are better prepared for the challenges are more likely to be able to stay and complete and less likely to leave in their first year because it does not meet their expectations or they are unable to cope. Identifying the areas that need to be researched to provide the evidence for this project requires me to use my experience and knowledge of clinical nursing skills, recruitment and retention as well as the challenges of studying a nursing programme at university.

I am aware of the skills required to collect and analyse data but I also know that I am more comfortable with using qualitative research as I have limited knowledge or experience of statistical methods of research required for many quantitative approaches.

It became clear to me that I needed to be aware of the possible pitfalls that are identified as being an integral part of the organisation and the research and not only to be aware of this but also address them so that my data collection would be reliable. I became aware that the role of the researcher must be clearly clarified to make their research credible, (Unluer, 2012).

3:12 Positionality

Positionality is an integral element of the research process and I recognise that understanding my own positionality is crucial as it encompasses key areas such as my own point of view, subjectivity and possible bias as well as recognising my skills and limitations. It is also an element in the constitution of my 'unit of analysis' which is constructed around the professional roles I incorporate into my recruitment role.

This project work is intertwined with my role in recruitment as well as my professional identity, both as a nurse and an academic. Understanding this is important as it can be seen that it is vital to recognise my own positionality, reflexivity and learning trajectory as an insider researcher. Being inside the problem is how I have identified the basis for this work but I need to be aware that I am approaching this work with assumptions and preconceptions. Positionality in this context describes

both the view I have of the world around me as well as the position I have adopted as the researcher for this project, (Savin-Baden and Howell Major, 2013).

Costley et al, (2010), recognised that insider researchers are best placed as they are fully informed and therefore able to propose effective change strategies. The insider researcher has often chosen their project because their position within an organisation has led them to identify a real problem which may not be obvious to an outsider. The close familiarity ensures ownership of the project. My closeness comes from the role I hold and the engagement comes from my obvious interest in the project and this does add a richness to the understanding of the project as it develops.

It can be easy to take for granted the easy access my role affords me to relevant people, data and materials; both inside and outside of the university. However, Ganga and Scott, (2006), suggest that the boundary between private and public self is different and insider researchers should consider how they would approach subject matter if they were an outsider to increase the objectivity of the work. The use of reflective logs and diaries as well as discussions with my research supervisors have enabled me to explore an outside and detached view that adds a further dimension to this project.

3:13 Starting the research

Pre-understandings of a situation lead to research aims and questions, which then lead to specific definitions, (Golby, 1993). The role I hold in recruitment as well as previous roles in programme leadership have led to the development of the interest in how and why nursing and midwifery students pass or fail their programmes and what leads some students to stay and some to leave. This premise can be defined as the start of the work and this then led to the definition of the specific research aims and questions and in my case I am an insider looking at my own practice as an object of investigation as well as looking at my organisation and colleagues. I also have to include the relevant stakeholders throughout the project as well as any changes to recruitment processes are likely to have an impact for future students as well as the university and Trust partners.

Thomas, (2011), suggests that if you identify an area for research where you investigate your own situation, this will enable you to gain access to richness and depth that would be unavailable to you otherwise and this is something that I recognise as being of particular benefit. I will gain a deeper understanding of how I may improve recruitment and retention and this knowledge will be directly applicable to my recruitment work as well as being measurable and reportable to the relevant stakeholders. An increase in my professional knowledge and a deeper understanding of the factors that influence recruitment to professional programmes will enhance my confidence in my role and responsibilities.

Tashakkoru & Teddlie, (2010; p273), examined the role of the researcher in mixed methods research and suggested that a competent researcher needs to be aware of their own position in respect of the situation they are studying but they also defined them as an 'everyday problem solver who scans the environment for possible actions that might be relevant to those issues in her specific context'.

This approach requires the researcher to be critically aware of her theoretical premise or stance, both at the start of the work as well as maintaining this awareness throughout. The use of a reflexive account at the beginning of the research process enabled a clear vision of my personal stance and referring back to this during the journey has ensured a sharper view of both where I started and where I was heading. I have continued to complete a reflective journal and I find this to be a powerful tool when I am planning change or making complex decisions.

Unluer, (2012), identified that carrying out research as an insider can bring about many advantages in determining the approach at the start, access to the participants and records as well as being able to identify support and help from colleagues who recognise the benefit to the workplace. I can identify with this as I had access that led to collaboration with key people who have provided valuable information. I have become aware that this has led to a further professional advantages as my circle of contacts has increased as well as my sphere of collaborative working, co-creation of knowledge with my colleagues, stakeholders and others.

3:14 Insider researcher

However, Mercer, (2007), noted that as an insider researcher you do have several advantages as there is more access to data, collection is less time consuming and greater flexibility is afforded but all this can come at a cost as it can become increasingly more difficult to tell where research stops and life begins. This can be said to be the nature of a professional Doctorate but I was aware of the need to consider all the challenges I dealt with not just as a doctoral student but also how they applied as the Head of Recruitment. This sometimes led to a derailment of the research I was carrying out as I became interested and involved in exploring a topic or trend and then realised it was not applicable to the overall project.

Definitions of insider research state that the researcher is carrying out a study in their own work place or the researcher may be a member of the community they are studying, (Robson, 2005; Rooney, 2005). However, the main concerns around insider research are related to validity as the researcher may already be or become too closely involved with the subjects and this may lead to 'distortion' of the results. Lykkeslet & Molde, (2007 in Gerrish & Lacey, 2010, p276), identified two possible key debates related to what they called 'practice -close' research;

- The researcher's ability to explain their preconceptions
- The researcher's interaction with the participants in the study

Hammersley & Gomm, (1997), previously identified that one of the problems with quantitative research is that it is prone to bias and therefore invalid because the 'researcher' is the research instrument. However, this is a classic positivistic view of research and the post-positivist area recognises 'embodied' knowledge and 'situated' knowledge are seen as part of the knowledge creation.

It is a strange dichotomy because I chose this area to research because it is of interest to me, it is supportive of student nurse recruitment and may prove useful to others but I needed to be aware that my insider status may reduce the validity of the work. I also needed to be aware that I have tacit, insider knowledge and this may have led assumptions being made or key information omitted as I lack the detachment of an outsider and will be required to defend and explain my findings.

However, Rooney, (2005), suggests that there are advantages of insider research such as having access to a wealth of knowledge or enabling participants to feel more comfortable and relaxed and able to talk openly and therefore add to the richness and authenticity of material gained. I was aware of how I may be perceived by potential students and ensure I make them feel at ease and observe for any signs that they may be anxious or tense. Shuttleworth, (2008), identifies the need for a passive or detached approach as a researcher; be more of an observer than an experimenter. However, this approach could be difficult at times as I recognise that I can lack detachment because I am invested in this project and the outcomes but Rooney, (2005), also suggests that the researcher's subjectivities are central to the research process.

The advantage of being inside a situation is that this gives the researcher access to the participants and this increases understanding and insight; this may also enable the researcher to gain access to information denied to an outsider and enable co-operation and acceptance. Bonner and Tolhurst, (2002 p8), identified three key advantages to being an insider researcher:

- The researcher has a greater understanding of the culture they are studying
- The flow of social interaction is not interrupted unnaturally as the researcher is familiar with the setting and people
- The researcher can establish an intimacy which promotes honesty and truth telling as well as judging of the truth

Working from inside the situation means that the researcher is very aware of what the issues are and this is often what has triggered the desire to investigate further. I acknowledge that I am pragmatic in my approach to the challenges of my recruitment role and seek to find workable solutions to problems so I regularly seek out the people within my organisation who can help. However, being buried deep in the situation can mean that I lack a degree of separation, objectivity and clarity that an outside researcher may be able to bring. Hewitt-Taylor, (2002), suggests that the researcher's prior knowledge can lead to bias as well as unconsciously making wrong assumptions. Reflecting on my role and the areas of influence that I have, as well as the outside areas that influence me and the work I do have enabled me to gain a better idea of the challenges that led me to undertake this project. It is often too easy to be inward facing and just deal with situations as they arise rather than taking a long view, but I recognise the need to be proactive and aware. I had regular discussions with my consultant to gain her opinion of my work and this was an area I raised with her.

3:15 Ontology and Epistemology

Before exploring the rationale for the choice of approach I was aware of the importance of exploring and making explicit my own beliefs around the nature of knowledge; epistemology and the 'nature of the world'; ontology. An epistemology is a theory of knowledge: it presents a view and a justification for what can be regarded as knowledge, (Blaikie, 2000). Coghlan and Brannick, (2005), suggest that it is the researcher's epistemological and ontological approaches which provide legitimacy for how the research is carried out. I am aware that my professional knowledge is integral to all the work I do it also affect how I view the world as a practitioner, academic and researcher is threaded through this report.

The epistemological knowledge for this work was triggered not solely by my own interest in the key themes acquired from working as a nurse and an academic but also a strategic knowledge gained from my current role. There is a need to monitor and to reduce attrition and increase success amongst the students and this has originated from monitoring by stakeholders such as partnership trusts and the University as well as the colleges and their students. Objectivist epistemology holds the view that the reality is 'out there' (Gray, 2009); that research is about discovering this truth. This work began with an inquiry into what beliefs and perceptions are held by students and staff in colleges and the School so that a development or 'transformation' may take place. However, in my case it can be argued that the reality is not 'out there' as I am very much part of the reality I am exploring and this is where epistemology and ontology overlap. Reflexivity on my part will encourage my awareness of this and enable me to turn it to my advantage and strengthen my understanding and insights. The further

development of my reflexive approach will be shown through the data gathering and analysis of findings as well as the project outcomes.

Ontology has been defined as the study of being or the nature of existence, it also embodies, 'what is'. To be ontologically 'secure' is to locate yourself, life and experiences with in the wider picture of all human existence, (Gray, 2009). Therefore, it is important to understand and recognise how my own personal ontology has grounded my interest in this work through previous experience as a nurse and academic but I am also aware of the need to be questioning and reflective throughout the research process to ensure I interrogate and understand all aspects.

3:17 Data Collection

The project had multiple sources of information and data collected, both qualitative and quantitative, to ensure an holistic approach which will contribute to providing an accurate and complete description for the completed project or unit of analysis. Morgan, (2014; p 64), suggests that successful mixed methods research emphasises 'a pragmatic, purpose driven perspective on combining methods' which avoids the work becoming unstructured and ensures that the two approaches are brought together effectively.

The quantitative and qualitative units of evidence collected came from multiple relevant sources and includes surveys of current and potential nursing students as well as academic staff and FE college tutors. A wealth of information about our student demographics was gained from scoping the September 2012 cohort as well as drilling down into the annual attrition information. It was important to consider not only the students who left but also those who stayed and succeeded so the degree classifications were used to further add to the September 2012 quantitative data collected.

The table below shows how the two approaches required for successful mixed methods methodology have been applied to the data collection to produce well rounded responses to the original research questions.

Table: 3:4

Table of information and data collected for individual studies

	Research Approach	Information Gained
Qualitative	<p>1. Feedback from the applicants who attended the pre-induction days in May and June 2011, using the 'One Thing' postcard. At the end of the day they were asked to identify;</p> <ul style="list-style-type: none"> ➤ One thing they had learned ➤ One thing they were going to do to prepare for starting their programme 	<p>The feedback was used to plan the content for future induction dates and also identified the three themes for this project.</p> <p>Appendix Three</p>
Qualitative & quantitative	<p>2. Survey monkey of 63, September 2013 cohort, student nurses at the end of their first year. Completed October 2014</p>	<p>Survey looked at challenges identified by year one students and the support they accessed to help. Students also identified their age, field of nursing and entry qualifications.</p> <p>Appendix Four</p>
Qualitative	<p>3. Interactive discussion with twenty tutors from local FE colleges who attended an educational liaison event at the University. Date of event: November 2011</p>	<p>College staff from partnership colleges whose students apply to nursing and midwifery programmes were asked to consider how HEIs could contribute to the preparation of students during their transition period.</p> <p>Appendix Five</p>
Quantitative & qualitative	<p>4. Scoping of September 2012 nursing cohort students. Review of 161 student profiles Commenced in October 2016, completed in November 2017</p>	<p>Specific areas covered for each field were:</p> <ul style="list-style-type: none"> • Age at start of programme • College or school attended prior to start • Entry qualifications • Type of work experience • Degree classification • Reasons for non-completion <p>Appendix Six</p>
Quantitative	<p>5. Review of attrition figures of nursing cohorts from University QMR reports, tableau software and minutes of departmental attrition meetings for nursing cohorts from 2009 to 2014 This was on-going work throughout the project as the case studies developed.</p> <ul style="list-style-type: none"> • The project started with an initial review of attrition figures in May 2013 and the data collection / analysis continues as part of recruitment role 	<p>Data identifies the rate of attrition and completion from each field Comparisons are made between each field of nursing and cohort to check for any anomalies or patterns</p> <p>Appendix Eight</p>
Qualitative	<p>6. Reflective exercise using 30, third year student nurses working in small</p>	<p>30 students were asked by academic staff teaching on the year 3, Preparation for Professional Practice module, to work</p>

	<p>groups, as part of a year three module: Reflection and Preparation for Professional Practice. Completed with September 2009 cohort in January 2012</p>	<p>in groups, using a reflective approach to consider how they prepared for their transition to study on a professional programme and what advice they would give to new students.</p> <p>Appendix Seven</p>
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The majority of the quantitative student data was accessed through the records held by the University student management systems as well as quality monitoring reports and attrition data. I was aware of the need to only use what I had identified at the beginning of the project as essential but at the same time I was careful not to be overly selective as to what I chose to include or omit. There are dangers when you are engrossed in a project that it can become too easy to present a false or biased picture that will undermine the research and primarily support the existing views or beliefs held by me. An early finding made during the review of FE college applicants showed that applicants from one particular college were more successful than others at securing a place on their chosen programme. However, I was also aware that as a University we had no special relationship with this college; I had never visited to talk to their applicants and they had not attended any of the University events organised by colleagues as part of the outreach work we offer. The temptation was to ignore this finding but on reflection I noted that this showed the need for a different approach to our relationship with our partnership colleges that was fair and inclusive and not based on whether or not I had visited to deliver a talk.

The knowledge gained from the various sources for the units of data collection has added to the understanding of what both students and tutors are looking for and this knowledge gained will improve the students' chances of both gaining entry to University and completing the programme. This meets the criteria of 'adding to understanding, extending experience and increasing conviction' for the students as well as for me, both as the researcher and in my recruitment role. Thomas, (2016), makes the point that you cannot generalise in any useful way from research but you can interpret inferences and interpret using your own knowledge gained from personal, professional experience and academic study. I found this to be very true for the results I gained from the analysis of these units.

3:18 Mixed methods analysis

As previously discussed, the approach utilised for this project has been to use several studies of different subjects as the separate units of research rather than focus on just one method or area of

investigation. These individual areas are linked and were developed in response to the research questions

However, the way that both the qualitative and quantitative methods interact with each other is an indicator of quality in mixed methods research as well as adding depth to the findings that distinguishes it from two methods in tandem. The integration is key and may occur at any stage of the research process but this should be clear from the beginning and not added as an afterthought. The design of the research questions should be the starting point for this integration as these are the drivers for the process.

Simons & Lathlean, (in Gerrish & Lacey, 2010), suggest that the datasets may be analysed separately using the techniques appropriate to each form of data and the integration may then take place at the interpretation stage but also state that high quality mixed methods research may have integrated elements throughout. The following chapters will show how the studies completed for this project were integrated and in some cases the findings from one case led to the development of further enquiry in another study. An example of this is the decision to scope an entire cohort which arose from the initial analysis of the attrition data as well as I then recognised the need to provide further context to add depth to the findings. This integrates both qualitative and quantitative units to produce deeper understandings of the attrition data for the project.

Simons, (2009), identified that there are many key strategies involved in both analysis and interpretation of the data and these include sorting, refining, interpreting and finding themes but she suggests that these approaches also require 'hermeneutic analysis and intuitive processing'. However, Thorne, (2000), characterised data analysis as the most complex stage of qualitative research but also noted that it is rarely discussed in the literature. Nowell et al., (2017), identified that the researcher becomes the instrument for analysis and therefore need to be clear about what they are doing, why they are doing it and include a clear description of their methods.

Thomas, (2016, p 204), suggests that the 'tricky bit' in analysing qualitative data is drawing something meaningful from all of it as it can seem shapeless and lack structure. His recommended approach identified five key steps and I applied these to my own data analysis to add structure and ensure parity to the data analysis :

- Categorization
- Sorting
- Finding coherence

- Simplifying
- Synthesizing

Using this approach I was able to identify key themes and then search for them in the subsequent data I collected. The qualitative data collection commenced with the feedback received from the attendees at the pre-induction day; I carried out a simple analysis by transferring all the responses received to a main document under the headings of each question and then highlighted any responses that were similar. I also picked out key quotes that I identified as being useful or relevant. I carried on using this approach with the subsequent units of analysis so I could then move on to abstracting ideas, link to the literature and provide outcomes and recommendations.

Accordingly, throughout the empirical material collection process I have collected both qualitative and quantitative evidence that I identified as relevant and important to both the project and my recruitment work. However, blindly collecting data can also be distracting and unhelpful if not monitored and reviewed regularly. I have been aware of the distraction of continuous data collection especially when reviewing the specific characteristics of nursing and midwifery cohorts but I became aware that this was not progressing my research but often just adding to the workload. I was aware of this as I progressed through the project as the results from the individual areas studied were often applicable to my recruitment role so there was a need to identify outcomes and apply them so I could implement changes but also ensure that I completed the analysis thoroughly.

3:19 Triangulation of methods

Gray, (2009), suggests that using multiple sources of data is an essential tactic to ensure converging triangulation that will support a chain of evidence, linking research questions, data and analysis through to the final report. The ability to access, use and analyse data from multiple sources will have ensured that the project activity is rich and well balanced and it can be seen that is applicable to a mixed methods methodology. Utilising both qualitative and quantitative approaches has allowed me to thoroughly address the original research questions posed as well as allowing flexibility to review my approach throughout the time frame.

Using different research methods to gain deeper understanding of the study and add richness to the findings also adds validity to the overall findings of the project. However, using mixed methods needs to be done in such a way to strengthen validity and add different perspectives.

Simons, (2009), suggests that other methods also need to be considered when ensuring validity and these may include the reflexivity of the researcher as well as the appropriateness of the methods for understanding the topic.

3:20 Ensuring rigour

A key criticism of mixed methods research is that if both qualitative and quantitative methods are being used there is a risk that neither are done well and this will affect the overall quality of the study. There may also be limitations because the majority of the research takes place within the sphere of interest of the researcher and the immersion in the subject can lead to a lack of detachment. Fielding, (2012), states that rigour can also be ensured by mixing methods systematically to ensure proper integration and adherence to the original research design.

Tashakorri & Teddlie, (2010), suggest that the most telling consideration of validity of the project is whether the integration shows inferential validity; this requires both design quality and interpretive vigour. This validity originates from the a research design that recognises that mixing the methods is a feature of the analysis.

Cresswell et al, (2011), recommended that mixed methods research should demonstrate rigour by using the same criteria as would be used in qualitative or quantitative research as well as specific mixed methods criteria. However, the literature also suggests that the key to demonstrating rigour in mixed methods research is in providing a clear audit trail and clear evidence based rationales for decisions made throughout the process, (Lavelle et al, 2013; Halcomb & Hickman, 2015).

The process of carrying out the data analysis in research involves immersing oneself in the data so that you are able to be at one with it and through this process, (Cronin, 2014). However, I became aware that this could be overwhelming and there were occasions when I needed to step away to try and clear my head. I was very aware of the positive aspects of completing a professional doctorate that is entwined with my recruitment role but this blurring often meant that there was no let up.

3:21 Ethical perspectives

My role as Head of Recruitment is a senior one within the School and University and allows me access to personal student information as well as the students themselves. My background as a nurse means that I am fully cognisant with the need for confidentiality and the implications of abusing my position. However, I also acknowledge that I cannot complete this project or produce a meaningful piece of work without examining relevant data and seeking opinions from students and staff. Ethical guidelines are there to ensure that a researcher does not harm and that participants are able to fully consent

before taking part. This project is focused on the preparation of new students but I was aware very early on that I could not question potential students as this may be misinterpreted as me attempting to influence their choices.

When originally considering the ethics of this project I started by focusing on the final project and what changes it may bring and who are the identified stakeholders as this led me to consider the overall ethical issues I may encounter as I progressed. The final report will inform college tutors and students of the level of knowledge and insight required to study and succeed on a professional programme as well as providing a way of gaining it so that attrition will reduce and completion rates increase. I was aware throughout that I must ensure confidentiality at all times and ensure participants are fully informed and supported and that my relationship with them does not affect or influence their right to withdraw at any time.

My work as a nurse and an academic means that I am aware of the principles underlying research governance and the importance of ensuring that ethical clearance is received and applied throughout. Thomas, (2016), emphasized the importance of 'explicitly articulating' all ethical concerns as personal judgement is not necessarily the most robust checking method and insights from others will contribute to the depth of the debate.

The consideration of ethics has been identified as a complex business in social research as the involvement of participants requires the researcher to consider 'what they are doing in the name of furthering knowledge', (Thomas, 2011). This encourages consideration of the possibility of both good and bad outcomes and acknowledgement that even if my intentions are to improve knowledge and outcomes for students I also need to ensure that I do no harm. The research must be conducted in a responsible and morally defensible way and I need to ensure that I remain reflexive throughout. I need to be aware throughout that my insider status may have an effect on the process and this may compromise the validity of the work. Validity is identified as an important factor in successful and effective research and with insider research the concept becomes increasingly problematic because of the close involvement and lack of objectivity, (Rooney, 2005).

The ethical background to my project was about ensuring that we are treating all students and applicants fairly and not disadvantaging anyone because we have not identified how to manage the challenges they face on a professional programme.

3:22 Ethical approval

Approval for this project was gained from the School Ethics committee before the work commenced in January 2013, (see appendix nine). The work originally involved interviewing and questioning both

students and staff of the University as well as involving tutors from FE colleges but in the context of reviewing our recruitment procedures. However as the work progressed and evolved it became clear that I did not need to involve direct interviews with students or staff.

It is imperative that all information provided to participants is clear and explicit to provide clarity and encourage co-operation and consent and assurances that they will remain anonymous. Gray, (2011), suggests that participants who are confident in the research and processes are more likely to be honest and open in their responses and more likely to engage with the project.

I met regularly with my academic and consultant supervisors to provide me with an outside and objective viewpoint and this has been one way of monitoring the processes and relationships to ensure that the research is not compromised. However, my original supervisor left and this coincided with a change to my role at work and my research ground to a halt. Since re-starting this process I have continued to meet and seek feedback from both my supervisors and kept them up to date with the work in progress.

All participants, whether at college or University, will also need to be assured that all information provided will be anonymous and remain confidential and it will be explained to them both verbally and in writing that they will not be able to be identified through the information they provide. It is imperative that any perception of coercion is minimised in my role as 'insider researcher', (Cresswell, 2009). Students may feel under pressure just by being asked and may feel uneasy about being totally honest in their responses in case it affects their chances of gaining a place at University so prefer to not participate at all. I had to remain mindful of the relationship between the researcher and the researched and be consistently fair and responsive to all participants, whether students or colleagues.

Costley et al., (2010), suggest that colleagues may feel obliged to assist with your work and this also applies to other organisations you deal with. I was aware of this obligation when I was considering how best I could approach the FE colleges as I did not want there to be any conflict or misunderstanding that could affect future working relationships.

Approaching students and asking for their input can also be difficult as there may be a reluctance to participate or be completely honest if they perceive their involvement may be detrimental to their progression on the programme. I was keen to have the students involved in the project and my approach will be described in more detail in the following chapters.

I identified potential conflicts of interest for this project:

- The colleges may perceive that their co-operation with this project may lead to us favouring their students in the application process and they may decide to participate for this reason.
- As an insider researcher I must ensure that I do not abuse my position by coercing or cherry picking and be open and honest in all aspects of the work
- Students may think that participating may influence decisions made during application to University or during their time as a student
- The work must be honest and open, whatever the outcome, as it could be easy to select data that only shows positive results and ignore uncomfortable truths.

Conclusion

This chapter has explored the reasons behind my choice of mixed methods research; the conceptual and methodological scaffolding involved in this as well as identifying the methods of data collection and analysis deployed, given the aims and objectives of my research project. I have also identified and defined the overall unit of analysis.

I have shown how the use of a mixed methods approach fits well with the aims of this project as it allows an holistic and integrated approach to the investigation and exploration of the individual identified units of investigation that will contribute to the overall project outcomes and recommendations. The work for the individual areas of research that make up this project include both qualitative and quantitative approaches and the findings will be explored and analysed within the context of both the professional and learning environment.

The issues of triangulation, rigour and reliability have been considered as well as the methods used for ensuring a robust and honest final project. One of the key challenges for the project is the role of the insider researcher and how I addressed throughout the project work to endure fairness and objectivity. I have also recognised that the knowledge and experience I bring to the work is key to the success and validity and the ability to produce a meaningful project.

Chapter 4: Project Activity

Introduction

This chapter will describe the project activity that went in to each of the individual cases that come together to produce the completed research project. I will be explaining in detail the development of the individual areas of research and the specific work completed that makes up the final, coherent doctoral project. The overall findings, outcomes and recommendations will be explored in the following chapters.

This chapter will also describe how the key objectives of the project, identified in chapter one, were addressed through literature searches, data and evidence gathering as well as my own professional knowledge and insights. I will explain how these processes and information contributed to the formation of the structure of the identified research methods and focussed the original exploratory work into the final project.

I will show how these mixed methods were encased to become a coherent, completed project which will impact and change not just my own practice but will be transferrable to other disciplines across the university . This chapter will describe the journey through this project and show where the insights and information came from and how they were integrated to form the overall work.

I will also include insights as to how the project was moulded and amended by the changing nature of my recruitment role and how my knowledge and expertise from roles in nursing and academia were used to respond and react to both internal and external forces from the changing situations around me. Thomas, (2016), refers to the 'bridges' and 'passages' between ideas that enables creativity in research and this will become clear as the connections are made between the multiple areas that I have developed for this project. With multiple studies making up the overall project rather than just a single study, the emphasis is on comparing very different examples and highlighting the contrasts between them and this chapter will explore this approach in more detail.

This chapter will show how the project developed and the connections and comparisons that were made from the individual areas of research developed become a cohesive and meaningful piece of work.

4:1 Problem solving

There were many challenges during this project and often the road was not as straight as I had originally envisaged and this is reflected in some of the discussion in this chapter. I pride myself on my

problem solving abilities and I first recognised this trait when I was a ward sister working with elderly patients. This specific group of patients often have multiple co-morbidities and social care problems which can make planning safe care very difficult, especially when it came to planning their discharge from hospital. I became aware that I was the one in team meetings who would use an analytical and questioning approach to these problems and never stopped asking 'why' or 'how' or 'what if'. This approach continued in both my academic and nursing career and throughout this project as I acknowledged the problems but as the key researcher I was aware of the need to acknowledge them and decide how to navigate my way through them.

Costley, (2010), identified that a researcher who is carrying out a work based research project will have a particular interest in ensuring that their project is successful and will look for support and collaboration from their manager and colleagues to achieve this. Turning experience into knowledge requires both a reflective approach and the ability to deal with the pitfalls and potholes that occur along the way. On reflection, I can see that I only clearly identified some of the challenges that I had dealt with once I started writing about them and through this I then identified some of the strategies that I had used and how successful or not they were.

The need to respond and adapt to these challenges is reflected in both the exploratory work carried out and the ongoing development of the final project. In providing a narrative of my research process, I also wish to show the emergent nature of my research, the condition that social processes and structures cannot always be known in advance and that they are open and complex systems. They evolve over time and they require a constant flow of activity to maintain and reproduce themselves; they have a history in the sense that past behaviours tend to influence present ones. What I am providing in this chapter is a narrative account of my interventions at critical points of a process to create new practices, processes and structures relating to the selection processes and ultimately to the retention patterns of nursing students, (Blaikie, 2007).

4:2 Gathering data and evidence

My project design includes gathering and analysing both qualitative and quantitative data related to the review of recruitment and selection processes for pre-registration nursing programmes with one of the aims being the aim of reducing dropout rates.

This project work begins at the recruitment and selection stage for the nursing programmes. The planned outcome for this work is to assist future students with engaging with and understanding the challenges of their chosen programme as early as possible so that they are fully informed, prepared and more able to deal with the challenges of studying on a professional programme. One expected

outcome of this early intervention is to see a reduction in the levels of attrition and an increase in the number of students who stay and complete their programme so it is clear that I need to develop a clear understanding of why students leave and why they stay.

The early evidence gathering originated from work I completed to assist with my recruitment role such as the discussions with staff from colleges and schools or exploring the reasons for attrition in the first year of the programme. This analysis was then carried out as part of my role, when evidence based changes needed to be made or I could see that I needed to amend our approach to some of our recruitment and selection processes. My role is often complex and challenging and the ability to seek out supporting evidence or contributory factors gives me the confidence to make difficult decisions or implement change processes. It is a constantly evolving role where I need to be able to lead and manage change successfully as well as recognising and responding appropriately to micro and macro pressures.

4:3 The development of the project

In the following section I will describe in more detail the specific work I carried out for this project and the themes I developed and explored. The first major innovation arose from my transition from my role as a programme leader to when I first took over the recruitment role. My original role in recruitment was much smaller and with less responsibility and 0.5 of my contracted hours. This meant that I was still a module leader for a year three module and carried a teaching and assessment load. I was working closely with the students and aware of the day to day issues and problems that can arise from studying on a professional programme. As I was mainly involved with the teaching and assessing in the third year of the programme only, I was working with students who were about to qualify and start working as a newly qualified nurses. I was interested in the journey they had taken and whether their reflections on their time as a student nurse could be applied to our recruitment and selection processes and how I could integrate their valuable insights.

This work and how it developed will be explored in more detail in this chapter but one particular comment made by the students resonated with me as they regularly repeated the same phrase, 'I wish I had known that when I started'.

I began to consider what it was the new students wanted to know and what it was that we, as academic staff and nurses, thought they ought to know and how did we deliver this material. Were there any similarities and how could we address the information giving in an effective way. The way we prepared the students at that time was during the actual induction period in September which was when the students commenced the programme. There had been some attempts in previous years at

providing bridging materials but this was mainly sending out reading lists prior to starting on the programme but no other information and there had been no evaluation of whether the students had found this to be useful. I came to realise that we could start the information sharing and induction processes much earlier and then the students would have time to reflect on their own learning needs as well as what it was we wanted them to know about being a student nurse studying on a professional programme at university.

This led me to the development of pre-induction days for students who were going to be studying to be nurses or midwives. This was a brand new innovation for the university and required me to work in partnership with colleagues from finance, marketing and admissions as well as the programme leaders for nursing and midwifery to develop a day that was informative and engaging for our future students. The majority of the research around the experience of first year students and their transition into University life agrees that early social and academic integration is the key as to whether a student stays or goes, (Tinto 1983; Harvey et al 2006; Currant and Keenan; 2009). The early socialisation of students to University life is desirable all round, Robinson et al (2009), suggested that the facilitation of the processes of student collaboration contributes to effective learning as well as providing a supportive student network.

The pre-induction days were also a key driver for this project and will be discussed in more depth later in this chapter.

4:4 Academic staff and Doctoral Candidate

I have always been aware through the life of this project of the dual applications of the evidence to both work and project and how this contributed to my professional development. I know I have an interrogative aspect to my work as I see the importance of seeking reasons or evidence to help with problem solving.

An example of the duality and application of both the recruitment and project work was the analysis I carried out of a cohort of nursing students who had completed their programme. It could be said that one of the gold standards that we all aspire to in student recruitment is around the ability to develop those selection processes that will allow us to identify those applicants who will stay and succeed. The work for this project will be looking at the students who do not succeed as well as those who complete their programme.

When updating and reviewing our approach to the selection of students, I needed to be able to identify possible factors that may contribute to student success and failure so I completed an analysis of a cohort of students who had completed their BSc (Hons) nursing programmes. This enabled me to

consider not only what factors may help students to stay and complete as well as analysis of the factors that lead to failure or withdrawal. This information was applied in several ways and not just used for this project but also when the selection processes were reviewed and rewritten as well as contributing to the preparatory work produced for applicants prior to their interviews.

4:5 Student Selection

Part of my recruitment role is the design and update of recruitment and selection policies, procedures and methods but I do not work on this in isolation as any changes have to be agreed by the university, school and clinical partners. However, one of the main challenges is that any approach I may wish to implement recruiting future students has to be coupled with ways of attracting them to apply in the first place. Some of this work of setting the scene is completed by the marketing departments as they decide how to best present and showcase what we have to offer, my role also means that I am also responsible ensuring that students have a positive experience when they are interacting with us. The students are the ones who are deciding where they want to study and accept their offers after they have completed all selection procedures and this is another significant reason for developing a package that students may view as supportive to them.

One of the early investigations I completed was an overall analysis of our recruitment figures for the September 2017 nursing cohort during their journey from application to starting. I accessed the data from university systems and reviewed the information related to progression and conversion rates of the number of applications received and how these changed at key points in the selection processes; at the testing and interview stages, to offers made and the final numbers starting on the programme; see Appendix One. This work was initially undertaken to provide numerical data to support the evidence used when I was reviewing the resources required to bring in a cohort but closer analysis of the data showed the disparity between the number of applications required to recruit to the specific fields as well as the key areas in the recruitment journey where we lost students. This work which started off as the need to ascertain resources required as part of my recruitment role then led me into further and more detailed investigations of our applicants' journeys. The knowledge gained from this work constantly feeds into the identification of the specific interventions that can be implemented for applicants in each field to improve the success at testing or interview to the conversion of offers to confirmed places on the programme.

4:6 Student selection processes

The university as an approved provider of nurse education is required by the NMC to follow the guidance issued in 2010, for the recruitment and selection of students as set out in the Standards for

pre-registration nursing education (<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-pre-registration-nursing-education.pdf>). Standard 3, (Appendix two), covers the mandatory selection and admission procedures for entry onto the programme. This standard includes the requirements that processes that include assessment of both literacy and numeracy as well as face to face engagement between applicants and selectors. It is left to the university to decide how they wish to implement these requirements. One of the key aspects of my role is the operationalisation of these processes and the day to day management of the testing and interview days.

The challenge when coming up with the selection procedures is to get the balance right and be aware of not overloading the applicants or the staff with complex or lengthy assessments. It may be tempting to over assess, test and question applicants on every aspect of their knowledge and personality traits to try and identify those who are likely to be successful but this is not likely to encourage applicants to see the university in a favourable light and accept any offer made. Academic colleagues have come to me with issues that they have encountered with specific students on the programme and want to see if this can somehow be 'screened' out at the interview stage. This has led to suggestions such as requesting candidates sign declarations that they will work shifts or acknowledging that they cannot be placed at a specific hospital for their placements. I felt that this would be off putting to students at an early stage of their relationship with us. I acknowledged the issues that my academic colleagues were facing but wanted to be able to put forward an evidence based argument for the approach I was taking. This project has considered other ways of addressing these problems such as the materials we could produce for prospective students that provide a realistic view of life as a nursing student.

The integration of the voices of our current students was important to all aspects of this project. They are best placed to inform about the challenges they faced as well as what support and guidance would have made their transition an easier one. I was able to use my knowledge of the nursing programme and the progression of the students to decide how best to approach them and utilise their insights to add a further dimension to the project.

4:7 The challenge of attrition

Attrition from professional programmes has been explored many times at macro and micro levels, mainly due to the fact that nursing programmes were publicly funded until 2017 and concerns were raised about high levels of attrition and the implication for the future workforce. The change in funding has brought about a downward trend in the number of applications received in both 2017 and 2018 but there is little exploration of the impact of the funding shift on current cohort behaviour due to the 'newness' of the change.

4:8 Attrition and success

A low attrition / failure rate from the programmes and better prepared students are regarded favourably by the University and our partnership Trusts as well as the NMC, the professional body responsible for validation of all nursing and midwifery programmes. The attrition and completion rates are easily measurable and comparable with other Institutions. If students are not compliant or do not engage with their programmes this can mean that academic and clinical colleagues have to devote time and resources to dealing with absenteeism, academic or practice failure and poor professional behaviour. Any reduction in attrition and failure rates will increase the standing and reputation of the University and this also impacts on the ratings we receive as a provider of nursing and midwifery training well as strengthening our reputation with our partnership Trusts.

Student attendance is easily measurable through simple analysis of completed registers and when students are attending placement the Trusts are required to complete weekly absence / sickness returns. It is a key requirement for nursing programmes where students are required to complete 4,600 hours in theory and practice to enable them to register as a nurse at the end. Increasing levels of absenteeism can be seen to be symptomatic of a lack of engagement due to intrinsic or extrinsic problems but early intervention and supportive measures can mean the difference between progressing or failing.

The need to both understand and address the challenge of attrition was a key driver for this work and has remained a primary underpinning theme throughout the project. A study carried out by the Nursing Times in 2015 discovered that the average drop-out rate from nursing courses was around 20% but some had rates as high as 50%. This survey was carried out prior to the removal of NHS funding in 2017 where students were not required to pay fees and received a training bursary, (<https://www.nursingtimes.net/roles/nurse-educators/review-identifies-vital-need-to-find-out-why-student-nurses-drop-out/5083209.article>).

There is a recognised tension between the retention of students to ensure qualifying numbers, meeting University targets and the need to ensure that professional standards are maintained, (Eick et al., 2012). Therefore, I recognised that I needed to investigate and understand the complex reasons behind high levels of attrition, particularly in the first year of the nursing programme and whether these could be related to selection decisions made at the recruitment stage. From this work I realised that there needs to be an ongoing identification of trends or patterns that can be actioned and remedied through better preparation of the students prior to starting on the programme or whilst they were studying at school or college. The factors that challenge or impede a student's progress

throughout their nursing programme need to be clearly categorised as these may be different to other students who are studying a non-professional degree and this may be an issue that the university may be able to address with more tailored support available.

The approaches used to gather the project data recognise the multi-factorial aspects of attrition and how any suggested solutions to manage the problem need to recognise the complexity and challenges faced by both the students on a nursing programme as well as the University.

The identification and exploration of these factors can be seen to be the key to the planning and development of both the preparation prior to starting on the programme as well as the support offered during the first year when students are settling in and adjusting. I reviewed both the levels of attrition across all three fields for two nursing cohorts as well as looking more closely at the reasons given for leaving. It is obviously more difficult to predict the students who are likely to leave for personal reasons as lives and circumstances may change very quickly. However, analysis of the entry profiles of those students who fail either their academic assignments or in clinical practice may enable us to intervene at an earlier stage in a more targeted manner.

4:9 Classifying attrition

The University monitors attrition across all the programmes but the professional programmes are also required to report both the levels of attrition and the identified reasons, to stakeholders such as the partnership Trusts and to Health Education England. A decrease in students who complete their programmes also means a drop in future nurses available for the workforce.

Students on professional programmes who interrupt, fail or decide to leave and not progress are allocated a code to denote the reason and these are recorded on the University monitoring systems to enable reporting. I reviewed these classifications early on in the project work and this helped to contribute to the selection of some of the key themes for the project research and analysis. However, I was aware that I was not solely focusing on reasons for attrition but investigating how we can prepare the students for successful study and completion. The codes are very broad and generic and whilst they cover key areas such as academic failure, maternity leave and sickness, it is difficult to gain a specific detailed, reason for leaving or when a student has stated that it is due to 'personal reasons'. The classifications used do not allow for a richer, fuller explanation of the reason for leaving which would be more helpful when reviewing attrition rates. An integrative review by Pitt et al., (2012), also recognised that previous research has often focused primarily on the reasons why students do not succeed academically but most do not consider the many cumulative issues that may lead to attrition.

Several previous studies have recognized that many students often feel like they may want to leave, with one study identifying as many as 50% contemplated quitting their nursing programme at some point, (Bowden,2018, Cameron et al, 2010). However, being able to identify and seek out the support, help and advice that enables them to stay and succeed is crucial. The students who have experience of deciding whether to stay or go are therefore providing the most valuable insights into which services they accessed or what it was that encouraged them to stay and complete.

My interest in the early identification of those students who are likely to struggle, fail or leave, began when I was the nursing diploma programme leader. My concern then was based upon dealing with many situations where I could see that there was a need to step in and support these students but often they did not realise how much they were struggling or know about the help and support available to them. There were also incidents when students just left without explanation and this was of concern as I often wondered if timely intervention and support may have helped them to stay. This led me to consider how as a programme leader I could pick up on the signs and intervene early rather than trying to retrieve students from difficult situations such as failure of an assignment or poor feedback from their mentors in clinical practice. I had to make sure that I regularly reviewed my students' academic progress and attendance to recognise the signs that may show that a student is struggling so that I could intervene and offer support.

I was aware throughout my research processes that my work could easily drift off to become a project solely around attrition. I found the investigation of the topic interesting as well as the findings and it was clearly linked to my recruitment role. At several points I could see that my attention was primarily focused on identifying the reasons behind why students were unsuccessful rather than considering how this related to the aims and themes of my project. I am regularly asked by the University and external partners to contribute to the discussions around our attrition rates and how recruitment and selection policies may help to reduce the levels. This work is interesting and relevant but also an example of how my recruitment role could side line my research. I regularly reminded myself about the need to stay on track and be clear that this information around attrition contributed to the project work but did not overwhelm it.

4:10 The start of the project. Pre-induction days

Prior to starting this project, I had become increasingly aware through both my recruitment role and my previous role as a programme leader, of the need to help our future students plan and prepare for starting on their programmes and become socialised to the University. Hultberg et al., (2008), suggested that the transition to University is a crucial time and likely to impact upon the future

achievements. Several other studies have advocated that the early social integration of students may have a significant impact on enhancing the student experience as well as having a positive impact on how they deal with problems they encounter in the early days of their programmes, (Boute et al, 2007; Marmarosh & Markin, 2007).

On reflection, I have recognised that one of the main catalysts for this work was my planning and implementation of pre-induction days for the nursing students who had confirmed their place on the professional programmes. The setting up of these days recognised the need to commence the preparation, socialisation² and integration of students prior to them starting on the programme and not leaving it all until the first week of induction.

I discovered through my searches that there was no specific relevant literature or evidence that identified this type of approach being tried elsewhere so I had to rely on my own experience and intuition in planning and running the pre-induction events.

The September Induction days are carefully planned but packed with meeting new people and gathering information as well as the need to complete processes such as identification checks and document submission. Students may find this overwhelming and this feeling may carry on in the following weeks as they commence their studies and come to terms with being a full time University student.

Students studying on professional programmes have further processes to complete before their offers are fully confirmed and are not permitted to attend clinical placements with our partnership trusts until these are complete. They are all required to undertake both occupational health screening and Disclosure and Barring Service checks (DBS), and any delays to completing these processes can mean that the student is prevented from attending their clinical placements and this may result in them being interrupted from the programme. The DBS process requires a face to face interview and document check and it made sense to incorporate these into a preparatory day at the University where we could also begin our induction and socialisation processes.

As a start to address these pragmatic problems, I originally developed the concept of running an 'early pre-induction day' before the main induction period to assist the prospective students with the processes that are a compulsory requirement prior to them starting on the programme. Many of these processes may be time consuming and distracting in the first weeks of a new programme and it made

² Socialisation in this context is the process by which new students can acquire the knowledge, social skills and behaviour to conform and integrate into a new group. Promoting and assisting early socialisation to studying at University is desirable as it can provide a social network which may enhance the student experience and provide emotional support. This is thought to contribute to a reduction in attrition (Robinson et al, 2010).

sense to see if we could address this by starting them earlier. It was these procedures that began the need to run an early induction rather than considering the need to begin socialising with the University or identifying more closely as a nursing student. I also recognised the importance of early socialisation of prospective students to an organisation and suggested that true engagement is more than involvement or participation; it requires feelings and sense-making as well as activity, (Harper and Quaye, 2009).

However, these other benefits became just as important as the days developed and we worked on developing the content and started to recognise that we could offer much more to our new students. Briggs et al, (2012), categorises the transfer to university as 'significant social displacement' as students create a new identity for themselves in higher education and Krause, (2005), suggested that for some students, engagement with the university experience is like engaging in a battle, a conflict. These are the students for whom the culture of the university is foreign and at times alienating and uninviting. Through the work for this project I began to recognise the importance of our role in providing the optimal conditions and information for effective transition to take place

It is also important to recognise that students enrolled on professional programmes require dual socialisation to both their academic study and the clinical environment where they will undertake their practice placements, as the course combines the two aspects. The need to plan and prepare for both may lead to extra pressures so these elements require careful preparation and appropriate management to ensure the students understand what is involved. Robinson et al, (2010), suggested that failure to recognise the importance of the social dimension of learning may lead to a poor student experience and increased attrition and Leese, (2014), suggested that induction should be a process rather than a one-off event and offer opportunities to develop social cohesion to assist with the transition into University life. Potential students that I meet at the recruitment stage are often focused on demonstrating that they have the skills to be a future nurse but tend to describe their caring characteristics rather than their academic ability. There is little discussion in their applications or during interviews on how the theory supports the practice and vice versa and any recognition of the dual aspects of the programme rarely identifies the importance of the intertwining of the two.

4:11 Pre-induction day process

All students who have accepted and confirmed their places on the programme are required to attend the main University induction events in September. It was clear to me from reviewing the content of the induction days that they were very one way in their approach and not at all interactive and engaging. The content was focused on delivering large amounts of information in the form of lectures

to big groups of students as well as including welcome talks from key senior staff. There were few opportunities for students to ask questions or clarify areas that they were not sure about and this could easily increase stress levels or uncertainty. Students are in large lecture theatres for all their induction talks, in a group of 300+ and this is not conducive to asking questions or seeking clarity on an issue when you are unsure.

This one size fits all approach could be easily overwhelming for the new students and I realised that if we could deal with some of the key preparation issues prior to starting on the programme then we could change the main induction to be interactive and specific to the programme being studied. Tett, Cree & Christie, (2017, p389), noted that the transition to university is not just 'one off event that occurs when students first enter university, but is an ongoing process that is repeated over time'.

Recognition of the need for induction to be ongoing may help to reduce anxiety and therefore both be more meaningful to our students and an enjoyable event rather than just information giving. I also recognised that we could further improve the preparation of our new students. If they are better prepared and more confident in what is expected of them, this may lead to a reduction in attrition in the first year of the programme when students often left because they were overwhelmed or felt ill equipped for what was required of them.

The majority of the work currently carried out by the programme teams to reduce attrition is focussed on the support offered to students once they had commenced on the programme and arises from analysis of the reasons given by former students who have failed or left. I wanted to see if we could provide better and more focused preparation for the demands of studying on a professional programme by using this information and working with the prospective students who had confirmed their places but not yet commenced their programmes. I worked closely with the relevant programme leaders for the nursing and midwifery programmes to set up a specific pre-induction day to run three to four months prior to the students starting. We invite the students who have accepted their offers on UCAS to come and spend the day on campus to assist with their preparation for University study.

These days were started as a way of engaging students early and providing them with useful information prior to their start in September and were planned to be interactive as well as informative involving current students as well as academic colleagues and support services.

4:12 One Thing

Simple, anonymous feedback was obtained at the end of each pre-induction event each year, using two simple questions. I decided to entitle the feedback 'One Thing' as I wanted the attendees to identify the one thing that they were looking forward to and the one thing they were worried about.

This was explained to them at the start of the day and the brief questionnaire was included in their welcome pack. The attendees were informed that their responses would be anonymous but their views and insights would be used for planning future events such as the main induction at the start of their programme and the on-going support that would be available to them throughout their programme. We regularly received a very positive response rate of around 70% to 80% at the end of the day, so it was clear that the attendees were eager to share their thoughts with us.

This approach to feedback was then expanded in later years to add a section for the attendees to comment further if they wished

The feedback was requested in the form of three brief, specific questions:

- Please tell us one thing you have learned today?
- One thing you are going to do to start preparing for September?
- Any other comments?

The majority of positive responses identified that they were most looking forward to actually starting on the programme and beginning their journey to becoming a nurse and also attending their clinical practice placements.

The results gained from this exercise were simply analysed using a coloured highlighter to identify the key themes. These responses, (appendix three), demonstrate the importance of early socialisation to the university and our partnership Trusts as well as their chosen professions. The information gained from these responses showed me that there is a clear need to include and build on this when preparing and delivering recruitment materials to potential students as well as including further information about our clinical partnership Trusts. Becoming a student nurse was significant and important to our applicants and identifying with the profession was a very real motivation for them from before they started on the programme.

4:13 Student Voices

I decided to include our current nursing students in the pre-induction day and they would be facilitating their own session with guidance and preparation beforehand. The students would be available to answer questions about their own experience on the programme as well as having valuable insights about student life that academic staff did not have. This session would be invaluable in progressing with the development of student identity linked to imagining and aspiring to be both a university student and a nurse. I worked closely with the programme leaders in all three fields of nursing to identify and prepare the students who would be contributing. We wanted students who would be confident and able to deal with the questions from a large group of attendees but we were

also aware that we wanted the messages to be positive, realistic and supportive. It's a fine line between over preparing the students so they are simply repeating what they have been told to say and letting them be honest about their experiences by speaking for themselves. It had been decided early on that we would leave the students alone with the attendees for this sessions as we wanted to show that we were confident in their ability to cope but also recognised that this was more likely to lead to an honest and open conversation. This was not without risk and we did work with the students on what they would do if there were questions that they could not answer or if they found themselves in a challenging situation. We agreed that honesty was important but it was also acceptable to state if they were not able to answer any questions and suggest raising the issue with a member of the academic staff. We ensured that we met with them afterwards for de-briefing and feedback to identify any themes that could be fed back in to the programme planning and to reflect on the sessions with the students.

The initial concern I had about leaving them on their own together to talk honestly and openly was unfounded as the students reported that there were no questions raised that they struggled with or needed further guidance to fully answer. They stated that they were nervous to start with and worried in case no one asked them any questions. I had suggested that they each prepare a short biography of their experience to date and also to think about what had helped them on the programme. I also asked them to think about what they would tell prospective students about not just being a student on a professional programme but also about being a university student and what was positive for them about that. I recognise that sometimes the nursing students feel on the outside of university life as they start their programme before the main university start date, they are out on placement for twenty weeks of the year and university social events are geared towards the majority of students who have longer breaks at Christmas and during the summer.

This was a positive experience for both the prospective and current students and these sessions were consistently well evaluated by the attendees and the students who delivered them. This led me to realise that the student voices were powerful in allaying fears and anxieties through their personal insights into what the prospective students were feeling and fearing about starting on the programme. They had travelled the same journey and dealt with the challenges that the new students would also be facing but were able to show themselves to be positive role models and advocates of their chosen profession.

What I also gained from the inclusion of our current students, was the understanding that I needed to further explore how the student voice approach could be developed in other ways in the preparation of our new students and to integrate this in to recruitment and selection materials. This was a positive

experience for both our current and prospective students as their contributions are insightful, powerful and encouraging. I recognised that this added understanding of the life of a student would add depth and background to this project.

4:14 The Emerging Themes

When I reflected on the results gained from the work I had completed prior to the commencement of this project, I realised that there were themes emerging that could be used to provide an ongoing framework and these were supported by feedback acquired from our future students at the end of the pre-induction days

- How they could best manage their finances?
- How they would cope with the demands of academic study?
- What was required of them as students when they attended their practice placements?

I grouped them into specific areas of concern after highlighting key words and after further closer, thematic analysis of the responses I identified three broader themes:

- Student finance
- academic study
- professional practice and behaviours

These themes and the information gained from the students continues to be used to shape the subsequent pre-induction days as well as the sessions included in the main University induction days. However, the main importance for me is they also contributed to the start of this project and have also been further used to provide the framework for the development of the themes for data collection and analysis.

Once I had established these key themes for the project I began to consider what further information and evidence I needed to gather and how I would achieve this and apply it to the findings and the outcomes for this project.

4:15 Survey of September 2013 first year student nurses.

The University routinely collects information about how successful their induction processes have been and what both the students and staff found useful at the start of their programme. These responses was available to me so I did not need to revisit this information with the nursing students as I was unlikely to gain anything further from asking again. This information gained from the survey is instigated and managed by the University marketing team and is mainly generic, seeking feedback about how useful and timely the communications are that they have received prior to starting on the

programme. Questions are asked about how successful our processes were in enabling the students to access key information such as timetables and rooms and did they receive required communications in a timely fashion to enable them to prepare to start on the programme.

I recognized that the majority of first year students at the start of their programme may be excited and looking forward to the challenge ahead, so if I surveyed them at this stage it may not present a true picture or provide any useful information that could be applied for future cohorts or applied to this project. However, I did specifically want to look at how well we currently prepared the students for their first year and whether we may have done more, prior to them starting on the programme, to better equip them for the year ahead.

As previously stated, attrition from nursing programmes has been explored and documented by many researchers. However, this work often relies on students self-reporting their reasons or using quantifiable characteristics. Yorke, (1999), labelled this approach as 'autopsy studies' as the students had already left and any reasons for leaving may be altered by historical review or students may be struggling with the course but provide another reason for leaving rather than have to admit this.

It is well documented that attrition is higher in the first year of the programme and this period presents many challenges for the new students and increases the likelihood of them withdrawing rather than failing, (Yorke, 1999, Hinsliff et al, 2010, Trotter and Cove, 2005). Therefore, I made the decision to send out a survey towards the end of year one to see how the students had coped; whether they had considered leaving at any point and what had stopped them from going. This information was then compared with those who had left during this first year to see if there was any correlation. I was keen to discover what the students found stressful but not so stressful that they left the programme. These findings would identify which areas of preparation would require further work to be done and the findings would be also be compared with the available literature. The outcome from this research will be explored in more depth in the next chapter.

It made sense to me to seek targeted information from the newest recruits to the programme; the first year student nurses, as their memories and insights were still fresh and useful. I was also aware that I needed to be specific about what I wanted to know and not ask them the same questions as other colleagues or departments as the first years can rapidly become over surveyed and reluctant to take part. I also needed to be clear about how this would specifically add to the development of the project and start to address the information required for my first key objective, originally identified in my research proposal and referred to again in chapter two.

1. *Review reasons for attrition in year one to identify possible predictors at selection stage*

I gave some thought as to how to best approach the students and my initial idea was to use focus groups. Using this approach meant I could access the students easily during their taught sessions and I am experienced in interviewing and managing small groups in a classroom setting. The benefits of focus groups when well facilitated are that they may identify areas that need further exploration and clarification or confirm, extend and enrich understanding, (Gerrish & Lacey, 2010). Focus groups can produce a quick and flexible method of data collection and this would be useful when dealing with busy students. When I considered this method in more depth and thought about the questions I would be asking and who I would be asking, it became clear that it would not be an appropriate method of data collection.

One of the main concerns was that my insider researcher role and my position in the university could affect the group dynamics as I may lack distance and neutrality. The students may find it difficult to be open with me because I represent the university. Another more major issue was the questions I wished to use to gain the insights from them. I would be asking students to admit that at some stage in the first year they had recognised that they were not coping with the programme and had contemplated leaving. I would also be asking them to describe how they managed this and what help they had sought. The participants are likely to be reluctant to admit to this in the company of their fellow students or they may not wish to revisit a difficult time when they were having problems and considered stepping off the programme. I also suspected that an invitation to attend a focus group where these were the questions would receive a poor response rate and few attendees.

After further consideration I decided that using an on line survey would be the best approach as this was anonymous and this would hopefully lead to more honest responses. The student nurses were invited to complete a short Survey Monkey questionnaire on line and they received the invitation via their University email. They were approaching the end of their first year and 154 students were sent the questionnaire and informed that their participation was voluntary and confidential and they would not be identified unless they wished to leave any personal details or be contacted about their answers. 63 students responded; a surprisingly healthy 40% response rate, (appendix four).

The questions were designed to discover whether the students had needed to access any of the University support available to them during their first year and also if they had felt like they wanted to leave and what had stopped them from doing so. All students who leave or drop out of any of the University programmes are asked to provide a reason for their decision and this is held on the universities systems but these are short responses with a code allocated and no further explanation included. Using this approach meant that the students could provide more depth to the reasons why they consider leaving and what helped them to stay.

At this stage of the project work, the nursing students were still being funded to study so even though they were facing financial challenges of studying full time funded by a bursary, their fees were being paid to the university by the NHS. This all changed in 2017 and nursing and midwifery students became self-funding through the student loan system and we were also required to produce an annual report which detailed the specific reasons for attrition and this was submitted to Health Education England (HEE).

The responses I received from the survey enabled me to identify the support that students find most useful and the routes they take when they are struggling and seeking help as well as the triggers that may lead to a student deciding to leave. This information gained from the student's responses has been used shared with academic colleagues. The results from the survey and the outcomes have been applied in several ways by the programme team for the planning of the support in year one as well as looking at other useful early interventions and the access to specific support that students value the most.

I will analyse and discuss in more depth the responses I have received from this survey and how they contributed to the project outcomes as well as exploring the implications and recommendations for the overall project in the next chapters.

4:16 Survey of FE college tutors.

My recruitment role has meant that I am regularly invited to attend colleges and schools to talk to prospective students. These talks are usually planned to cover how to make a successful application to University as well as what is involved in studying at University. I am invited to careers fairs to talk to prospective students who have not yet decided what they want to study or to talk to students who have identified nursing as their future career.

When I originally began to map out this project and identify the individual areas of research that would make up the whole I had decided that this work would start with profiling chosen colleges and their catchment areas as well as identifying any specific issues with their student group. However, as the project progressed this became more complicated and I had to rethink my approach.

The study was originally designed to focus on just three local FE colleges that provided the most students for our professional programmes. I had identified the likely participants as at that stage of the project, I was still closely involved with visiting colleges as part of their career's events and I would deliver a talk about the nursing programmes and answer questions. My recruitment role was much smaller and I had more time to spend on visits and events outside of the university.

I changed my approach and started this particularly study by completing a scoping exercise where I looked at the colleges whose students were the most successful at gaining a place on the nursing programme with us. This information is easily available as part of the university data collection from the UCAS applications received. The data was interesting and useful because it became clear that there was little to choose between the colleges across London in terms of successful entry so I was not sure how I would select the ones to use for the project.

The colleges I had originally identified as being likely participants; mainly due to their location and the relationship I had developed with key staff amalgamated with others and operated across many different campuses. It became increasingly challenging to identify and profile three distinct colleges. After reviewing these changes and the implications for the project, I decided to approach this particular study in a different way and in a way that would include more colleges and improve our partnership working with this larger number.

The table below contains data accessed from the university reporting system and identifies the top ten colleges for nursing and midwifery applications. One of the more worrying trends showing in this table is the steady rise in applications through 2014 to 2016 and the dramatic decline in 2017 and 2018 after the removal of NHS funding for these programmes. The data shows that since 2014 there has been a drop of 63% in the number of applications received from our number one feeder college and an overall drop of 61% between applications received in 2014 and 2018.

The major implication of this worrying downward trend is not just the loss of the numbers of future nurses but also that all the London universities are attempting to recruit from a dwindling pot so we all need to consider ways to make our programmes appealing to future students.

Table 4:1

Applications to nursing programme by college and year: top ten

College	2014	2015	2016	2017	2018
Waltham Forest	178	191	218	146	66
South Thames	163	111	99	78	40
Barking & Dagenham	106	100	128	88	57
COHENEL	149	87	110	60	55
Westminster Kingsway	140	97	70	79	57
Croydon College	86	113	99	87	42
Newham College	110	89	82	67	55
Stanmore College	103	68	71	55	43
Harrow College	90	59	58	52	40
Redbridge College	81	60	59	61	26
Total	1206	975	994	773	481

Data retrieved from university admissions data records.

The most valuable insight I personally gained from this scoping exercise was that I had never visited the college that had the highest number of successful applicants. This led me to assess just how useful it was for me to carry on making so many visits as it was likely that I was helping our competitors as much as us. The talk I gave was very generalized in terms of how to apply to university as well as the challenges and highlights of life as a student nurse and I would answer questions that individual students would raise who may not be applying to my university.

The table below shows the analysis I completed of the three colleges who supplied the highest number of students to the September 2012 cohort. This work was completed as part of the scoping exercise I carried out with the cohort.

85 Students enrolled from Access Programmes from 32 Colleges in total on the nursing programmes and 59% of BSc adult nursing cohort were Access students

The three colleges with the highest number of applicants on the programme.

Waltham Forest College (15 students)

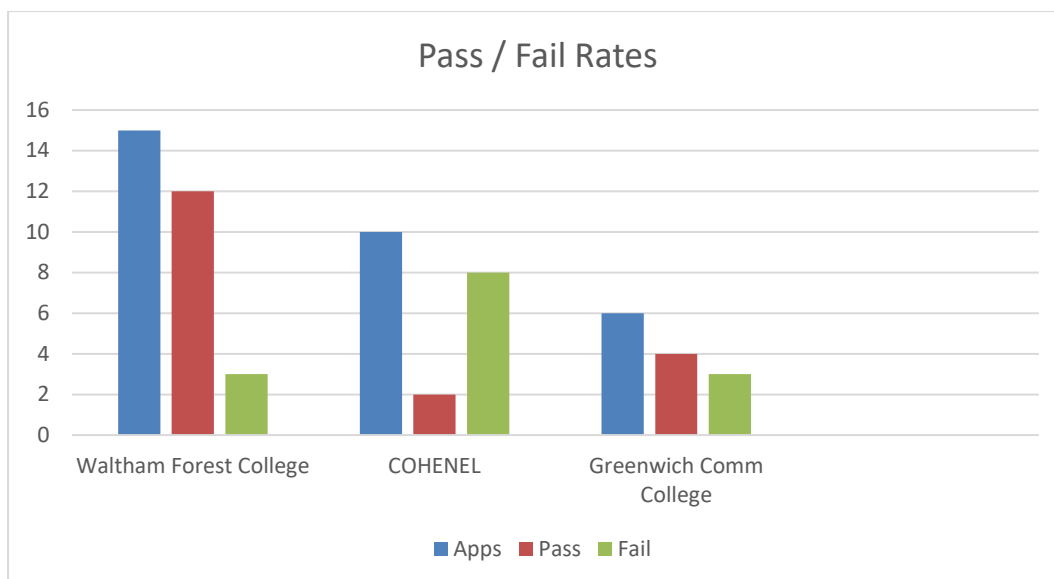
COHENEL. College of Haringey, Enfield and North East London (10 students)

Greenwich Community College (6 students)

I have included this table as I think the information it provides is an interesting and relevant example of how entering the programme with a specific qualification does not necessarily reflect the abilities of the student.

Table: 4:2

Pass / fail rates on nursing programmes by college



[Data retrieved from university reporting systems](#)

This work was interesting as it shows the discrepancy between the three colleges in the number of students who passed and failed their programme but who all entered with the same qualification.

At the time of completing this analysis, I had originally considered working with a limited number of our feeder colleges to develop this work but as the project progressed it became clear that I needed to involve as many colleges as possible.

4:17 Working with the FE tutors

I became aware through my visits and conversations that college tutors were more than keen to help and support their students through these processes and were only too aware of what their students needed to know to help them successfully progress. However, they did report concerns about students who failed to receive an offer from any of their five UCAS choices and were keen to explore further any new ways in which FE students could be supported through the recruitment and selection processes. The opportunity to discuss closer ways of working with key members of the University was useful to them and could contribute to a better understanding of the University processes and the challenges that the students may face once they started on the programme.

It became clear to me that the development of a stronger relationship with key teaching staff and career advisors from our feeder colleges would be beneficial to both students and staff. If the students were better prepared for what was required of them during the recruitment and selection processes this may help them to feel more confident and improve their chances of gaining a place on the programme of their choice. This would reflect well on their college as more students gained a place at

University and also on a more selfish level, it may decrease my workload as the university may receive better applications and reduce the number of candidates we lose during the selection processes.

I could see that assisting the college staff to understand the processes and the format and content of the nursing programmes may enable them in advising and preparing their students for the way ahead. However, I was aware that they were many and there is only one of me and I also had to consider the very tight time frames involved. Students start their college programmes in September and they are encouraged to submit their UCAS applications in December, prior to the first UCAS application date at the beginning of January, (Universities have to consider all applications submitted before this date but only have to consider applications after this date if they have space on their programmes).

I was aware for quite a long time that I already received too many requests for college visits and I cannot fulfil them all and the problem was that I did not want to have to choose between them or decline requests. I needed a way to manage this development in a fair and mutually useful manner to ensure that I was not excluding partnership colleges who provided us with students. I wanted to know what it was the FE colleges needed to know and wanted from us that they thought we were not providing. College tutors had reported to me that they welcomed the opportunity to ask me specific questions when I visited and they also benefited from listening to the presentation I gave. It seemed to me that we needed an event to provide this opportunity to the college staff and I was keen that this exchange would be interactive and face to face and so this chosen approach ruled out sending out a newsletter with FAQs or emailing the college staff with links to our website.

I discussed the need for an interactive event with the Educational Liaison staff at the University and we decided to run a day and invite the relevant FE staff from our local colleges to attend. It would be marketed as a 'Professional Programmes event' and was planned to provide updates and information about these programmes and would involve key academic staff to introduce and talk about their expectations as well as course content. This event was planned to be a regular annual event to contribute to developing stronger partnership working between the University and the local colleges as well as helping the partners to develop a better understanding on both sides. These outcomes would benefit both students and staff of the colleges and University.

The final session of the day was planned to be a presentation by me summing up the entry requirements for the programmes, recruitment and selection procedures and areas where we thought the applicants struggled. This would be followed by an opportunity to ask questions or seek further clarification and also for me to discover what it was that we may be able to develop to assist with the preparation of FE students.

I deliberately left this session until the end of the day as I thought that the group would be more relaxed and comfortable with each other and more likely to contribute and speak up. I decided to use the time allocated in this session with the college staff to explore what it was they thought we could do to support them in the preparation of their students. I had prepared some open ended questions and recorded their responses on flip charts. I compiled questions that were open ended and broad to stimulate the discussion as I recognise that this approach would encourage more in depth responses.

I informed the attendees that their responses would be used in planning future events as well as contributing to the review of our current processes and communication with potential students. I assured them that all responses would be anonymous but was also happy to receive any other feedback via email if they later thought of anything else that they wished to share.

The discussion went well and there were plenty of suggestions made and further questions asked both by me and the staff. The flipchart was used to record the key suggestions and was useful to me when I came to record the key themes of the discussion. The summary from this session is available as appendix five

I was clear at the start in my introduction to the discussion that I was looking for ways that could be applied to as many students as possible and would enhance their chances of gaining a place at university. I also clarified some of the areas that I had identified where students had struggled with the recruitment processes such as preparation for testing and interviews.

I did have to inject some reality at times and provide reasons why some ideas were not workable. This was often due to suggestions being made that were useful and relevant but had not taken into account the high numbers of colleges and their students that we deal with as a university.

Several colleges were keen on the idea of taster days where their students could spend the day in the University as they thought that this would provide valuable insights into what would be required of them as nursing students. However, I had to explain that this would be challenging to us as a University due to the numbers of students who would wish to attend, our ability to not just accommodate them but also ensure that the day was meaningful. The suggestion was a useful one in that it was something to be considered for this project as well as considering other ways in which we could deliver the experience of studying on a professional programme at University. There was one comment that this would be 'a great way to show future students what to expect' as well as several comments about the value of the experience and what the university could offer to help students prepare.

However, one possible suggestion made by me to deal with this proposal is that we do run open days throughout the year and offer the students the opportunity to visit the university and take part in a

variety of different experiences. These days currently offer sessions on fees, finance, accommodation as well as talks by programme leaders on the course content and challenges that the students may face. Students can tour the facilities and take part in guided skills sessions, assisted by our current students. Attendance at our Open days has declined over the last few years and they can provide valuable insights and information for potential students.

I collated the results from the flip chart sessions as well as the notes I had made from the discussions around some of the suggestions made. I also informed the attendees that I would send them a summary of the session and asked that if they had any further suggestions that were not covered or occurred to them later, then they should feel free to contact me.

The session was evaluated by the Educational Liaison team who had organised the day and the feedback was positive with many of the attendees commenting that they appreciated the opportunity to contribute to an ongoing project that had the potential to benefit their students. There were also comments about how beneficial the day was to their understanding of what it was we were looking for in our future students and they would welcome further events in the future.

From my point of view the event was successful as it enabled me to strengthen the partnership working with colleagues in FE which will enhance future working relationships. A positive comment received during at the end of the session was ' I feel I have a better understanding of what university life is like and this will help when talking to our students.' I also gained valuable insights into the challenges that they are facing when they are preparing students for study university study. This perspective provides further depth to the overall project as well as contributing to the planning for the resources that will be required for the roll out of the project.

These findings will be explored further in the next chapter.

4:18 September 2012 profiling

As the project work progressed and I became immersed in literature searching and reading I recognized that I needed to know more about our specific student group so that I could clearly identify the students who were studying on our nursing programme and I felt I needed to address an area that was missing in my own knowledge as to who our nursing students are and where they had started their journey into nursing. I have experience with working with the reported recruitment numbers as these are available on the university systems. I use this figures to plan and allocate resources for recruitment activities but they also show me how we are progressing on a daily basis towards meeting the agreed programme targets. Acquiring a deeper and more detailed understanding of our student

group through the analysis of this quantitative data assists in my decision making when assessing students and resource management of our selection processes.

The knowledge and insights gained from the scoping this cohort will be explored in more detail in the chapter five but I decided that I needed to have a better understanding of the students in four specific areas:

- What were their entry qualifications, A level / Access / BTEC/ other?
- What age were they at the start of the programme?
- Did the student have any related health care experience prior to starting on the programme?
- What was their final exit award and classification and is this related to their entry qualifications?

I undertook the profiling of the September 2012 cohort of student nurses as part of the project data collection to help me 'know' a cohort. I choose this particular cohort as they had commenced their studies in September 2012 and completed their programme at the time of the scoping exercise in 2016 and therefore, had received their final award.

This information gained has provided a clearer picture of our student group as well as providing background information for reviewing their journey from FE to HE to assist with achieving my objective two; originally identified in chapter two. See appendix six

2. Review current processes and the student experience of transition from FE to HE education

I also analysed their final degree classifications to see if there were any possible predictors of success from their initial entry onto the programme and was this linked to either their entry qualifications or previous health care experience. One of the key measures used to show the success of a programme to external bodies or future students is the number of students gaining a high award for their degree. Employers have been known to use the degree classification as a method of shortlisting for jobs by occasionally rejecting candidates with a third class degree or ordinary degree. Also, progression on to some postgraduate programmes requires a degree classification of 2:2 or above.

4:19 Entry qualifications as a predictor of success

There are three fields of nursing: adult, child and mental health and whilst they are three distinct areas within the programme, the students study similar modules and all lead to a BSc (Hons) nursing qualification and registration as a nurse. I was originally interested to see if there were any marked

difference between the students recruited to the different fields and whether this had any impact on their final results and levels of attrition. I also wished to identify where the students studied prior to starting on their programme as this may provide guidance as to how and where we focus future activities. Levshankova et al. (2018), noted a clear association between attendance and degree classification and also suggested that recruits with modest entry qualifications specifically required higher levels of early support with study skills and this may be something that should be considered when preparing the students prior to starting on the programme.

This work has not only demonstrated to me the diversity of our student population but also the marked differences between students in each field of nursing. This knowledge made me more aware of the need to closely examine each aspect of the nursing groups and see if there were any commonalities that were evident either across the cohort or in each specific field that would be needed to be addressed in the preparatory work prior to them starting on the programme.

The findings from the scoping exercise also identified the entry qualifications for each student and related this to their exit award or degree classification. Students who exit from the programme for whatever reason, from year one onwards are entitled to an award for the academic credits they have gained. They may be able to use this award to transfer to another programme at the same institution or apply elsewhere.

The information gained from this work was also relevant and useful to the discussions I was having with our FE college partners as I could provide them with further information regarding the success or not of certain qualifications such as Access and BTEC compared with the more traditional A level route. A study completed by the QAA in 2015, (<http://www.qaa.ac.uk/en/Publications/Documents/Subscriber-Research-Inclusive-and-Positive-Transitions-15.pdf>), suggested that students studying vocational qualifications such as the BTEC awards³ at FE colleges displayed a strong sense of vocation and professional identity with their chosen career pathways. The students identified the degree as a critical step towards their chosen profession and the work related elements of the BTEC strengthened and supported their choices.

This cohort profiling will enable more targeted materials for each field and recognition of the support they may require to deal with the transition to University as one size does not fit all; for example, the

³ BTEC qualifications (Business and Technology Council) are specialist vocational qualifications, recognised as equivalent to a levels. They combine academic learning with specialist knowledge and practical skills for a specified career.

needs of a student who is moving to London for the first time are different to those who have been living and working here for many years.

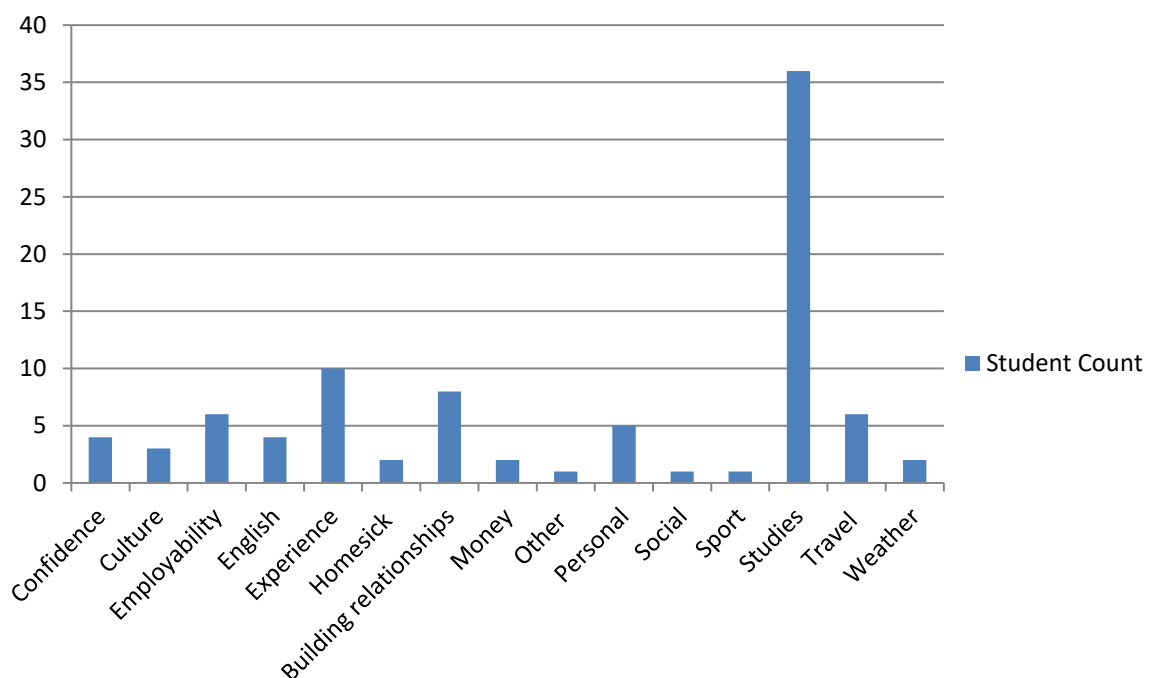
I recognise that the use of entry qualifications as a predictor is a crude measure as the work completed for this project has shown that academic success is dependent on several other factors. However, it has provided a useful insight into our students and where they come from and this is particularly useful for this project when looking at how to support their transition to university.

These findings will be explained and analysed further in chapter five and recommendations made from the outcome.

4:20 Hopes and Fears:

A recent icebreaker event was carried out as part of the general induction to the University with some of the new students who started their programmes in September 2017. Around eighty students attended from a variety of programmes and were asked to consider their 'hopes and fears' at the start of the programme and the results show a clear anxiety about their academic studies.

Table 4:3



The most popular theme was in relation to concerns around their studies and comments included:

- Understanding their subject
- Fear of not passing
- Fear of presenting
- Creating genuine relationships with tutors

- Completing dissertations
- How to research
- Maths skills
- Time management
- Improving communication skills
- Fear of written exams
- Wanting a successful year

This event also assisted with the development of group cohesion and recognition that the participants shared many of the same worries and were looking for help and support to address these. New students may feel lonely or isolated or worry that they are the only ones dealing with a specific concern as they have not developed their support networks and friendships. A group exercise may help to reduce the worries that a student is dealing with or it may raise an issue that a student has not considered and this could assist with further developing relationships as student share their own fears and anxieties.

4:21 The contribution of the third year student nurses

I have already identified the need to 'hear' the voices of our current students in this project and I considered how they could contribute further and in more detail to make the findings more meaningful. The facilitated sessions run by the students in the pre-induction days had been persistently well evaluated and appreciated by both the future students and the students who had run them.

My plan was to approach the third year student nurses to gain their specific insights and reflections of their time on the programme, rather than asking the first years. The third years should be able to provide a longitudinal view of their life and experiences as a student nurse in London. They could draw on their experience of attending their placements in a variety of clinical practice settings as well as the knowledge that they had gained from dealing with the challenges of combining clinical practice with their academic study. I knew from the time that I had spent teaching them as well as being their programme leader that they would have useful insights and advice to pass on to the prospective students and this information would add a further dimension to this project.

I had considered approaching the second year students but I would need to interview them at the end of year two to gain the longest view of their experience. I was aware that this would coincide with them studying for their end of year exam; the only exam they have throughout the entire programme and the students report that this is a stressful time for them as the majority of them find the exam challenging. I recognised that they may not wish to be involved in an exercise that added to their workload or the timing may well affect the tone of the responses I would receive.

At this time I was still involved in teaching and supporting the third years and I was co-module leader for a final year module. The module ran across the whole of their third year and encouraged the students to reflect upon and critically analyse their role as a student and to consider how they can further develop the Nursing and Midwifery Council competencies that will enable them to enhance their professional practice to work safely once they were qualified nurses.

Part of my responsibility as a module leader meant that I was charged with the review of the module content and liaising with the module teaching team to ensure that the material was up to date, relevant as well as the teaching methods and delivery appropriate. I am an experienced teacher and I was made a University Teaching Fellow in 2008 in recognition of my teaching practice. I favour an integrated approach to teaching as well as engaging the students in the classroom through a variety of approaches to heighten engagement in their learning. I was interested to discover when I was studying for my PgCHE that traditional teaching methods which are focused on delivery of key material such as lectures or tutorials are not always effective for higher learning processes. One of the main challenges as an effective teacher is to find a way to deliver content but apply teaching methods that encourage reflection, analysis and questioning, (Biggs, 2003).

I am aware that I utilise a problem based learning approach to teaching. This method is where students are required to identify the nature of the problem, collect the information required to tackle it and synthesise a solution, (Hughes & Quinn, 2013). This approach has found to be relevant to teaching on professional programmes as knowledge, skills and professional attitudes are simultaneously addressed and this can be specifically useful when asking students to consider the domains of professional values, communication, skills, decision making and team working, (Soloman, 2011).

The task was developed by me to address the learning outcomes for the module as well as it being a reflective, group exercise. I envisaged the outcomes from the group would provide information and insights that would assist with the development of recruitment materials such as the advice we provided at open days and on the web site. However, once I had analysed their responses I would also need to consider how I would use their voices for this project as they knew first-hand what they had experienced as student nurses, what they had learned and what they wished to pass on to their future colleagues.

4:22 The specific task for the students

I developed the group exercise based upon an existing one that we had been using for some time in this module. It had been developed and designed to explore the effectiveness of the students applying

a reflective model to an incident in their clinical area and working as a group to consider possible outcomes.

The students were placed in groups of three to four to encourage collaborative working and team building skills. I originally considered asking them to work on their own or complete a questionnaire but I wanted to see them sharing their experiences and developing their listening and negotiating skills.

When I started planning this activity I was aware of how I needed to present this to the students so they would be interested in the activity and could see the relevance of it as a reflective exercise. My experience as a teacher made me aware of the need to be specific about what it was that was required by the students and also provide the time frame in which they needed to complete the task. Anything too generalised or open ended could be confusing and stressful and lead the students into discussing off topic subjects or not engaging with the work.

The main aim of the task was to reflect on how they had developed since they had started on the programme and then provide agreed answers to two questions:

- I wish someone had told me this before I started
- The most useful piece of advice I would give to a new student

It was explained to the groups that this could be anything they liked but they needed to consider that context where this information would be applied. Their advice may be given to prospective students to help them with their preparation for studying on a professional programme and I wanted them to be realistic and encouraging in their approach but also to be aware that we did not want to scare off our prospective students.

The groups were presented with flip chart paper and asked to come up with a minimum of two and a maximum of four best suggestions. I decided that the most effective way to address the exercise was by them working in small groups and having to decide to focus on which advice represented the best insight.

I reinforced the need to work as a group and to ensure that all participants were heard and opinions respected but I was available to offer advice or intervene if there were disagreements. Student nurses in their third year are experienced in working as part of a diverse team in clinical practice and have developed their interpersonal skills during the years on the programme. I am aware that using small groups in teaching encourages interaction and engagement and whilst it can be challenging for the participants, it does assist them in their own learning.

The learning that I identified that would arise from this activity would be of a reflective nature as they looked back at the distance they had travelled since starting on the programme and recognised the progress they had made. I recalled that a student had once told me during an earlier exercise, that they only realised how much they had learned when a more junior student started asking them questions that they were able to answer.

I advised them about the need for confidentiality as well as how to frame their responses so they were professional and polite so they could be utilised for future students. I did not want to unduly influence the output from the groups and I was aware that I may receive mainly negative responses as students in a group often take the opportunity for a good moan. Whilst I recognise that this can be therapeutic for them, especially after that have just finished a clinical placement, I wanted them to provide more positive and supportive advice to the future students.

One of the main challenges for the facilitator when using group work is the monitoring of the activity in the class. I checked that they are on track and understand what was required of them and ensured they are all working together as an inclusive team.

I used this exercise on four separate occasions with different groups of around thirty each time. It went well on each occasion and the findings were very similar each time. There would occasionally be a contribution from someone who had encountered a difficult situation or struggled with an aspect of their programme. Once they had fed back their findings I encouraged them to discuss how they found working as a group and were there any areas that they thought went well or required further development. I asked them to reflect on what they had learned from completing the exercise and to consider how these findings could be applied to their team working skills in clinical practice.

The findings from the group work threw up no major surprises but it was clear that the students had been honest and had engaged with the activity. They were animated and engaged throughout and some described the activity as very positive as it made them realise just how far they had come since starting on the programme and just how much they had learned.

Most of their responses were very similar but they also offered useful and worthwhile insights that could be applied to the project. Some identified the emotional impact of the programme and how it had challenged them whilst others talked about managing the practicalities of working whilst studying or the importance of flexible child care arrangements.

I analysed the output from the work and grouped the responses broadly into the three themes I had allocated to the project, (appendix seven). The findings will be identified and explored in detail in the next chapter.

Conclusion

The content of this chapter has explained in detail the data gathering and analysis techniques that have been completed in each of the individual areas of research as well as the progression of the project. The research I identified and carried out is representative of the key areas of both my academic and recruitment role and my own related values and knowledge.

The descriptions of the work carried out and the approach adopted by me show how my insider researcher role as well as my knowledge and experience has influenced the approach taken to the data gathering and work carried out and the potential impact of the findings.

This will be demonstrated and explored in more depth in chapters 5 and 6.

Chapter 5: Project Findings

Introduction

I have presented the methodology, literature review and project activity in the previous chapters so in this chapter I will presenting the results from the completed, individual areas of research. I will discuss these findings and show how they have come together as a complete and coherent project. One of the most important findings for me has been the recognition of the overlap with the individual projects as the outcomes support each other and integrate to come together as one. Thomas, (2016, p 21), describes this as 'a rich picture with many kinds of insights coming from different angles, from different kinds of information.'

The data and findings will be critically analysed and reference to supporting literature will be applied to provide this 'rich picture'. I will show this through the analysis in this chapter and my overall findings in the chapter six. I will be discussing the results of the individual research areas as well as providing an interpretation of their significance and meaning for the overall completed project as well as demonstrating their integration. I will also identify some of the analysis that was not useful and explain why this occurred.

The findings will address the specific research questions and objectives that were set at the beginning of the project and show how the completed study has come together as an integrated whole with definite outcomes and recommendations.

I will also show how my understanding and learning has grown through the processes described in this chapter. It was unexpected to me, just how much my knowledge and insights developed through the many aspects of this work. It was only as I began the process of writing up and explaining the work I have carried out that the significance became clear.

The individual areas of research will be discussed and analysed in this chapter using the three themes identified from work completed earlier on in the preparatory work for the project. These themes were applied to the results from the original, early studies and threaded through the analysis of the findings.

These themes are:

- Managing finances as a student during a nursing programme
- Managing the challenge of academic study
- Managing the challenges of professional practice

The conclusions and recommendations that I have drawn from my findings for this project will be identified and explored in chapter six.

5:1 The Starting Point

The table below shows the individual areas of research, the date of data collection and the information gathered as well as the specific sources utilised. I have revisited this as the starting point for this chapter as this provides a useful review of the work carried out for the project and shows how the research developed. I will be describing in depth the results from each of the individual areas listed below:

Table 5:1

Table of information and data collected for individual research studies: Qualitative and quantitative

	Research Approach	Information Gained
Qualitative	7. Feedback from the applicants who attended the pre-induction days in May and June 2011, using the 'One Thing' postcard. At the end of the day they were asked to identify; <ul style="list-style-type: none"> ➤ One thing they had learned ➤ One thing they were going to do to prepare for starting their programme 	The feedback was used to plan the content for future induction dates and also identified the three themes for this project. Appendix Three
Qualitative / quantitative	8. Survey monkey of 63, September 2013 cohort, student nurses at the end of their first year. Completed October 2014	Survey looked at challenges identified by year one students and the support they accessed to help. Students also identified their age, field of nursing and entry qualifications. Appendix Four
Qualitative	9. Interactive discussion with twenty tutors from local FE colleges who attended an educational liaison event at the University. Date of event: November 2011	College staff from partnership colleges whose students apply to nursing and midwifery programmes were asked to consider how HEIs could contribute to the preparation of students during their transition period. Appendix Five
Quantitative	10. Scoping of September 2012 nursing cohort students. Review of 161 student profiles	Specific areas covered for each field were: <ul style="list-style-type: none"> • Age at start of programme • College or school attended prior to start • Entry qualifications • Type of work experience

	Commenced in October 2016, completed in November 2017	<ul style="list-style-type: none"> Degree classification Reasons for non-completion <p>Appendix Six</p>
Quantitative	<p>11. Review of attrition figures of nursing cohorts from University QMR reports, tableau software and minutes of departmental attrition meetings for nursing cohorts from 2009 to 2014. This was on-going work throughout the project as the research developed.</p> <ul style="list-style-type: none"> The project started with an initial review of attrition figures in May 2013 and the data collection / analysis continues as part of recruitment role 	<p>Data identifies the rate of attrition and completion from each field</p> <p>Comparisons are made between each field of nursing and cohort to check for any anomalies or patterns</p> <p>Appendix Eight</p>
Qualitative	<p>12. Reflective exercise using 30, third year student nurses working in small groups, as part of a year three module: Reflection and Preparation for Professional Practice. Completed with September 2009 cohort in January 2012</p>	<p>30 students were asked by academic staff teaching on the year 3, Preparation for Professional Practice module, to work in groups, using a reflective approach to consider how they prepared for their transition to study on a professional programme and what advice they would give to new students.</p> <p>Appendix Seven</p>

Table 5:2

Timeline for project activity and analysis

	May / June 2011	November 2011	January 2012	May 2013	September to October 2014	October 2016 to November 2017	December 2017 to November 2018
Pre-induction days							
FE college event							
Reflective exercise year 3 students							
Survey of year one 2013 cohort							
Scoping September 2012 cohort							
Attrition review & analysis across cohorts							
Data analysis / writing up findings							

5:2 Telling the story

It became clear to me as I moved to this stage of my project that the major challenge was identifying where I should start with writing up the analysis from the individual small research projects. Writing up and presenting a coherent, complete project from the completed research requires both start and end points and my studies do not follow on chronologically but are linked in different ways.

As I reviewed my findings I found it difficult to identify a starting point to present the findings as the individual studies are interwoven and there is not one that has more importance than the others. For example, I am aware that I have used attrition data that I originally analysed as part of my recruitment role but revisited this to include in the project and this supported some findings but also encouraged the need to explore some areas further.

Thomas, (2016), suggests that there is little point carrying out research if it only benefits the person undertaking it and the communication of findings is an essential part of any enquiry. The work I have completed for this project is directly related to my role in recruitment and the majority of the smaller pieces of research I completed were triggered by my need to investigate a particular phenomenon I encountered and I felt the need to develop a deeper understanding. As the project progressed and the findings emerged it gradually became clear to me how relevant and important the work was to my role, the university and external partners and the interrelation of each of the areas of research.

I am aware that the outcomes from the completed research studies needed to be combined into one cohesive project. The findings need to be presented in such a way that they are able to be communicated to an outside audience who will find the finished project engaging and coherent. However, it became clear to me that starting at the beginning of the project work was difficult because I could not clearly state where I had begun or where I should begin to present my findings to ensure a logical progression.

Simons, (2009, p148), describes this stage of research as 'telling the story through reporting and writing' and she also suggests that the story telling can start at any point. I then considered at what point I should start and whether using a chronological approach would be the more logical way to address the findings as I could not find a way to rank the studies in terms of their importance to the overall work.

However, after reviewing the information gained from the individual research studies I recognised that the major theme driving the project, both before it started and throughout the research I carried out, was the retention of students and the need to decrease attrition from the nursing programmes. Identifying patterns of attrition or specific reasons why students leave the nursing programme or stay

and complete will provide valuable information for the recruitment and selection processes and the early preparation of potential students.

As previously stated, my interest in attrition began when I was a programme leader and led to the research I undertook for my MSc dissertation and then to my focus on the recruitment of candidates who would stay and complete their programmes and I am aware that this interest also led to me taking on my current role in recruitment. I wanted to be able to not only influence the selection of our candidates but also how we managed the processes associated with recruitment to enable inclusivity and parity for the students.

I also recognise that at times the project work could easily have solely focused on the issues surrounding retention and attrition as these are such key drivers for understanding my recruitment role but the complex and multi-faceted aspects of these two areas needed further exploration and understanding in relation to the students recruited to our programmes; this led to the progression of the work and exploration of other areas.

It became clear as I reviewed the work I had completed for this project that I needed to start this chapter by analysing the research I had completed into both the levels of attrition from the programme and the reasons provided by the students as this provided a scaffold for the other areas of research. These outcomes were then compared with the findings from the literature and the recommendations will be then be identified in the next chapter.

5:3 Academic achievement equals success

When I started this project I also focused heavily on using academic achievement as a crude predictor of future success at the shortlisting stage. I have had many discussions as part of my recruitment role, with colleagues who were clear that we would have 'better' students if we increased our entry requirements. They equated this higher level of academic knowledge with students who were more likely to pass the course. I searched but could find no evidence to support this approach and I had concerns that we would exclude those students who had not achieved this level and deprive both us and them of the opportunity to train as a nurse.

There have been several years when we have to consider whether we will drop our original entry tariff so we can accept students who hold an offer but have not achieved their predicted grades. I have also agreed with this approach as my belief is that we have developed a relationship with these students and engaged with them; they chose to apply to us, passed our entry tests, visited our campuses and met our staff. My point of view has always been that I would rather keep these students who have already invested heavily with us rather than rejecting them and entering into clearing to

seek out new students who have the grades. This approach also underlines the need for better lines of communication with our colleges so that these situations may be discussed honestly, for the sake of the student who has planned for their study with us.

I have become aware through the research carried out and reviewed for this project, that the characteristics that may indicate that a student will stay and complete a programme are so much more complex and multi-faceted than simply accepting students because of their grades. A better understanding of the profile of our students, their backgrounds and their routes into nursing will enable more targeted preparation for study on a nursing programme.

5:4 The Completion and attrition rates for the three fields of nursing and midwifery from 2010 to 2013

This was an early area of analysis I completed as part of my recruitment role. I wanted to look more closely at the numbers who started and finished their programmes over three years to see if there were any differences between the individual fields or cohorts. I completed a simple quantitative analysis by accessing the completion and attrition figures through the university systems, converting them into percentages and then compiling a graph and table with the results so I could compare them by year and field of nursing.

The reason for the inclusion of this data is that it shows the programmes with the lowest rates of completion in each year. This information has been identified as important in previous chapters as an indicator of the attrition rates associated with each specific field of nursing within the degree programme; adult, mental health or child nursing.

This analysis was one of the starting points for the project as described in more detail in chapters three and four as the findings then led to more in depth investigation into the specific reasons for individual students not completing. In this chapter I will show the results of the analysis of identifiable factors across the three fields and the significance of this in relation to attrition and retention. This work then led to the more detailed analysis of the membership of the September 2012 cohort.

5:5 Definitions of attrition

For this analysis I have defined attrition as those students who permanently leave the programme and do not return with later cohorts. Some students temporarily interrupt for different reasons and return with later cohorts so I do not regard them as 'lost' to the profession. I also have not included those students who have re-joined with this cohort as I wanted to consider those who were recruited in the same cycle, using the same recruitment processes.

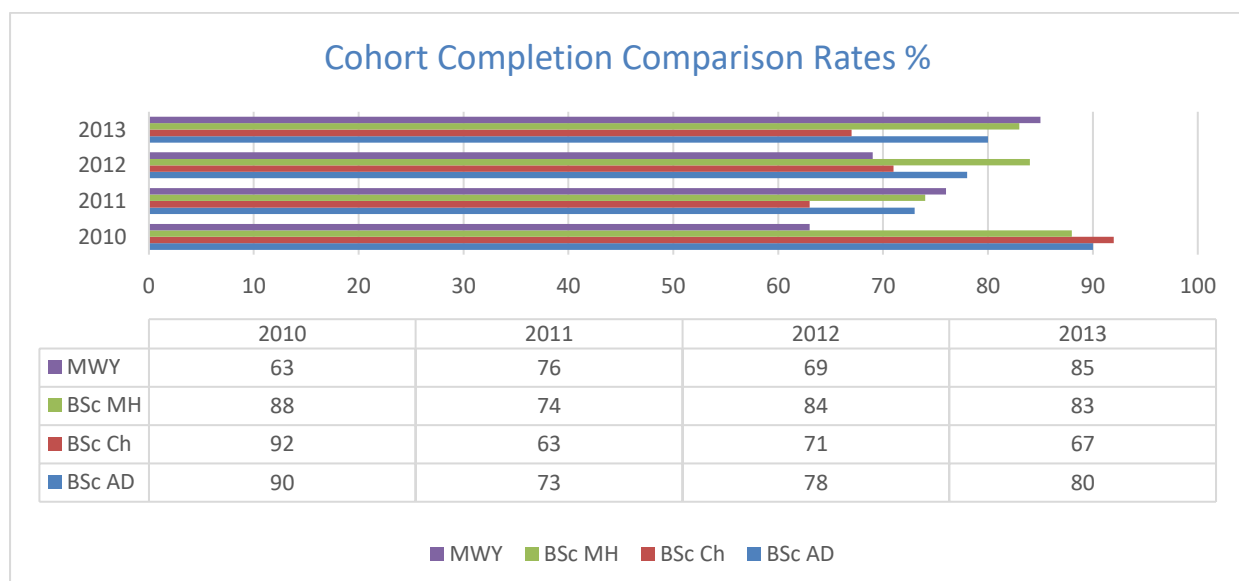
The students who I have identified as completing have done so with the cohort they started with and finished and passed the programme within the three years. Some students will defer final assessments and placements and this means they take longer than three years to complete.

The university systems we work with are often not completely compatible with the nursing programmes as our years are 45 weeks and students are out in placement for 50% of their time. Our dates and deadlines often do not sit well with the traditional university calendar and often require assessment and progression boards outside of the normal periods. This can lead to challenges when accessing accurate data from the university reporting systems and can lead to having to match up findings with more than one system. We currently have a completely separate system to manage attendance and placement allocation, (NTS), and this has a limited interface with the main university student management system, (MISIS). This means that to gain an accurate profile of a student’s progress, including grades, entry qualifications, attendance and progression, requires accessing information from both systems.

5:6 Cohort completion rates for nursing and midwifery

The graph below shows the number / percentage of students who completed and passed their programme within three years of starting for these four cohorts. However, it should be noted that some students may temporarily interrupt and return and complete with a later cohort so these results are a useful indication of the numbers who completed a nursing programme within three years. The year on the axis of the graph refers to the year the cohort commenced their degree programme, not the year they completed; September 2010 cohort completed their programme in 2013.

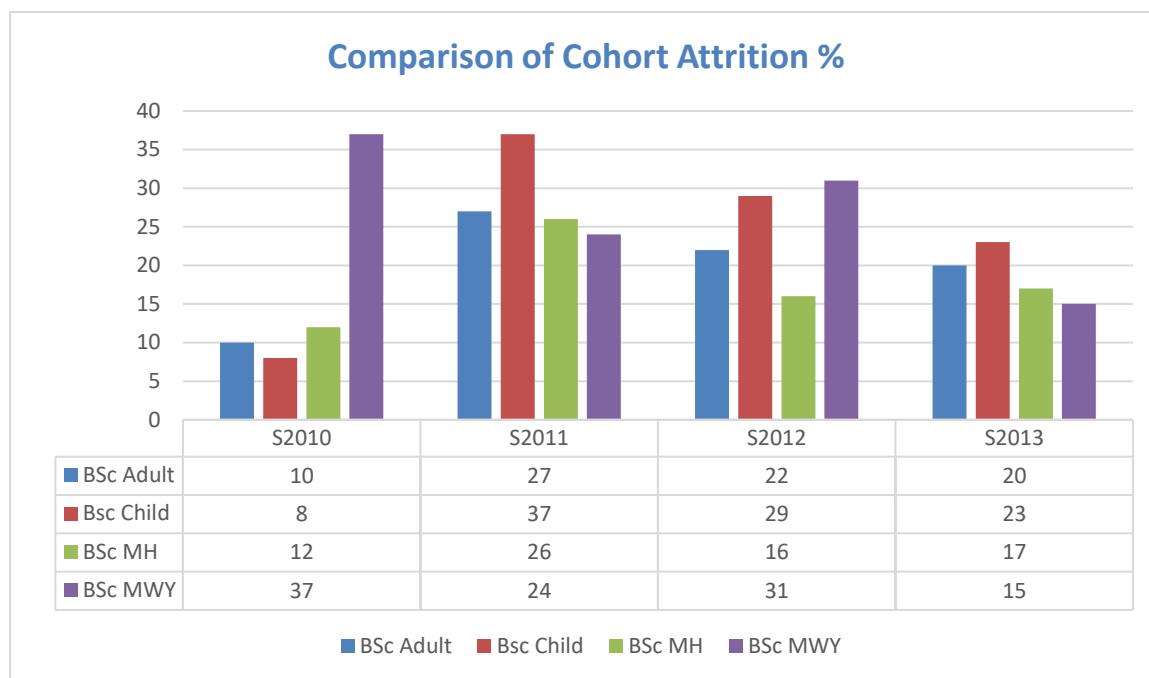
Table: 5:3



Data retrieved from Middlesex University reporting system

The results from this table can also be used to show the level of attrition as well as the percentage of students completing from each cohort. This is further demonstrated below:

Table: 5:4



Data retrieved from Middlesex University reporting systems

Comparison of Attrition Rates from Nursing Cohorts %

Programme	S2010	S2011	S2012	S2013	Total
Bsc Adult	10	27	22	20	19.75%
Bsc Child	8	37	29	33	26.75%
Bsc Mental Health	12	26	16	27	20.25%
Bsc Midwifery	37	14	31	15	24.25%
Annual Attrition	16.5%	26%	24.5%	23.75%	

These tables shows that both the BSc midwifery and child nursing programmes scored the highest levels of attrition overall, but in different years. They have both achieved a high attrition rate of 37% but this is not replicated by other cohorts in the same years so these high levels are not easily explained and would require further closer work outside of this project.

The findings from this basic analysis of attrition rates are inconclusive as there are no obvious patterns identified either with individual cohorts or years. They show consistently high rates of attrition across the three fields of nursing and midwifery. Orton, (2011), in a review of underlying issues that may contribute to attrition, reported that universities were showing variable rates of attrition but the overall rate in the UK was estimated to be 24.79% and she suggested that this was too high a figure when the overall wastage of potential nurses was considered.. The review completed above shows that our attrition rates do not deviate far from this number and therefore, we are losing too many potential nurses and midwives.

5:7 Attrition levels as an indicator of success

My literature search, detailed in chapter two, has shown that there has never been a nationally or locally recognised and agreed level for attrition from nursing programmes, but a study by Deary et al. in 2003 suggested that the desired rate was below 13%. The figures above show that we have not achieved this rate and only came close with the September 2010 cohort who had 16.5% attrition.

For many years, schools of nursing and then universities were reluctant to disclose or share their attrition figures and many did not record them in any useful detail. One reason may be that as there was no recognised 'acceptable' figure, no one knew if their institution was doing better or worse than their competitors. The reporting of attrition figures has shone a light on the problem and this has culminated in the report by The Health Foundation, (<https://www.health.org.uk/news/one-four-student-nurses-drop-out-their-degrees-graduation>), in August 2018, which noted that one in four nurses leave their programme before graduation and the UK has an attrition rate of 24%. The report noted that a previous review of nursing attrition completed by the Nursing Standard in 2006 had identified the average attrition rate as running at 24.8%. This suggests that little has changed in this time but there is no comparison provided of the reasons given for leaving and it was always a concern for me as a programme leader that there was no recommendation for a measure of attrition.

Several studies have stated that attrition rates are viewed as a crude indicator of the success of a programme, (McLaughlin et al 2008, Mulholland et al. 2008, Pryjmachuk et al 2009.), but I recognise that the reduction in levels of attrition is predominantly vital in reducing the nursing shortages for our partnership Trusts and the cost to the university as well as to the individual student. Also, attrition represents a waste of time and effort on behalf of the student and the university as well as the emotional blow to the student when they realise that they are no longer going to be able to realise their career choice of becoming a nurse; this is why the analysis of attrition is important to both this project and my work in recruitment. A better and more in depth understanding of our students and

the reasons why they do not succeed can assist with the management of recruitment approaches and how we support our students during their transition to university

The analysis of the data gathered for this project and lack of specific outcomes supports the existing evidence surrounding attrition and the agreement that it is multi-faceted, complex and challenging to define, (Glossop, 2001, Deary et al., 2003). It was clear to me that the only way to try make sense of these broad, quantitative findings was to explore the individual reasons provided by the students for leaving a programme as well as exploring the reasons why students stayed. An RCN survey of 4,500 students in Wales, in 2008, found that 44% had considered leaving their course; financial concerns, poor-quality clinical placements, doubts about career choice, childcare and travel difficulties were among the reasons cited, (RCN, 2008).

National attrition reporting does not discriminate between those who chose to leave for various reasons or those who had to leave because of academic failure or disciplinary issues. However, for this project I have explored those reasons related to attrition where better support or preparation may reduce the chances of the student leaving and closer analysis of the reasons provided by our student's shows how this may be achieved.

After completing the quantitative analysis of the four cohorts that identified their attrition figures and recognising the limited information this provided, I then focused on scoping one specific cohort to better understand the reasons behind students leaving. I started with the attrition figures from the September 2012 cohort.

5:8 September 2012 scoping exercise

I chose the September 2012 cohort to profile as the students had completed their three years at the time of the exercise. I looked at four specific areas and the information was retrieved from UCAS and the university reporting systems. The questions I originally devised formed the basis of early data analysis but the results from these provided no clear answers that could be applied to recruitment procedures. The questions were:

- What were their entry qualifications – A level / Access / BTEC/ other?
- What age were they at the start of the programme?
- Did the student have any related health care experience prior to starting on the programme?
- What was their final exit award and classification and is this related to their entry qualifications?

This simple approach to data analysis demonstrates an early assumption on my part that measuring success and attrition in the nursing cohorts would be this easy to categorise. I had envisaged that the outcome from the completed research would be that a student who was in one age category or who entered with certain qualifications would be more likely to pass or fail or gain a higher degree classification. Interventions could then be planned based on these findings. However, the findings will show that it is not that simple and this approach is reflective of my naivety at the start of this project but also shows the development of my learning and understanding.

5:9 September 2012, nursing cohort numbers

The table below shows the number who started on the programme and the number who completed and passed the programme within three years from their start date. I have chosen to only include these students and not count those who re-joined from an earlier cohort as I wished to focus on those who joined at the same time and had experienced the same recruitment cycle. There are students who were stepped off or withdrew from this cohort but returned with a different cohort and passed their programme and they are not included in this data.

Table 5:5

September 2012 Cohort	Starter Numbers	Finish Numbers
BSc Adult	163	77
BSc Child	72	42
Bsc Mental Health	75	48
	310	167

These figures show high overall rates of attrition and these results would warrant further investigation by programme teams at the time. However, it should be noted that the 167 students who completed with this cohort only refers to the ones who started in September 2012. There will be other students who stepped off from earlier cohorts and re-joined with this one but I have not included them in this study. Students who interrupted from this cohort and returned at a later date were also not included as the system shows that they either later completed and passed their programme or withdrew / failed. For the sake of clarity of the data I am focusing on just one cohort who were recruited from the same cycle in the same year.

5:10 September 2012 attrition

For the purposes of identifying the specific attrition from this cohort for this area of the project, I identified a total of 84 students from the S2012 BSc nursing programme who either left or were discontinued and did not return with a later cohort. These were students who enrolled and had started

on the programme and were attending and they were identified from reviewing the cohort data and individual records available from the university Nurse Training System, (NTS). The data summary is available in appendix six.

Those students, who accepted a place and completed all the pre-programme checks but never started, were not included as we hold no information as to why they changed their minds and did not inform us they were not taking up their place. I have experience of chasing students when they fail to show at the start, but I recall that I rarely received a satisfactory response and most did not respond to our approaches.

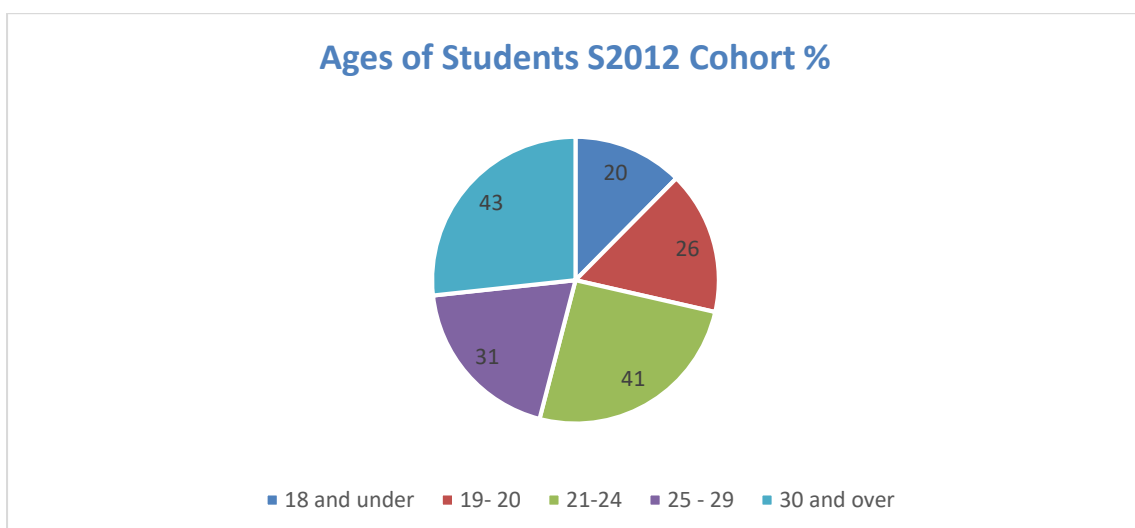
Urwin et al., (2009), in their literature review of attrition from nursing programmes found that the likelihood of a student leaving or completing a programme cannot be reduced to a single attribute and universities cannot select or reject students using this approach when considering applying this information to recruitment strategies . However, due to the nature of the reporting available to me for this project, I have used the single reasons provided by the university systems as to why the student has left and back filled any further information available to me to explore the attrition from this cohort.

5:11 Age of the students. September 2012 cohort

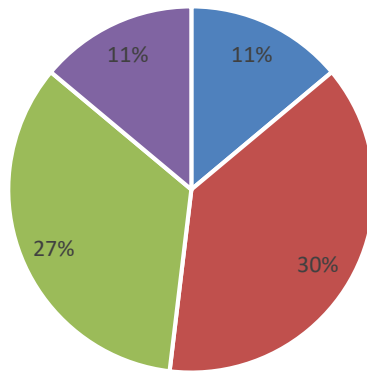
One of the first areas I explored was the age of the students in the cohort and compared this with the age of the nursing students in the UK. I wanted to see if there was any difference in the achievements of the different age groups as this would make any plans for intervention and support much easier to develop and implement. The average varied across the cohorts:

The two charts below show this comparison and the table at the bottom illustrates this in more detail.

Table: 5:6

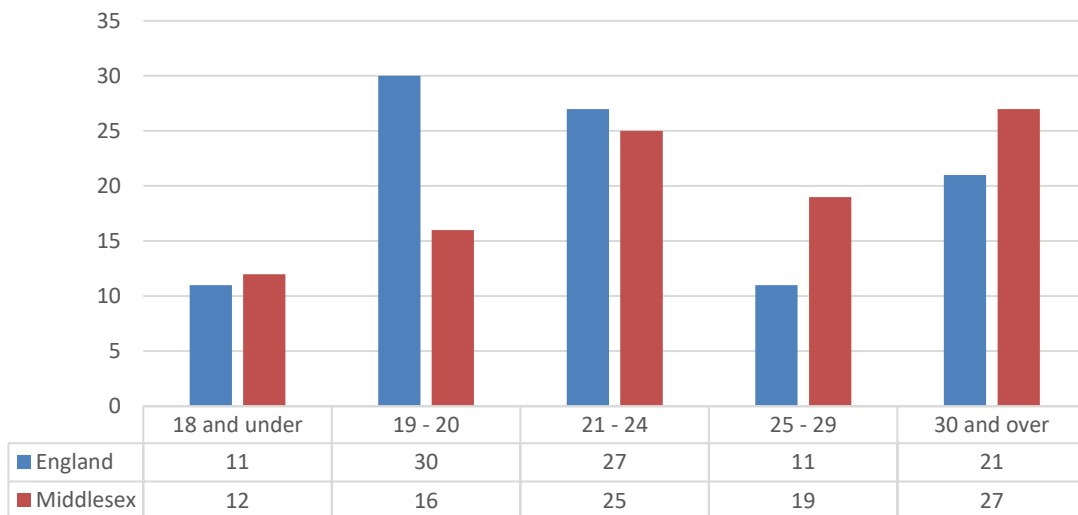


Age of Nursing Students in England 2015



■ 18 and under ■ 19 - 20 ■ 21 - 24 ■ 25 - 29 ■ 30 and over

Comparison of Ages %



■ England ■ Middlesex

Data retrieved from Middlesex university reporting systems

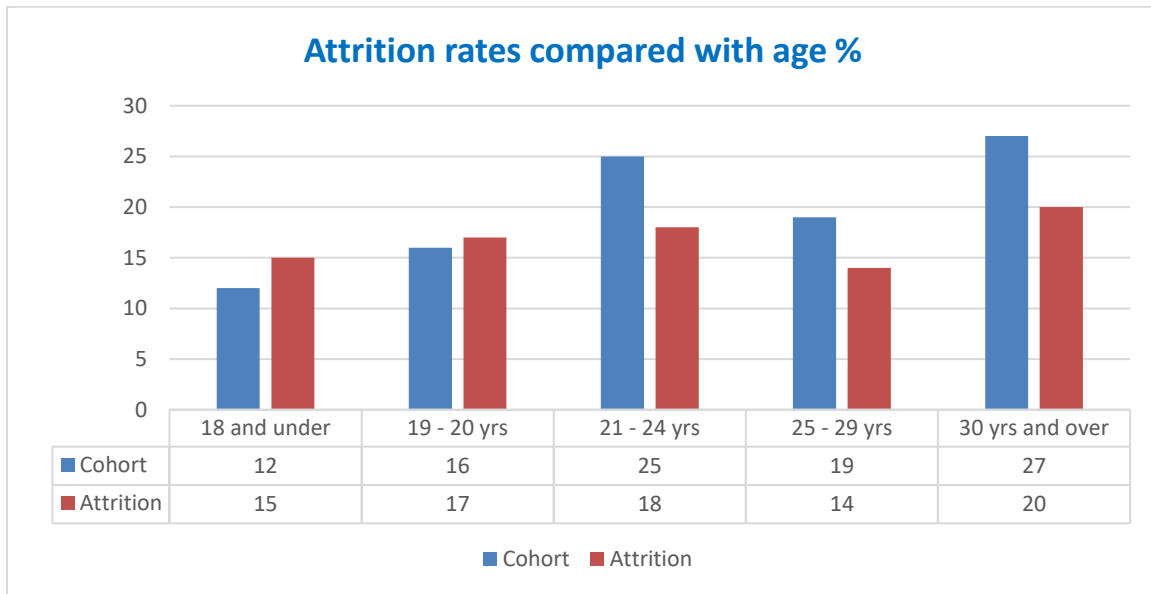
The above charts show comparisons between the ages of students on nursing programmes in England in 2015 and those enrolled in the September 2012 programme at my own university.

The tables show that there is little difference between the 18 year old group, (12% v 11 %) and the 21 – 24 year olds, (27% v 25%). However, the table does show that we have a higher number of more mature students in both the 25 – 29 year and 30 and over age groups. Prymachuk et al, (2008), identified from their analysis of a nursing cohort that those who successfully completed their

programme were three years older at entry than those not completing and White et al. (1999) also found that mature students are less likely to leave.

I went on to compare the attrition rates in the age groups for the September 2012 cohort to see if higher attrition was linked to a particular age range:

Table: 5:7



Data retrieved from Middlesex university reporting systems

The table above shows the rate of attrition in each age group compared with the percentage of age group in the September 2012 cohort and the highest levels of attrition occurred in two age groups: 20% in the 30 years and above and 18% in the 21 – 24 years. However, it can be seen that there are no major anomalies in the findings above that warrant further exploration in any detail and this may be due to the fact that it is just too broad a category to produce any meaningful findings or that the issue of attrition is so complex and multi-faceted it cannot be explained away by a simple classification.

5:12 Age as a predictor of success

Houltram, (1996), completed an early study into student nurse success and whether were any early predictors that would lead to academic success. Houltram reviewed the relationship between age and entry qualifications and future academic success to support recruitment and retention procedures. He identified a significant relationship between age and academic success which showed that the most successful students were female, over 21 years old and entered the programme with two A levels. Younger students with lower entry qualifications were more likely to leave the programme or have lower levels of academic success. This is a dated study and the students were studying on a diploma

and not a degree programme. However, the analysis I completed with the September 2012 cohort showed that the lowest levels of attrition, (15%) were with the 18 and under students' category.

Further studies have been completed since this work in 1996, looking at various aspects of students entry characteristics to see if there are any predictors of programme completion and academic success (Kevern et al 1999., Ofori, 2000, Wharrard et al 2003, Rodgers et al, 2013). I have referred to these studies throughout this work as the general findings showed that those with higher qualifications and mature women who had recently studied were more likely to stay and complete. However, this has not been the case with the research I have completed and further confirms the challenge of predicting those students at the entry stage who are more likely to stay and complete.

Prymachuk et al., (2008), completed a retrospective study of a cohort and noted that the entrants to child nursing tended to be younger and that attrition from this field tended to be higher as more of the students resigned rather failed. McKeever et al., (2016) carried out a study of attrition in children's nursing across four London Universities and one of their major findings was that the highest level of attrition occurred in year one and was primarily due to academic failure or personal reasons. A key recommendation from this work was that pre course candidates need to be provided with a realistic picture of children's nursing as several of them had identified that the course was not what they had expected.

This analysis shows that there is little significance in the comparisons shown in the analysis of age and attrition and no recommendations can be made for targeted future support from this analysis so I made the decision to look more closely at the individual reasons why students from the September 2012 cohort were discontinued or left the programme.

5:13 Entry qualifications and exit award

I have included this heading in this chapter as an example of my early research that proved to be of no benefit. I had decided to see if there was any link between the entry qualifications of the students and their exit award as part of the background work for my recruitment role and later for inclusion in this project. I am responsible for agreeing our entry qualifications for the programmes and as well as ensuring we are correctly positioned amongst our competitors in the London market, it was a genuine enquiry to see if one group of students achieved better results.

Again, the decision to carry out this comparison was started early on in the project when there was an assumption on my part that I would be able to find answers through this type of measurement. I had also not thought through how I would use the results of this analysis. If I discovered that students with A levels were more likely to achieve a first class degree; what would this mean for the

development of my recruitment policies and procedures? I would not consider favouring this group or excluding others if they did not achieve such positive results.

As I worked my way through the available data for this analysis I could not see any benefit that could be applied to either this project or my recruitment role. I had to acknowledge my naivety as a researcher when I initially identified this as valuable information and recognise that although it may be an interesting exercise to compare the two factors, it was not going to bring any benefit to either this project or my recruitment role.

However, the analysis did show that 194 applications were from FE colleges; both inside and outside London. The highest percentage of these were for BSc adult nursing and the lowest for mental health nursing.

5:14 Reasons for attrition / leaving

Whilst reviewing this cohort, it also made sense to examine both the levels of attrition as well as the reasons given. This information will be used as part of the review of recruitment procedures to see if there were any identifiable links between entry characteristics and attrition as well as looking for possible patterns.

The table below identifies the rates of attrition from the September 2012 cohort by year and field within the programme.

Table: 5:8

Attrition from September 2012 programme by field and year

Programme	Total Number	Year one	Year two	Year three
Bsc Adult	35 (43%)	21	12	2
Bsc Child	27 (32%)	18	3	6
Bsc Mental Health	21 (24%)	12	5	4
	83	51 (61%)	20 (25%)	12 (14%)

Data retrieved from Middlesex university reporting systems

This analysis shows that the highest rate of attrition across the three years was in year one for all fields at 61% and this is both significant and worrying. Losing 51 students from a cohort of 335 students in the first year of the programme is of particular concern as these students cannot be replaced so the

shortfall continues throughout the three years leading to a deficit in the number of nurses qualifying and entering clinical practice.

5:15 Attrition in year one

This high level of attrition from year one is concerning for the university and the school as well as the students, but also of particular relevance for this project. This evidence shows that a strong connection can be made that a high level of attrition at this level is related to how students are prepared for the challenges of studying on a professional programme. O'Donnell, (2011), used a small case study to explore the reasons behind voluntary attrition from one nursing programme. He explored the unrealistic range of expectations and how these contributed to voluntary attrition. He also identified that a significant number of students withdrew during year one and that this is also consistent with earlier research which identifies year one as the significant risk period for attrition, (Tinto, 1993; White et al, 1999).

5:16 Why did they leave?

The table below shows the reasons given for attrition from the September 2012 programme; these were either given by the students when they informed programme leaders that they were withdrawing or entered by the university in the case of academic failure, poor attendance or conduct.

Eighty five students were identified as meeting the criteria for inclusion in study as they commenced their programme for the first time in September 2012. For the purposes of this analysis I have focused only on the first year of the programme as the overall results show that is where the highest level of attrition occurred for all three fields of nursing, shown in the table above.

Kevern et al., (1999), identified year one as the most likely time for a student to leave and Glossop, (2002), found that 56% of their attrition in Wales was due to first year leavers so this is not an isolated problem for my university. This project is looking at how we can best prepare potential students for studying on a professional programme so I would suggest that high levels of attrition in year one are a sign that we have not achieved this and it is clear that other universities are facing the same problem. Looking more closely at the reasons given for leaving aids the understanding of the challenges and this information is provided by the students themselves. Deeper analysis of the reasons given helps to identify whether this level of attrition may have been predicted prior to entry or if suitable interventions at any stage of the recruitment journey may have prevented it once the students were on the programme.

Table: 5:9

Reasons for Attrition in Year One: (September 2012 cohort)

	Total Across year one	BSc Adult	BSc Child	BSc Mental Health
Personal Circumstances	23	12	6	5
Academic Failure	18	9	6	2
Wrong Career Choice	8	3	4	1
Conduct	6	1	NIL	5
Financial Reasons	4	2	2	NIL
Attendance	2	NIL	2	NIL
Ill Health	1	NIL	NIL	1
Maternity leave	1	NIL	1	NIL
	63	27	21	14

Data retrieved from Middlesex university reporting systems

5:17 Personal Circumstances

Students may leave a programme quickly because of events occurring in their personal lives and they may have no wish to discuss their problems with the university, either at the time or after they had left. It may be difficult to intervene or conduct exit interviews with students once they have left as the students are likely to be distressed or disheartened and may not wish to engage any further with the university.

Personal reasons are likely to be multi-factorial and may encompass relationship breakdown, financial struggles, illness or difficulty in coping. Some studies identify this term as 'student stress' but this concerns me as no student should be so stressed that they leave their programme never to return. Records obtained from UCAS and the university show that the 23 students identified above who left in year one citing personal reasons did not return to either to my university or any other, where they could have enrolled on a different programme and neither have they re-applied at any time to study nursing elsewhere. These students could be said to be a loss to both the profession and to higher education and it may be that they could have been encouraged and supported to return at later date.

I have not completed any further analysis of this group as it would only be speculation as to what their personal reasons were for leaving, whether we may have prevented this happening and there is little to be gained from guessing. However, I recognise that it would be useful to continue to monitor the

numbers in subsequent cohorts who leave for this reason to see if this number has changed in any way.

The university has already implemented more support and advice for students who are considering leaving through the introduction of an enhanced personal tutor system and student progression officers who are available for advice and support. These measures may have led to an increase in students feeling able to return at a later date or change to a different programme.

5:18 Academic Failure

There will always be attrition from any university programme, especially in relation to academic achievement and failure, (Banks et al., 2011, Prymachuk et al., 2009). The most common reason for students being required to leave a programme is academic failure and a smaller number may have to leave because of disciplinary or conduct issues, Cameron et al., (2010). However, Bouden's, (2008), small scale case study which investigated motives for students staying on the programme, cited academic issues as the most frequent reason for contemplating leaving.

Analysis of the cohort data showed that fifteen students had to leave the programme in year one as they had failed academic assignments and only one left the programme after failing their clinical placements. However, five of these students were also referred in their first attempt in clinical placement but academic failure meant that they did not return for their second attempt.

Table: 5:10 Number of students identified as failing academically per field. September 2012

	Number per field	Number failing more than one module
BSc Adult	8	4
BSc Child	4	1
Bsc Mental Health	3	3
	15	8

Eight of the students above all failed one specific, generic module which is shared across all three fields of nursing. High failure rates in an individual module are flagged up through university reporting systems and module leaders are required to produce action plans to address increased student support or amending assessment load or timing of submissions. The module that the majority of the students failed was assessed by a 3000 word essay and the students would all have had a 2nd or even 3rd attempt at resubmission as well as individual tutorial support.

This work is not specifically considering teaching and assessment approaches in relation to attrition, but it is looking at the significance of these results in relation to the applicants entry qualifications and whether poor academic performance may have been predicted. Whitehead, (2002), found that the requirement for nursing students to acquire the skill or writing in the 'correct way' was a major source of stress and can contribute to them feeling lost or vulnerable as they compare themselves to other students. This is another area where we may need to consider how we support students but also how we get the students to start to think about their approach to academic writing. Young & Seibenhener, (2018, p4), reviewed the literature on teaching and learning strategies in nurse education and 'found very little current research' on either. What little research there is appears to be focus more on teaching, rather than learning strategies.

I carried out closer and more detailed analysis of the eight students who failed more than one module to see if I may identify any shared characteristics such as age, or entry qualifications that may be meaningful for this project.

Table: 5:11 Reasons for attrition

	Age at entry	Entry Quals	Work Experience	Other Comments
BSc Adult: 1	28	Access to Nursing	Hotel receptionist	Excellent reference from college
BSc Adult: 2	28	Access to Nursing	Play worker. Dental nurse	Excellent reference from college
BSc Adult: 3	23	Access to Nursing	Waitress	Good reference from college
BSc Adult: 4	25	Access to Nursing	Stay at home mother prior to starting course	
BSc Child: 2	36	Access to Nursing	Voluntary work	
BSc Mental Health: 1	20	BTEC Applied science	Sales assistant	
Bsc Mental Health: 2	44	Access to Nursing	Support worker	Good reference from college
Bsc Mental Health: 3	27	Access to Nursing	Healthcare assistant	Accepted to LSBU for adult nursing 2014 but must have been unsuccessful as applied again 2018 and accepted at City university

I have also reviewed the students' original UCAS applications along with their interview notes and can see no reason why they should not have been offered a place on the programme. They met the academic entry criteria, their personal statements were appropriate and they all demonstrated commitment to becoming nurses as well as passing entry tests and interviews. None of them were late or clearing applicants. However, the majority of them had studied Access to nursing courses at college as their entry qualifications and this could be seen to be a significant finding but it also needs to be compared with the exit award analysis of this cohort as this showed that 57% of the students who entered with an Access qualification were awarded a first class degree.

As previously mentioned, this work is not looking at ways to exclude students at the point of application because of their entry qualifications or prior experience, but to consider ways in which students may be better supported through their transition. Wharrad et al., (2003), demonstrated that those students with lower entry qualifications were more likely to achieve lower marks throughout their programme and have higher levels of attrition. However, Donaldson et al., (2010), looked at whether student success may be predicted at interview and they suggested that every potential candidate is important and some may require a more facilitated programme to ensure they are supported in the most appropriate way. This approach resonates with me and this work has always been focused on the inclusion of, rather than the exclusion of students.

5:19 Findings

My finding from this analysis is that I can find no reason to amend our entry criteria to exclude candidates with similar age, experience and qualifications from joining the programme. This approach would exclude a group who have potential and come from a widening participation background who have demonstrated a commitment to training as a nurse. Prymachuk et al., (2009), suggested that those who enter nursing as mature entrants have been disadvantaged in their previous education experience and it is only through their determination and motivation that they have tried again. However, this particular analysis has shown me that we need to consider how we can support all of our students to ensure that they may achieve their very best.

5:20 Wrong Career Choice

The September 2012 cohort started with 307 students and there are eight students who stated they were leaving the programme as they had made the wrong career choice and seven of these left in year one. This is a significant number and the second highest amongst the attrition data for year one. I found these to be of particular interest as these students had expressed their wish to train as a nurse, submitted an application and undergone testing and interview prior to starting on the programme.

This appears to me to be a key finding for this project as it is something that may be dealt with by better and earlier preparation of all of the students before they start, even if this may mean that students do not start on the programme by acknowledging earlier that it is not the career for them.

The university records do not identify exactly what it was about the programme that led to the decision that this was the wrong career choice as there are no records available showing discussions with the students prior to them leaving. It is likely that the student was faced with the reality of what was actually involved in being a nurse, after they attended their first clinical placements, and this experience helped them to decide that it was not the career for them.

If this is the case then there needs to be consideration of the further work that may be done at the recruitment stage to ensure that students do demonstrate an understanding of the role of the nurse and the challenges that come with this. Also, we need to work with our clinical partners to consider how we prepare our students for their time in placement and what support we offer during this time.

The table below shows a more detailed breakdown of those students who stated that they had left the programme because they had made the wrong career choice. Only one student made this decision in year three and she had previously swapped fields at the end of year one from child to adult nursing. The rest were in year one and only one of them was studying mental health nursing.

Table: 5:12

September 2012 Students: Attrition identified as wrong career choice.

Field of Nursing	Age	Year of Programme	Entry Quals	Work Experience prior to starting
BSc Child 1a	18 years	One	A levels: 104 points	None
BSc Child 1b	18 years	One	Clearing applicant A levels: 136 points	Waitress. Candidate moved from Portsmouth
BSc Child 1c	21 years	One	A levels: 112 points	Waitress. Candidate moved from Taunton
BSc Adult 2a	20 years	Three	A levels: 136 points	Shop assistant in Screwfix Transferred from BSc child to BSc adult at the end of year one
Bsc Adult 2b	21 years	One	Access to Nursing	Customer service
Bsc Adult 2c	22 years	One	Access to science	None
Bsc Adult 2d	31 years	One	Access to Nursing	Supermarket cashier Dental nurse – 6 months
BSc Mental Health 3a	18 years	End of year one	A levels: 104 points	Moved from Sheffield Waitress

Data retrieved from Middlesex university reporting systems and UCAS

The Royal College of Nursing, (2008), survey of 3527 nursing students in the UK, found that 39% of them had contemplated leaving because of their experience on a clinical placement. It is not clear whether this was classified as wrong career choice or because they had experienced a traumatic or stressful situation and they also do not identify the year of study when they felt like they wanted to leave.

Eick et al., (2012) found that age is a dominant factor when it comes to attrition related to placements. They reported that mature students found it easier to cope with placements because of their maturity and previous work experience and all the students in my study above were under 22 years of age.

It may be inferred from these findings that these students were not prepared by their previous academic study for the challenges of being a student nurse prior to starting on their programmes. However, three of the students had studied an Access to nursing programme at college so their decision to become a nurse was taken at least a year prior to them applying to university as they had selected a pre-university vocational qualification. However, none had any work experience in a care setting before they started and two of them had never had any type of job, full time or part time. The obvious reaction to the finding that these students have indicated that they have made the wrong career choice and have no experience in the world of work is to amend the shortlisting criteria to include a requirement that all applicants have some sort of work experience. However, Stenhouse et al., (2016), reviewed 876 students who were studying in Scotland before 2013, and they found that those students with caring experience were more likely to leave the programme and the more successful students were those who had no previous experience in care settings.

Three of the students moved to London to study and it may be that this was a factor in their decision to leave as they had the added challenge of learning to live, study and travel in a major city and they were also amongst the youngest in the cohort. This may mean that they did not have access to their normal support systems such as family and friends and this may lead to them feeling less able to cope as they may feel isolated. A key finding is that it may be beneficial if the university could identify these students before they start to offer more guided support to help them adjust to their relocation to London and the challenges that this brings.

The NMC standards for pre-registration nursing education, (2010), stipulate that all nursing students should have experience of the four fields of nursing in the first year of the nursing programme and this includes the one field they have selected. The analysis shows that all of these students left the programme after experiencing at least one clinical placement and they had all attended a placement

in their chosen field of nursing. Attending clinical placements can be a reality shock and anxiety provoking as they provide an insight into the profession for the students that they may not have previously considered, (Beck, 1993). There may be a realisation about what is actually involved in being a nurse or the student may have been faced with a distressing situation that they simply could not manage.

Another suggestion from these findings may be that all applicants for nursing should have a minimum of six months experience working in a care setting alongside qualified nurses. This idea was included in the findings from the Francis Report, (Mid Staffordshire Inquiry Report, 2013). They identified significant failings in the standards of nursing care being delivered in one Trust and recommended that values based selection should be implemented as part of the recruitment processes to ensure that all students had the required values. Francis suggested that time spent working directly with patients would help the future students to gain an understanding of the professional attitudes, values and behaviours that would then enable them to deliver compassionate care. This pre-requisite was well received but a pilot run by my own university proved to be unworkable for our hospital trusts as they were unable to provide enough short term work experiences for the number of applicants who would require them in each recruitment cycle. The students require supervision and support during this time from qualified staff who are already mentoring pre-registration students. There were also concerns raised that if a student had a negative experience, this may well deter them from proceeding and would they receive enough support and guidance to help them make sense of what they were experiencing.

Our own analysis of our pilot showed that we would be looking for at least 100 work placements for our potential students and it is neither safe nor desirable to allow this high number of unqualified staff who would require close supervision, into clinical areas. They would all require training in key areas such as moving and handling, CPR and safeguarding as well as DBS and occupational health clearance prior to starting their placement and their attendance and progression would also need to be monitored. Whilst running the pilot we offered monthly teaching and review sessions in the university as well as ensuring increased levels of support in clinical practice. This is over and above what we offer to our pre-registration students and made the pilot resource intensive.

This example shows that a recommendation for clinical experience prior to commencing a training programme is not always an easy and quick solution and my experience of running this pilot made me aware of the possible challenges and how it was not the solve all solution to a perceived problem. Snowden et al., (2015), reviewed the success of these pilots for a longitudinal study of emotional intelligence and student nurses. They found that initial evaluation of the projects indicated that those

who had participated experienced greater understanding of what nursing entailed and were better positioned to choose nursing as a career, (Health Education England, 2014). However, they found no evidence to establish the impact of this caring experience on the student performance, retention and completion of their programmes.

If the recommendation was made that all applicants were to have health care experience prior to applying for the programme this would likely also reduce the number of applicants who met our entry criteria and it is not one of the aims of this project to reduce our applicant pool.

My key finding from this analysis is to look at how we can work in a different but effective way with our clinical partners to prepare students for the reality of being a nursing student so they are more aware of the challenges. This activity needs to take place before the students commence the programme and needs to be interactive and engaging but also needs to be carefully planned to not be so realistic we scare away any future nurses.

5:21 Financial Reasons

It is fair to say that nearly all students struggle with their finances whilst at university but student nurses face a different struggle as their year is longer and includes both academic study and clinical practice. They are engaged for a 45 week year and the reality of this is that although their funding takes this into account they do not have the long holidays that other students have where they are able to earn extra money. Also, when out in clinical practice they are working a 37.5 hour week which includes early, late and night shifts and these differ from one week to the next. This makes working part time a near impossibility.

The analysis shows that the numbers who cited this as their reason for leaving are low; only 4 out of the 85 records examined but again, they all left within their first year and no students left in years two or three because of financial reasons.

The September 2012 students were still receiving a NHS bursary during their programme and their fees were paid but the money received was low and living in London is expensive. Prymachuk and Richards, (2007), in their study of attrition could find no clear link between financial difficulties and attrition but Robshaw and Smith, (2004), suggested that students struggle to meet academic deadlines because they were often working as well as studying. This may mean that their financial difficulties leads to academic failure or absenteeism and these are the reasons that their programmes are discontinued.

When this project commenced the nursing students received a bursary and paid no fees so the impact of the recent changes to self-financing has yet to be seen and cannot be covered in depth at this stage. However, guidance for prospective students on how to manage their finances and specific help available will be included in the recommendations in the next chapter.

5:22 Conduct / DBS Failure

The analysis of attrition from the September 2012 cohort has shown that there appears to be a high level of students who were discontinued from the programme in year one for conduct / DBS failure. There are six students and four of them are from the mental health field. There is no further information available on their records that explains what is meant by this for each of the students but the high levels in year one are easily explained. It is a legal requirement for anyone who will be working with vulnerable adults or children to disclose their criminal record and be checked and cleared by the Disclosure and Barring Service (DBS). If there is a discrepancy between the declaration made by the student at the start of the programme and the information shown on their DBS record, their offer will be withdrawn and their programme stopped. Some students fail to declare any convictions as they may hope that once they have started on the programme we will allow them to continue, whilst others have been mis-informed that certain crimes are 'spent' and will not show on their DBS. There appears to be little more we can do to reduce this number as candidates are provided with comprehensive, written information prior to their interview about the need to declare convictions and at the point of completing their DBS.

The students who are discontinued for this reason are given the opportunity to present their case to the School Fitness for Practice panel which is comprised of senior academics, clinicians and service users. They will consider their appeal and their decision to discontinue a student is based on the seriousness of the age of the crimes, the sentence received and whether this information was declared at the interview stage.

5:23 Attrition: Other Reasons

The other reasons for attrition identified by this analysis include ill health, maternity leave and poor attendance. It is possible that poor attendance could also be considered as making the wrong career choice as it would seem that the course did not appear to be interesting enough to attract the student to attend or it may be that there are external factors affecting their ability to fully commit. McCarey et al., (2007), identified that unsurprisingly, non-attendance was shown to have an impact on academic performance with a correlation existing between high absenteeism and poor academic achievement.

The two students who were interrupted for this were both young and studying children's nursing. One left within two months of the course starting and her record shows that she had rarely attended since starting but she was a late application and moved to London to take up her place.

The other student was discontinued the following July after a total of 23 days missed over the year so it would be reasonable to suggest that he had also made a wrong career choice. Newman & Ford, (2008), said that unauthorised non-attendance is merely a proxy for low levels of student motivation but may also be linked to issues such as time management, stress and ability. However, Gillen, (2012), suggested that the reasons most students leave a course in the early stages is because they have not integrated into higher education; academically or socially. A lack of integration or motivation will often result in decreased attendance and poor academic grades but these areas are already closely monitored by programme leaders.

5:24 Summary of findings

This area of research consisted of a small scale analysis of the attrition from year one from a specific cohort. The findings have shown how the complexity of attrition and limited knowledge available for retrospective reviews. These results have only provided limited insights and therefore it is difficult to produce specific recommendations for this study but this is an interesting outcome in itself. It is clear that there is no easy solution to one obvious problem but rather an acknowledgement of the complexity of attrition and therefore, my recommendations and plans will need to take this into account.

Tinto, (1975), suggested that retention is evidence of a successful relationship between student and institution and attrition infers evidence of a failed relationship. However, the failure may be due to events occurring outside of the university that cannot be predicted or dealt with as the university is not aware. There will always be attrition from a programme and any programme that recruits over 450 students cannot have 100% success. This work is primarily interested in how we may reduce the level of unnecessary attrition by preparing our students in a more focused and personalised way to increase the numbers who stay and complete. It is clear that we need to ensure we help and support them through the challenging times that they will encounter, whether these are on the programme or in their personal lives.

Nelson et al., (2009), reviewed university students who were deemed to be 'at risk' in their first year and also identified that students were most at risk of leaving or failing in their first year. They suggested that universities need to take a shared approach to this problem by working with the students and academic staff to initiate, support and promote student personal, social and academic

engagement in the early weeks of the first year. My proposal is that this work needs to commence much earlier so we can start the preparation during the students' transition from FE to HE.

The major outcome from this analysis is the reinforcement of the importance of early and targeted preparation for these students. A key finding shows that those students who apply late, are younger and have moved from home for the first time to take up their place are vulnerable and may struggle. Early identification and consideration of how to support them is a priority.

The preparation of all students also needs to take into consideration the time they spend out in their clinical placements as this is 50% of their programme and some will start as early as November. They will be entering a very different world with specific challenges and the findings have shown that some students have not experienced the world of work before starting on the programme. We need to look at how they can start to learn what it will mean to play a role within a healthcare team so that they can begin to understand what will be required of them as student nurses. It is envisioned that better preparation will help them to start to think of themselves in this role and how they will manage the specific challenges.

The findings from this analysis have highlighted that there is a need to better prepare and support students, particularly in year one of their programme as it would seem that this is the time when they are the most likely to leave. Consideration needs to be given to identifying those students who may be most at risk so that targeted support is available as well as more specific identification at the reporting stage of those factors that contribute to individual attrition. This will enable better reporting and will contribute to the planning of early interventions to reduce these numbers.

Further identification of the recommendations from these findings will be discussed in the next chapter.

5:25 What helps them to stay?

It seemed to be a natural progression from the analysis of the attrition data and recognising how and why we had lost students was to investigate those students who may have considered leaving the programme during the first year, but decided to stay. I have already shown that attrition is a complex, multi-faceted phenomenon and that there are no simple solutions but the reasons behind retention are equally complicated. Urwin et al., (2009), reviewed the literature surrounding attrition and commented that factors that contribute to retention are not simply the opposite of, or the absence of factors that have been identified as contributing to attrition. There may be important differences between reasons for staying and reasons for leaving and this to me was an important finding from the

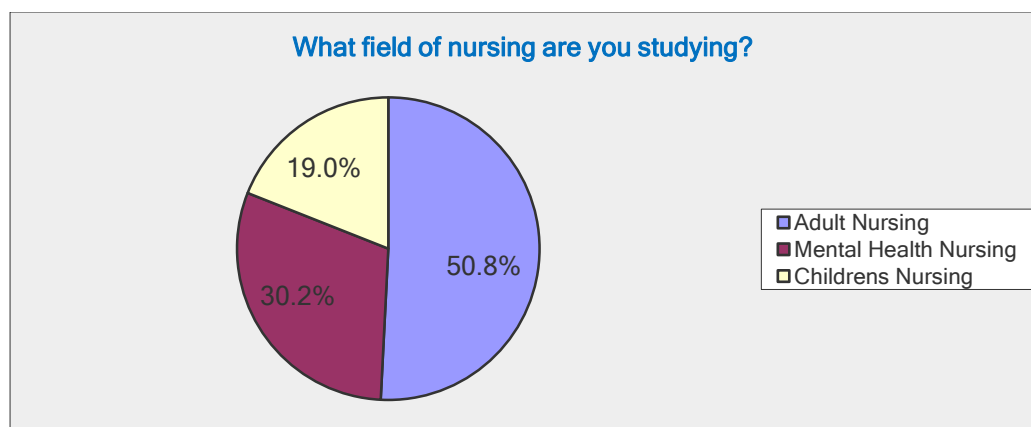
literature. Therefore, if we identify why students leave, we also need to ask them why they stay and not just assume that they have not experienced problems or challenges.

For this particular small study I decided to survey a cohort of students at the end of their first year to discover if they had contemplated leaving and what had helped them to stay and continue, (Appendix four). My previous work, as well as the relevant literature, had shown that year one was where the highest attrition rates tended to be and one area where we needed to focus our support to help those vulnerable students who were struggling. Banks et al., (2011), investigated the pastoral support available to nursing students in Scottish universities and in the responses received, the students reported high levels of depression and anxiety. One of the key recommendation to come out of this work is that students should be made aware of their personal stressors and offered support to manage them.

I carefully considered how to approach this particular investigation as I wanted the students to feel able to be open and honest in their responses and to identify their stressors. I decided that using an on line survey would be the best approach as this was anonymous and may help them to open up more than if I used face to face interviews or focus groups. It is envisaged that his approach would lead to me gaining useful insights about why they had stayed and what had helped them with this decision and this information could be used in forward planning for future cohorts.

The students were from the September 2013 cohort and approaching the end of their first year. 154 students were sent the on line questionnaire and informed that their participation was voluntary and confidential. They were assured that they would not be identified unless they wished to leave any personal details or be contacted about their answers. 63 students responded, a healthy 40% response rate, and their insights were useful and insightful. The breakdown across the fields of nursing is shown in the table below.

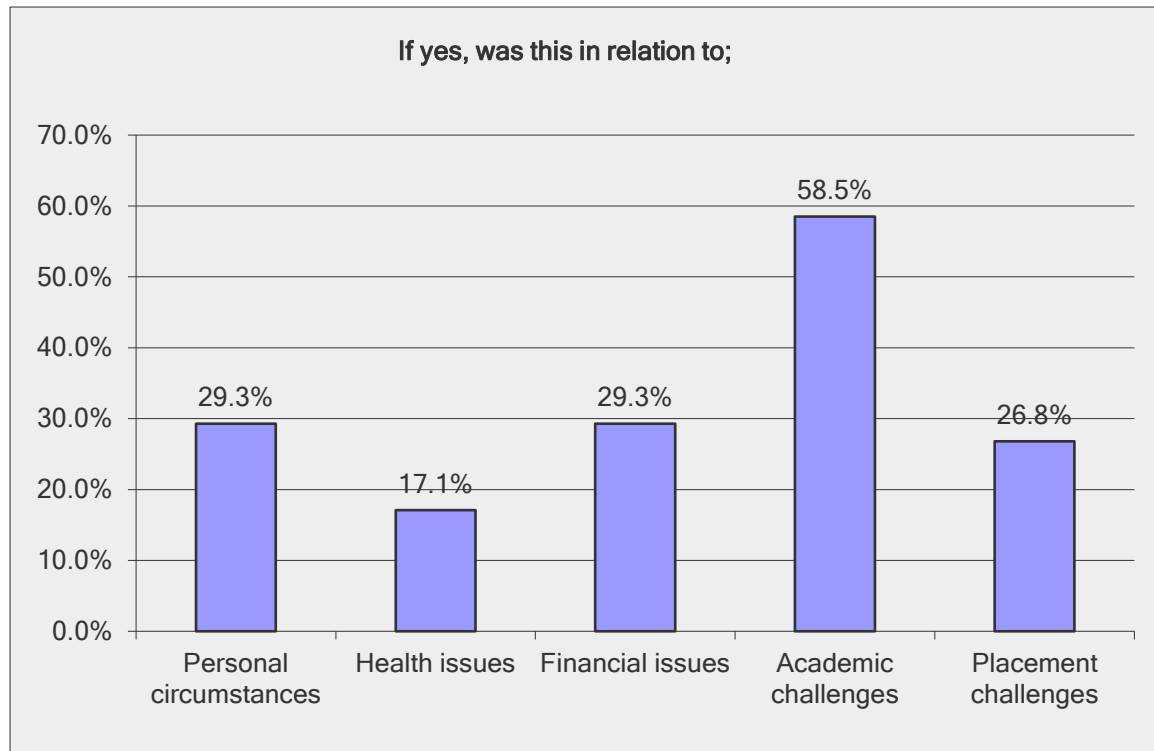
Table: 5:13 September 2013 nursing field



Survey results

The students were asked if they had reason to seek support during the first year of their programme; 68.3% of the students stated that they had and the responses are shown in the table below.

Table: 5:14



The previous qualitative analysis I completed which examined the reasons for attrition from year one of the programme showed that personal circumstances and academic failure were the two highest reasons given for leaving in year one. The results above support this concern as they show that students are anxious about their academic work but concerns about their clinical placements are slightly below personal circumstances and financial issues. These students had attended all their year one placements at this point and it would seem that whilst there was some anxiety about the challenges they faced, they reported that they were more concerned about their academic work. 52.4% of the students also identified that the academic workload was as they expected but 30.2% stated that it was higher. Hoeve et al., (2017), identified that both classroom and clinical experiences proved to be related to a student's decision to drop out or stay. They suggested that when expectations are not met, the students became disappointed and this may cause them to consider leaving the programme. This suggests that the decision to leave may be part of a slow process where a student may face a number of problems of challenging scenarios rather than just one specific event. If this is the case, there may be multiple opportunities where interventions from academic staff, clinical mentors or

specialist support services may be able to step in. Borrot et al., (2016), identified the importance of a supportive team in clinical practice in persuading students who had considered leaving, to stay. Castles, (2004), suggested that when students are thinking of leaving, they need to be able to draw on the support of others and it is the very act of being supported that enables them to stay. She suggested that often it is not 'expert' help that is required but the quality of their relationships with others and this may be colleagues, academics or family.

The students were then asked if the support they had received had been helpful and 86.75% of the respondents agreed that it had helped them. When asked in a different question if they felt supported during their programme, only 22.8% said they felt poorly supported. Another useful finding was that 82.5% identified that they were clear about who to approach with a specific problem and only 17.5% stated that were not clear about who to go to.

The students were also asked to identify in more detail, which aspects of year one they found the most challenging and 62 students responded and these results are shown in the table below. The individual module assessments are included so it is easier to identify which assessment type they found the most difficult and the key finding is the module where they are required to produce a 3,000 word essay. This is also the module that the earlier analysis of attrition showed that the majority failed who had to leave the programme.

Their answers are rated and ranked below and the scores are out of 10.

Which aspects of year one have you found to be the most challenging?

Table: 5:15

Answer options	Rating
1. Living away from home	7.59
2. Family and child care commitments	6.46
3. Working shifts	6.30
4. Travelling to placements	5.65
5. Placement in a different field from your own	5.62
6. NIP / MHR / PHC 1000 essay	4.97
7. NIP 1003 Learning logs	4.87
8. First placement	4.76
9. Financial issues	4.45
10.NIP 1002 Skills Assessment	4.19

The students report that the two areas of their first year that they have found to be the most challenging, scored a rating of 7.59 / 10.0 for living away from home and 6.46 / 10.0 for family and child care commitments. It is possible to see that these correlate with the results from the earlier attrition analysis where personal circumstances were identified as the highest reason for leaving in year one.

5:26 Analysis of Results

The results of the survey were analysed and presented by simply listing in order. These results clearly show that whilst students are concerned about the academic demands of the programme, when they are questioned more closely it becomes apparent that life outside the programme is what may cause the most stress. It may well be things that they had not considered before commencing the programme such as shift patterns and travel are contributing to their stress. Students expect to be challenged by their academic work at university and are also aware that they are required to attend placements but it is the peripheral issues that they may not have considered. A student who has a family and is required to arrange child care, travel to their placement area where they will be working early or late shifts may well find this a struggle.

38% of the students stated that they did not attend an open day prior to starting the programme so missed out on the help and advice provided on these days. This is a further key finding for this project as open days are specifically planned to assist future students with their decision making and planning and non-attendance is a missed opportunity for students to engage with their future programme. It is an area that requires further development and will be considered in the recommendations for this programme. At both university and programme level there is a need to consider how to reach out to those students who do not attend and therefore miss the guidance provided.

The most encouraging finding for me was that 97% of the students stated they were enjoying their programme and 77% stated that they felt well supported and these two outcomes are positive and reflect well on the programme and support available. However, 29% said that they had felt like leaving at some point during their first year and it is clear from this work that we need to consider and explore the support that we have in place that assists students to stay. It would also be of interest to discover what led to these feelings and whether it was because of a one off incident or a culmination of events. This is finding that would benefit from future exploration.

5:27 Student Voices

The voices of our current students lend a powerful and useful dimension to the findings for this work. All through this project I have recognised the importance of finding out the students' point of view

and considered ways in which I may use it to the best advantage to support and prepare our new students. However, I have also recognised that my role as an insider researcher and key member of academic staff was always going to be a barrier and any students I approach may feel that they cannot be as open and honest as they could be with their peers.

Prior to starting this work I gained feedback from the students who attended the pre-induction days; this started as just a simple evaluation of the day. I recognise that reviewing their responses was the starting point to develop the content for future pre- induction and the main induction events as well as providing the three themes for the project research.

The feedback from the survey of the first year students has been very powerful as it allowed me to start to understand how they deal with the pressures of a professional programme from their viewpoint. The student voices provide depth and insight to this work, not just because it has helped me to understand what their worries may be and how they manage their challenges but it has shown me the resilience of our students in often very challenging situations.

5:28 Pre-Induction day findings

The establishment of pre-induction days was an early intervention by me to address the gap between the time that students accepted their offer and when they commenced on the programme. It was seen as innovative at the time of our introducing it around ten years ago. The majority of our students are processed and accepted by May and this leaves a gap of four months before the programme starts in September and I began to think of ways that we could use this time to help them prepare.

There have been other earlier attempts at preparing students before they started and I was aware that as a school, we have had several attempts at providing bridging materials for previous cohorts. I have reviewed these and they were often no more than reading lists or general information about the modules sent out via post or email and our records show that these materials were rarely accessed. There was little thought about what it was that our student may need and how they could engage with what they were sent and we were also limited by the methods we could use to provide them.

This led me to consider what it was that we needed our students to do to start to prepare for their studies and how we could help them with this. I was not keen on sending out large amounts of information through the post or via email as I wanted to focus on providing specific guidance on how to prepare and to ensure that we were actively engaging the students in the process.

The pre-induction days remain an integral part of our student preparation process and continue to be well received by students and valued by the academic staff. The content is now solely managed by the

programme teams for each field of nursing and our current students continue to be involved in planning and delivering their own sessions.

However, as I was writing up this section for an earlier chapter I recognised that the implementation of these days was a positive intervention on my part and the feedback received supported the value to the students. I can see that the days play a vital role in not just the preparation of the students but also the beginning of the socialisation of them to the university and the profession but there is a need to revisit what we are offering and how we could improve the content and availability.

The key finding from this study is that there is a need to provide this information in an engaging and interactive way for those students who are unable to attend an actual day in the university. Many of our students have work commitments or they may live outside London so are unable to just attend for one day and I can see that this group may be unfairly disadvantaged by our original approach. One student commented in their feedback, 'being on a nursing course needs commitment and time management' and another noted that, 'Middlesex has a great support system.' I see these as key messages that all students need to receive before they start with us so this project needs to identify ways of delivering the content of the pre-induction days in a meaningful way to help the students to recognise the challenges but also see the support available.

The recommendation from this finding will be to consider the use of an on-line platform to replicate the activities of and meet the objectives of the pre-induction day. This approach will also be planned to tie in with the preparatory work arising from the partnership with the FE colleges which is discussed further on in this chapter.

5:29 Year three student nurse group exercise

I had been a module leader for many years for a final year module and through this I knew that the year three students had a wealth of up to date and relevant knowledge and I identified the importance of including these valuable insights in the project.

As part of my teaching role I developed a group exercise for the year three students in one of their final year modules. I used a reflective approach to guide them to look back at how far they had come since they started on the programme as this would help them to recognise how much they had learned and how their confidence had increased. I envisaged that the outcome from this work would be advice for potential students that I could utilise to develop targeted recruitment material.

I had originally thought that the advice I would gain would be mainly pragmatic and related to time management and tips for surviving shifts when on clinical placement. However, I was surprised to hear

the stories that the students were telling each other in their groups about real life situations they had encountered and how they had managed them. They had stories about bullying by other staff or patients, being left to deal with some very stressful clinical situations and others related how moved they had been by patients they had met and cared for.

The results from the group were interesting and useful and I felt that this was a worthwhile exercise; both in terms of the outcome of the group work and the benefits of reflection for the third year students. However, the major outcome for me was recognising the resilience of this group of third year students who were shortly to qualify and become qualified nurses and I don't think they saw this in themselves at all. They had dealt with both the academic and clinical challenges of the programme as well as whatever else was occurring in their lives and still they were enthusiastic about qualifying and working as nurses. I had not expected this and it is a key finding for this project.

When I look back at my time as a student nurse and even though this is over thirty years ago, I recognised in this group, the same support and camaraderie that helped me through many challenging situations. Resilience is defined as the ability to overcome adversity and learn how to grow stronger from the experience, (McAllister and McKinnon, 2009). It was clear to me that these students were all demonstrating their acquired resilience but just how transforming had this been for them since the start of the programme. I had not met this group in their first year so I could not observe a change in them so I asked them to identify this in themselves as part of their reflective exercise. I used some of the examples they had provided in their group discussions and asked them to think about what happened and what advice they would give either to themselves to or a colleague who experienced the same situation. This approach provided distance from the actual event and encouraged others to contribute advice and guidance.

Positive resilience factors in nurses have been identified as hope, humour, optimism and positive thinking, (Thomas & Asselin, 2018, Rushton et al., 2015). Sometimes, it may be others around such as colleagues, friends or family that provide these qualities to help unpick or reflect upon a situation or critical incident. I recognise this from my own experiences in clinical practice and I saw this support from the behaviour I witnessed in this group of third year students.

At the time of setting up and running this exercise I had little knowledge of the interest in the work being done around increasing resilience in student nurses and the importance of helping them to develop it. Thomas & Revell, (2016), in their integrative review of the knowledge of resilience in nursing students, identified that nurse educators need to develop a stronger knowledge of what effects a student's resilience as well as exploring ways in which it may be enhanced. This is a clear

finding from this exercise for this project and will be discussed in more depth in the next chapter as one of the recommendations.

5:30 Further Education college liaison work

I have been working with colleges across London as part of my recruitment role for several years. This normally involves me attending the various colleges and delivering a talk about the nursing programmes, what to expect and how best to prepare for university study. This is an approach that has worked well enough but there is only one of me and I was having to refuse some requests as I simply did not have the capacity to fulfil all of them.

I did not enjoy turning down any request for a visit as this could reflect badly upon us as an organisation and may mean we lose applications from that college. I did try to involve my academic colleagues wherever possible, but they also have limited capacity due to teaching workloads.

However, it became increasingly clear to me that there was no clear strategy as to how we could manage this important aspect of our recruitment work and I was faced with having to say no to any request, for the sake of parity for all. The analysis of the September 2012 cohort showed that over 57% of the successful applications were from FE college students, so they are important providers of our future students.

5:31 Further Education staff liaison day

The literature search for this project provided little evidence that the transition of nursing students from FE to HE had been examined. O'Donnell, (2011), in a review of attrition from nursing courses, suggested that nursing students may drop out of their courses due to under-preparation by their college / FE experiences. Various reasons were suggested but the main one given was that they were unable to cope with the level of independent study required. However, Wilson et al (2016), also investigated the transition from school / college to university and found that students were challenged by time management, engaging with assessments and independently accessing required resources. These could be said to be pragmatic challenges and easily dealt with by better induction processes to the university and individual modules and it is of interest that to this project that there is no mention of issues around socialisation or belonging.

One of the solutions I implemented early on in the project, in November 2011, was a day in the university for college tutors and career advisors from our partnership schools and colleges where we could share learning and start to think of ways to work together in a more productive manner.

It was evident to me that the engagement and involvement of the FE college staff was important in helping me to understand the pressures of their role as well as contributing to the planning of how we could start the preparation of our future students. The college tutors were all involved in guiding and preparing those students who had expressed an interest in studying on a professional programme at university and they were therefore, key to commencing the transition process.

The staff who attended the session were also all keen to find a better way of working with the university and develop a more effective and closer partnership. A key example identified by several of the staff was that the only time they communicated directly with a member of staff at the university was when they encountered a problem such as mitigating for a student who had not met the conditions of their offer. They described how difficult it could be to actually find a real person to talk to and they were often frustrated by sending emails off to generic accounts and not receiving a timely response.

5:32 Interactive discussion with FE tutors

I was keen that this was an interactive session as it was just as important for me to gain an understanding from the FE perspective. However, I did want to address specific issues so I used pre-arranged questions to initiate discussion.

The questions used:

- 1) How could the university help you and your students prepare for studying on a professional programme?
- 2) What do you think are the reasons why students may be unsuccessful in their applications?
- 3) Is there anything else that we as a University need to consider that may encourage or support your students?

5:33 Responses to direct questions

Question One

At the beginning of the discussion, it was apparent that the FE tutors were keen to bring their students to the university for taster days arranged and run by the university. They saw this as the best way to introduce their students to the challenges of university life and suggested taster lectures and skills sessions as well as meeting current students. In an ideal world this would be something that we would be happy to facilitate and could be beneficial in addressing some of the issues that contribute to attrition. A colleague from a partner college said that her concern was that 'the students think they know what university life is like but they have no idea how different it is to studying at college'. A further interesting comment was that 'students think that they can come and go at university as it's

not like school; no one checks up on you.’ The college tutors felt that they were not believed by their students when they told them that this was not the case and the only way they would believe them was to come along and experience what it was like to study at university.

The data collected for this project, (see table below), which identified the number of applications received from partnership colleges, shows that we received a total of 481 applications from just 10 colleges alone.

Table 5:16

Applications by College and Year; Top ten

College	2014	2015	2016	2017	2018
Waltham Forest	178	191	218	146	66
South Thames	163	111	99	78	40
Barking & Dagenham	106	100	128	88	57
COHENEL	149	87	110	60	55
Westminster Kingsway	140	97	70	79	57
Croydon College	86	113	99	87	42
Newham College	110	89	82	67	55
Stanmore College	103	68	71	55	43
Harrow College	90	59	58	52	40
Redbridge College	81	60	59	61	26
Total	1206	975	994	773	481

Data retrieved from university admissions data records.

The practicalities of running a meaningful and interesting day for even half this number of students is just too challenging; especially as it would have to be during term time when classrooms and skills rooms are fully booked and academic staff are teaching.

This led to an interesting discussion with the FE staff about how we could replicate the content of these sessions and offer students a taste of university life. I did raise the issue that the university has noticed the dwindling of attendance at open days over recent years despite the fact that these offer an ideal opportunity to come to the university and view the facilities as well as meet students and programme leaders. Whilst I recognised that the practicalities of running taster days for FE students was unlikely, I emphasised the importance of potential students actually travelling to the university and seeing what life may be like for them and reinforced with the FE staff that open events were ideal for meeting these objectives.

I suggested that providing more structure to the open day visit may enable the students to gain a better understanding of the event. I have attended many of these in my capacity as programme leader and as part of my recruitment role and I know that too often I have met attendees who ask either one or both of these questions:

- Tell me about nursing
- What qualifications do I need?

My feeling is that whilst these are valid questions, this is preparatory work that could be done prior to attending an event. Entry requirements and processes are easily accessed on all university web sites and 'nursing' is too wide a subject to cover in a brief chat. Open events are well supported by academic colleagues who are specialists in their fields and we also have students attending who are happy to answer questions about their experience of studying on a professional programme.

I also recognised that if we assist potential students to gain more from their open day experience and show them what it is that we offer may offer them, this may increase the likelihood of them applying to study with us.

A further idea was to consider offering the chance to attend a nursing themed masterclass event at the university, focusing on an aspect of studying on a professional programme and this was also well received. I felt that this was worthy of further investigation with the programme team and ideally this could be a project for the current students to deliver.

Question one response

It was agreed that providing structure and guidance for the students would enable them to gain the most from attending an event and could be incorporated into preparation for a specific assignment.

This could take the form of a series of specific questions covering preparatory and practical work such as finding out the entry requirements, which Trusts provide our clinical placements and how long it takes to travel to the university.

I suggested that providing sample timetables, year planners and an assessment map would enable the students to see what student life would be like and this would be accompanied with specific questions related to time management and planning.

Question two response

I was interested to discover the thoughts of the FE tutors as to why some students were unsuccessful in their applications and whether they were able to predict which students would be successful.

Some tutors said there were examples of students who were overwhelmed by the challenge of the various recruitment processes and did not spend enough time preparing for what was expected of them on the day. It should be noted that there is no parity between the university processes and each institution has their own recruitment methods. If a student has used their five UCAS choices, they will have to undertake five different tests and interviews. Some of these involve whole days at the university and they do not find out if they are successful for several weeks. These activities have to be fitted in alongside their other priorities such as working, studying and family life.

The tutors explained just how stressful and difficult this can be for their students, especially those who may have returned to study after several years and this led to a discussion around preparation for testing and interview. There is little that can be done to reduce these demands as recruitment across London remains competitive as we are all fishing in the same pool of candidates.

However, I have reviewed the preparatory information we send out to our candidates who have been successfully shortlisted to ensure that it is as direct and relevant. For example; I noticed that we provided links to several web sites to help with maths & literacy preparation but did not provide sample questions for our tests. There is little point providing details of web sites if students do not know why they are there and are therefore unlikely to use them in any meaningful way to help them prepare.

Question three response

The major outcome in response to this question was a recognition of the need to work more closely together and build relationships that will benefit the students. There was a great deal of discussion about how this may be achieved without adding to the workload of either staff or students and there was agreement that the development of a package of bridging materials would be beneficial in aiding the transitional process. An excellent suggestion from one of my FE colleagues was to look at the assessments used in HE and see if they are using the same approaches to prepare and run them. This will require us to share this information with the colleges so that they may refer to similarities when supporting and preparing their students. This suggestion will assist with the transition for the students as it will help them to develop strategies to prepare for specific assessments but it also a positive change that will not increase the workload of staff.

The outcomes from this discussion will be incorporated into the planned recommendations in the next chapter.

5:34 Session review

The session was interactive and animated throughout and from my point of view I was able to better understand how pressurised the college staff felt to ensure that their students received at least one offer from a university. There was a great deal of interest in the development of transitional work as it was apparent that college staff were able to honestly admit that they felt that their job was done once a student received an offer and met the conditions but had little understanding of what a nursing degree entailed. They agreed that a better understanding of the nursing programme would enable them to have honest conversations with their students and recognised that this would enable them to help their students to understand what to expect.

This approach of having multiple college staff gathered together to discuss and share ways of moving forward was extraordinarily beneficial to me in my recruitment role and well evaluated by them.

I became aware through listening to their discussions, the enormous task they faced dealing with mixed ability students who had often been out of formal education for many years and the support required. I had not fully understood the many pressures that they face when they are running a one year Access programme and as one year ends, they are working flat out to recruit and plan for the next intake. This leaves little time for reviewing the success of their students through follow up work or adding anything new into a packed curriculum. It was clear from these discussions that any partnership approach to developing bridging materials would need to enhance their existing materials and not add to anyone's existing workloads.

5:35 Partnership working

The planned partnership working will be discussed in more detail in the next chapter but this session was a very positive step on both sides. The discussions enabled me to understand the pressures of my colleagues working in FE colleges as well as enabling them to ask questions and gain insights to help their students.

The work I am planning to implement with our future students cannot succeed without their cooperation and cannot be 'imposed' as it needs to be agreed and monitored by both sides. However, there was a general agreement that working together on ways to improve both the chances of being accepted onto a programme and transitioning to university with a clearer understanding of what to expect, can only be positive for all involved.

5:36 Summary of findings

The discussions in this session were mainly focused on the academic ability of the FE students and meeting offer conditions. The session was early on in the data gathering for this project and it is only as the work has progressed further and I have become more aware of the findings from the other areas of research that I can begin to consider the other factors that may contribute to the success of the students.

On reflection, this recognition of the lack of preparation for transition on both our parts was a significant finding because it demonstrated the 'disconnect' between FE and HE. The FE tutors saw their key responsibility as preparing the students for studying at university and gaining a place but there was little time given over to considering how they may achieve success through other supporting strategies. Looking at the HE perspective, there is little understanding of the limited time available to FE colleagues to begin the preparation of our students and insight into the work that they have been doing for a number of years.

A closer working partnership and time spent developing bridging materials that bring together the knowledge and insight from both FE and HE can only be beneficial for the students.

Recommendations and outcome from session;

- Continue to develop partnership working through collaboration on the development of a bridging programme for FE students utilising the three themes of finance, professional practice and academic study
- The promotion of open events in the university to FE college students using a more guided approach to help them prepare for university life. The marketing and education liaison teams to be involved along with the Head of Recruitment
- Continue with annual events for FE college staff to attend a day in the university to develop further ways of collaborating
- Feedback to academic and admissions staff about how we can ensure better contact with programme leaders to answer specific student queries
- Further discussion around the possibility of a longitudinal study across both FE and HE, tracking students and monitoring their progression and achievement.

Conclusion

The content of this chapter has explored the findings from the individual areas of research and shown how they have merged as a coherent and comprehensive project. Each individual area of research has demonstrated a depth of understanding and insight gained from analysis of the data and related literature. It is also clear to see how the findings support each other as well as the outcomes from the analysis overlapping in places to produce a comprehensive review of current recruitment practices and challenges.

Simons, (2009 p117), stated that interpretation and analysis of data depends heavily on the interpretative skills of the researcher. She defined these as 'personal and intuitive and reflect the different experiences of the researcher'. The analysis and findings discussed in this chapter show my understanding and application of knowledge and I recognise from completing this work, just how meaningful this stance is to the completed work.

The majority of the analysis for this project has focused on the students in the first year of their programme and it is clear from the findings that there are problems with high levels of attrition. One of the more worrying results was the number of students who are struggling with personal problems who leave and never return or those who drop out as and state that they have made the wrong career choice.

However, these findings also show high levels of satisfaction and students reporting that they are able to access support when they needed it and this has enabled them to continue on the programme. This is a key finding and I recognise the need to explore the experience and knowledge of those students who stay and this will be discussed in more depth in the next chapter. The recognition of this strong and supportive community that already exists but is often not fully utilised has been a valuable insight for me as both a nurse and an academic. For this project it has shown me that we do not always need to implement new and different approaches when there is something this significant that can play a key role in making a difference to our future students.

Whilst it is recognised that attrition cannot be completely eliminated, this work shows the need to reduce the current high numbers to a more acceptable level. One clear finding from this work is the identification of the need to assist and guide our new students through the difficult transition phase from FE to HE. The initial work completed with the partnership colleges has shown that there is enthusiasm and commitment on both sides to develop new ways of working together to support students through this process.

The overall findings from this work shows the need for an overarching and comprehensive approach to the way we prepare our students for their study on the programme. This preparatory work needs to begin before they start and be incorporated into and threaded through their application processes, induction events and continue into their first year and beyond in a joined up manner.

However, the findings from this work have shown me that it is not just about providing a series of activities or detailed information about the programme for this to be successful. I have identified from these findings that the most important aspects to encourage our students to stay and be successful is to induce the feeling of belonging, being part of the university and what it means to be a student nurse I see these as key to reducing attrition and improving student satisfaction.

The findings from this work have reinforced my belief that students who feel they belong to a distinct community and are well supported by colleagues and university staff and know where to go to for help are more likely to stay and complete their programme. Resilience and socialisation are the key words from my project findings and the recommendations in the next chapter will show how I plan to share and implement these findings.

However, the implementation of the findings from this work will require the support and input from academic and clinical colleagues as well as the professional services of the university. I am used to working across many teams so see this as a positive way of working closely together as a team in a joined up approach to provide a better experience for our students. These findings have been interpreted in this chapter through the combination of evidence and analysis as well as the application of my own experience and knowledge as both a nurse and a senior academic. The next chapter will take the findings identified and explored in this chapter and produce a set of clear recommendations that show how the original research questions have been answered through the completion of the smaller pieces of research and the proposed overall impact of the project for the university, clinical partners and students.

Chapter Six: Conclusions and Recommendations

In this chapter I present my conclusions from the units of research I have completed and identify and describe the specific recommendations arising from these. I will also identify and show how I envisage the result and outcomes from this work will impact on my own practice, not just in terms of their implementation, but also indicate how I have developed and changed through this doctoral process. I will also consider what the implications are of my recommendations for current practice and policy within the faculty and university.

Finally, I will describe how I see this work impacting on the other interested parties, stakeholders and partners through improvement of the management of our future recruitment practices. Better prepared students and reduced attrition rates will have positive implications for the School, the University, our Trust partners and future students.

My original research questions were :

1. What factors make for successful transition from FE to HE for pre-registration student nurses?
2. What preparation and entry factors lead to retention throughout the programme?
3. What resources are required by both the university and colleges to further embed his work and continue to improve the quality of student selection?

The major conclusion from the completed project is the need to provide a more, holistic and joined up process to support our future students through their preparatory and induction periods to the university. My findings from the literature review in Chapter 2 show the recognition of the importance of better preparation for students and staff, and suggest ways in which 'bridging' may be introduced or improved to enhance the student experience. This is not a new discovery but the recommendations from this project show how this bridging may be achieved by using joined up and earlier interventions. I have shown how my knowledge and understanding of both the complex world of recruitment and programme management was threaded through the whole project and these are now combined with an understanding of university systems to frame these recommendations.

The better preparation of our students will enable them to develop their identities both as university students but also as future nurses. It is also envisaged that this comprehensive approach will help to reduce attrition and assist more students to stay and complete their programme as they gain confidence in their identity. This is supported by Briggs, Clarke and Hall, (2014 : 3), who noted that

‘the development of higher education learner identity is essential to student achievement and is initially encouraged where schools, colleges and universities adopt integrated systems of transition’.

When I started this research I thought that the outcomes would be mainly focused on my recruitment work and my role and the changes I needed to make to our selection procedures to reduce attrition. However, as the work has developed and I became more immersed in the results, I have seen that our approach to how we manage our potential students needs to be conceived in a different way. I gradually realised, through reviewing the current project findings, just how important the sense of belonging and identity is to our students and how well they already support each other in both their academic work and clinical practice. This was evidenced by the group work completed with the year three students as well as the results from the survey of year one students and I can see that we need to build on this in several ways.

This project has changed from when I started where I envisaged that we may need to change our approach based on the ability to predict outcomes at the recruitment stage, to this final complete work which presents an evidence based argument for the findings that we need to create the relationship that will best support and inform our students and this needs to begin as early as possible.

This project has identified that there is a clear need, as a university and provider of professional programmes, to build a meaningful partnership with our students to help them develop their sense of identity and also gain confidence though feeling well supported. Eick et al.,(2012) in their review of attrition from placements also identified that work is needed on students’ perception of support; particularly in relation to their confidence in seeking help.

The work I have undertaken with the FE colleges has helped to develop a better understanding between FE and HE about how we may work together in a more mutually beneficial way. This is key to helping students to prepare for their study at university as this allows access to them at an earlier stage but also enables more targeted preparation through their current studies. The importance of this project to my area of practice, is that it identifies and considers those factors that may assist students in their transition to studying on a higher education, professional programme and suggests a tailored approach to a programme of activities to address these challenges.

The work considers a more joined up and smooth transition for students from further education to higher education and by starting this preparation prior to the students joining the course, it is envisaged that this may reduce attrition and improve the individual student experience. This project will identify and describe specific approaches for the university to implement to support the applicants

through the recruitment and selection processes as well as during their transition and first year of study.

Recommendations from Project Findings

Recommendation One: Attrition and Retention

When I originally started this project I was very sure that one of the outcomes would be that the review of attrition data I completed would provide ways to identify, at the recruitment stage, those students who would be more likely to succeed or fail. However, the findings related to attrition and retention are threaded all the way through the project work as they are key to understanding more about our student group. My knowledge of this complex and multi-faceted topic has increased and I recognise the importance of sharing this with the relevant people to gain a more holistic picture and increase involvement and understanding. The recommendations from my findings also clearly show how my understanding of this complex issue has developed and this has led to being able to me to identify and propose several ways forward that will benefit both the student and the university

I learned from the preparatory work, through the literature searches and my own data analysis, that 'attrition' was too much of a blanket term and it was clear to me that it needs to be broken down using different definitions to assist with the better identification and management. As a school and university, we need to change our approach to how we classify the attrition data so that we can then reflect this in our reporting and on-going management.

I have identified that our attrition can be broadly considered in two ways;

- Students who leave
- Students who cannot continue on the programme through academic failure

The exploration of the attrition from one cohort showed me that we lost students in the first year and they did not return to either nursing or university life; this did not appear to occur in years two or three with this cohort. This finding is well supported by the literature as other projects have identified that students who do not integrate in year one or are helped to develop a relationship with the institution and their programme are more likely to leave, (Gillen, 2012; Tinto, 1975, Nelson et al, 2009). Also, Urwin et al.,(2009), commented that the factors that contribute to retention are not simply the opposite of, or the absence of factors that have been identified as contributing to attrition and this understanding needs to be integrated into how we provide targeted support for our students. This

finding led me to focus on developing an ongoing annual review at the end of year one, exploring the reasons why students stay as well as why they leave

My analysis showed that the main reason for students leaving after year one is usually related to academic or health reasons. Cameron et al., (2011), identified that the most common reason for leaving was academic failure whilst Glossop, (2002), showed that almost 50% of students cite at least two problems for leaving and identified that this creates challenges when trying to find associations between leaving and possible explanations. The students that I surveyed had also cited personal reasons or wrong career choice and these are the ones that concerned me the most because we know so little of the reasons why they left so early in their course and therefore, whether we may have prevented them from leaving for good.

One clear recommendation therefore is that our attrition reporting needs to include more detail about the profiles and backgrounds of the individual students so that we may develop better insights into understanding why students leave. Much of this information can be gathered from the university reporting systems but there also needs to be a way to record whether there has been intervention from academic staff and support systems as well as more detailed profiles of the students. I am aware that any profiling of our students needs to be approached in a sensitive manner and needs to consider the issues of confidentiality and data protection. My suggestion is that we investigate ways to include this in the personal tutor reporting systems online recently developed by the university. The students are coded according to a series of risk factors and this coding alerts their allocated personal tutors that there are potential problems. The system will also allow reports to be compiled and downloaded and I can see that this will add depth and useful information to future attrition reporting and management.

I will initially roll out the findings from this specific area of research in the form of a presentation and report to the Heads of Department and the Directors of Programmes who are currently involved in attrition monitoring and reporting. I envisage that the insights gained from more in depth profiling of those students who either leave or fail will lead to targeted support by both academic staff and support services for students on the programme. The university has recently invested in a new personal tutor support system and I recommend that the management of attrition and student support is linked to this.

I also recommend that attrition reporting is more widely available to all academic staff to increase awareness of why our students leave. Increasing awareness of the risk factors for likely attrition such as poor attendance or lack of engagement would likely increase the possibility of earlier intervention

as well as raising awareness of the levels of attrition from the programme. Bouden, (2008), asked students why they stayed on their nursing programme and 50% had considered leaving at some stage but decided to stay. This supports my finding that potential leavers can be persuaded to stay if they have appropriate and targeted support available to them.

Again, the new personal tutor system will support this approach as it identifies those students 'at risk' from analysing attendance, grades and interventions from professional services and this will encourage early intervention. Christie et al., (2004), found that only one third of students who left early had sought advice from personnel who were there to support them so the adoption of this personal tutor system will enable identification from trends and data rather than the student actively seeking support. Bouden, (2008), also identified that the students in her survey mentioned personal tutors as being the influential people in enabling them to stay so it is key that they are supported in their role with accurate information.

However, the rate and reasons for any attrition, particularly in year one, will still need close scrutiny and analysis to observe for any trends and to assist with future planning.

For me, in my recruitment role, the knowledge gained from the planned ongoing and increased attrition monitoring will enable me to include the outcomes from this project and future findings in my review of our recruitment processes and also in the dialogue with our partners in the FE colleges. Identification of specific 'risk' factors will enable the production of a better targeted recruitment and marketing materials as well as improved preparation for our induction and welcome activities and also ensure that we are meeting the needs of our students.

The predicted, positive outcomes from this recommendation will be an overall reduction in our attrition rates to bring us closer to the suggested acceptable rate of 13% , (Deary et al., 2003). Our students will be better prepared for the challenges of studying on a professional programme and this will be perceived as a positive step by the university as the drop in revenue received in year one will be reduced. Better attrition figures will also improve the ratings received by the programmes and this will increase the confidence of our partnership Trusts in our recruitment and selection processes.

I would also strongly recommend that we continue to ask the students at the end of each year, 'why did you stay?'. This does not have to be a lengthy, in-depth questionnaire but just a couple of simple questions to find out if they contemplated leaving and what helped them to stay. This information will enable evaluation of the support offered and accessed and also allow identification of the problems the students are dealing with and how they are coping.

A key recommendation is to identify a community of support for our students that they become aware of what is available, prior to their starting, so they can see what is available to them and why it is important. Boyd & McKendry, (2012), and Yorke, (2001), have also identified that engagement in year one has a significant effect on student retention and progression and this integration needs to consider professional requirements, competencies and identity.

This planned support will come from academics, mentors, peers and senior students, university support services as well as their friends and family. A further recommendation from this work will be working with the students to help them recognise this support and understand how they can and should be accessing it. I would strongly suggest to the programme team that we need to consider how we can build upon the sense of being part of a strong and supportive community, particularly amongst the year one students.

The implications for policy and practice for this recommendation are directed towards not only how we categorise our attrition but also how we manage the information gained from closer scrutiny. This work has already commenced as we plan to release bi-annual reports on not only our rates of attrition but also the reasons given. I am contributing to this work by including data from the recruitment process of the students who leave or fail, so that we have a more rounded and detailed picture from which to consider further changes to the support we can offer.

Recommendation Two: Buddy support

This identification of the need to consider how we may provide a more supportive environment leads onto my next recommendation. This has emerged from recognising just how important our own students are as ambassadors of our programmes and this work has shown how valuable their insights are to the socialisation and support of future and current students. I have shown in previous chapters how I have used the voices of the students in pre-induction events as well as marketing materials but the most revelation for me came from the activity I carried out with our third year students ways of developing their own coping skills.

It became clear to me that one supportive and helpful intervention would be to arrange for the more senior students to 'buddy' the first year students. However, after reviewing the findings from this project, my recommendation is that this begins before the programme and the relationship can be established to assist with the transition period and the first year of the programme. This also ties in with the need for students to find a 'positive learning identity', (Briggs, et al, 2012, p7), as part of their socialisation to the programme, university and profession. . Thomas & Revell, (2016), in their integrative review of the knowledge of resilience in nursing students, identified that nurse educators

need to develop a stronger knowledge of what effects a student's resilience as well as exploring ways in which it may be enhanced. This recommendation supports my finding as it shows that the introduction of a buddy system is a possible way of academic staff also helping senior students recognise their own resilience as well as assisting the newer students explore

However, the most important recommendation from these findings, is how this can be implemented for our students so that it is meaningful for them. It is clear from this project that we need to ensure that all students receive the help and support they need, especially when they are struggling with the demands of the programme as well as their life outside and analysis has shown that these students have often not sought out available help. An early intervention may have prevented the loss of some students so I have looked at ways of both providing increased pastoral support to all students but also ensuring they know what help is available and how to access it. This move towards earlier preparation is also supported by the literature which explored the experience of first year students and their transition into University life. The authors agreed that early social and academic integration is the key as to whether a student stays or goes and that the early socialisation of students to University life is desirable all round, (Tinto 1983; Harvey et al 2006; Currant and Keenan; 2009). Likewise, Robinson et al (2009), suggested that the facilitation of the processes of student collaboration contributes to effective learning as well as providing a supportive student network.

The exercise I carried out with the year three students showed me what a valuable resource they are as they have specific knowledge and experience to share through their time on the programme. They are also supportive of one another other as a group because of their shared time gained from the three years together. Their resilience and insights are key to helping new students develop their sense of belonging to the university and their career.

My recommendation is that we develop a buddy scheme where senior students are linked to our potential students to help them start the process of socialisation and transfer to university life. I can also see that it would be beneficial to the senior students as taking on this role will help them with developing key skills that are transferrable to them as registered nurses; teaching, mentoring, guiding and reflecting. Leese, (2010), highlighted the importance of support during the early days at university and her research identified feeling able to 'ask questions' as one of the key areas in reducing anxiety and the allocation of a buddy will assist enable this to happen.

Many of our students already work as student ambassadors and assist at open days and recruitment events and also contribute to marketing materials. I envisage that becoming a buddy to new students could be seen as included in this role. They can be used to contribute their knowledge and insights for

the content as part of the project team as well as being involved in short films that provide a glimpse in the life of a student nurse. Our students have always acted as informal buddies to more junior students when they are in placement together and I also recommend that we find a way to make this relationship more evident, not just to the students themselves but also as part of our marketing materials so that all students are aware of the benefits and support available.

My recommendation for a change in practice is a process that can begin much earlier through the use of the already established Middlesex app which is available online for phones, iPads and computers. The recruited senior students can register as buddies and potential students can identify themselves as interested in having a buddy. There will be a need for these buddies to receive specialist training and support in this role as well as agreements regarding time commitments and confidentiality and support from academic staff. The Student Union currently manage and run the buddy programme for the whole university for students who are enrolled and studying, (<https://www.mdxsu.com/buddying>). My recommendation is that this scheme is extended to those students who are applying to study at the university, in the first instance for student nurses. If this approach is well received and identified as successful the university may then wish to adopt it for all potential new students as a way of preparing, welcoming and supporting them. There also needs to be consideration of how this approach may also help to develop the sense of belonging to a supportive university community.

The university app is available to all and free to download and contains useful information about the university for students and staff, (<https://www.mdxsu.com/articles/out-now-the-mdxsu-app>). My recommendation is that a specific area is developed within the app targeted at potential students to assist those who are thinking of applying and provides supporting information through the recruitment and induction processes to when they start their programme and beyond.

The three themes I identified at the start of the project, in Chapter one, will be used to frame the included material for the potential students but in a targeted and focused way for each field of nursing. This development work will require resources and expert input from the relevant teams at the university, but I envisage that this may be included in the annual marketing planning as part of the overall vision for dealing with potential new students.

The app content will need to be engaging and relevant and not a 'one size fits all' approach but it would be entirely appropriate for the current students to take the lead on this and own the content with some input from academic staff as well as professional services.

I recommend that the content should include specialist webinars related to specific programmes; delivered by staff and students. These would have the benefit of demonstrating what teaching is like

at the university but also providing a taster to assist with engaging in a learning activity to help prepare for their studies. There should be virtual reality tours of the university but with a focus on areas such as skills labs as well as the type of learning and teaching they will experience.

The major change in practice which encompasses recommendations 2 and 3 is that I believe it is important to change the way we view the students and their 'start' date on the programme. We need to develop a more seamless and streamlined progression through the recruitment and selection processes through to actually commencing their studies. I am proposing that we start to consider our students as ours as soon as we acknowledge that we have received their application. This will mean that we need to consider the communication we send out to them and what support we can offer them to help with their preparation. This will help to develop the sense of belonging and provide the programme teams and current students with an opportunity to be involved in the development of bridging activities.

This approach will be further explained and developed in my next recommendation

Recommendation Three: Development of pre-induction information and activities

The key to better preparation of our students is both the quality and the relevance of the materials we make available and how they are presented. I am recommending that we consider developing a targeted journey for each field that will be available at key stages of the recruitment processes, through to the first year of the programme. This approach is supported by the literature as the key findings are that induction should be a process rather than a one off event to ensure that students are supported through their transition and integration to university life, (Briggs, 2010, Knox, 2006).

The table below includes suggestions for targeted materials for each stage of the student journey from pre-application to induction, designed to accentuate the key points at that stage and help with the process. However, I am aware that all this material needs to be carefully managed to ensure it makes up a clear and coherent journey that is timed to support the various stages. It will also be important to include our Trust partners in the material, as our students will be spending 50% of their time in clinical practice and providing some idea of what to expect as a student nurse will help with their preparation for this.

I know that at any time this material is made available, the applicants will also be receiving emails and information from the university informing them of key information to support their application. Important information can easily be drowned out in a sea of well-meaning communications so the introduction and release of these materials needs to be carefully planned with colleagues. The earlier identification of our student group and the recognition of the need for this to be reflected in the

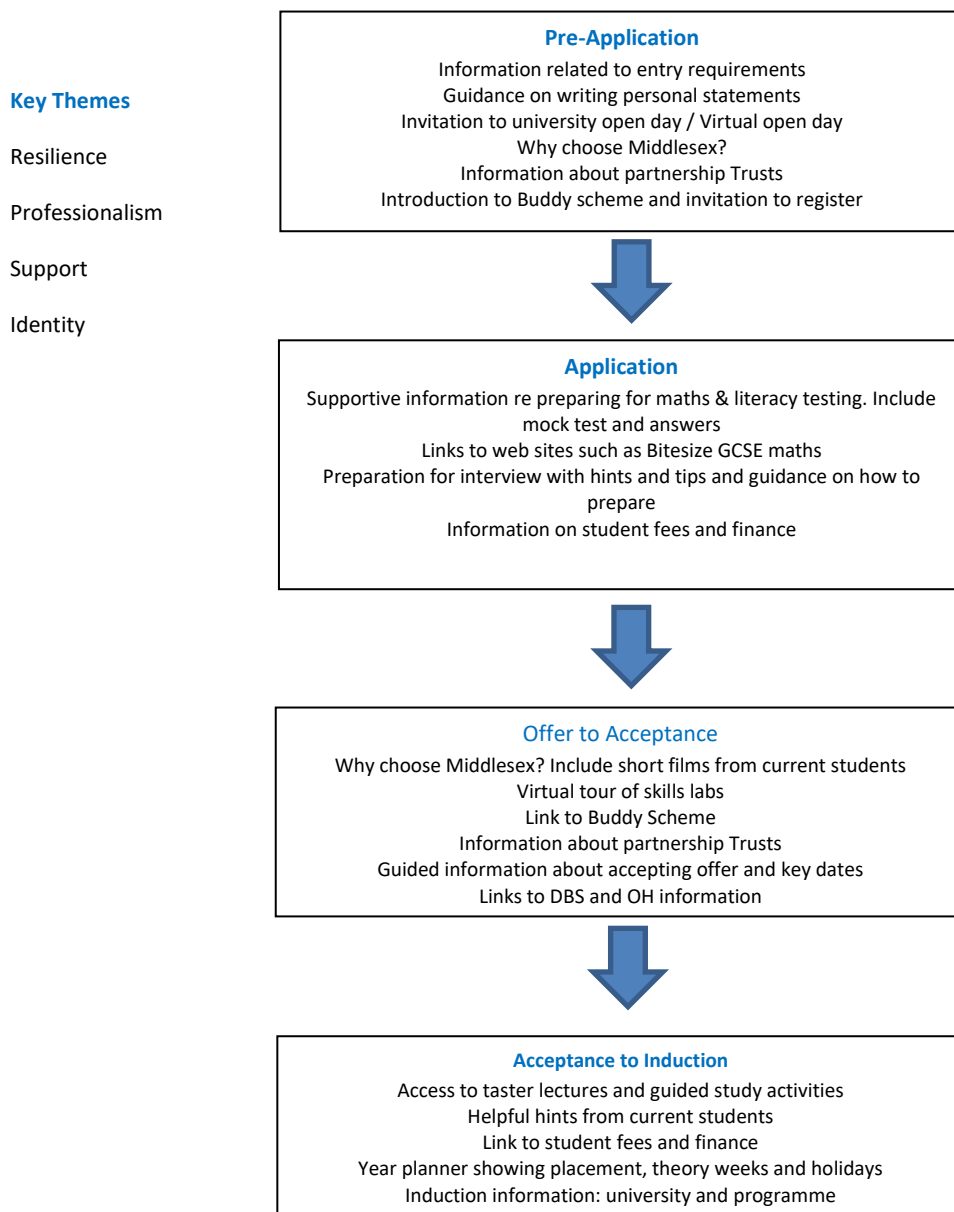
approach the university adopts in the tailored welcome communications and events. The change in practice will be that whilst currently, welcome and induction activities focus on September and October start dates and there are some events planned in the months before, this project has identified the need for a comprehensive set of welcome activities and information available for all students that will start once the university has received their application. I have started the work for this with the nursing team as we have a new curriculum commencing in September. The planning teams are looking at specific pre-learning activities that will introduce the students to both their modules and university life. This approach will also comply with the university's policy recommendations for the adoption of the new Technology Enhanced Learning (TEL) frameworks. The guidelines state that all learning materials should deliver a 'consistent inclusive student experience that supports active practice based learning', (<https://www.intra.mdx.ac.uk/about-us/services/centre-for-academic-practice-enhancement/technology-enhanced-learning/tel-standards>).

There also needs to be an interactive element to these activities so one suggestion is that there could be a live web chat with students at certain times during the week or an ask the tutor Q & A session.

This is not an exhaustive list of the activities and information for each stage but suggested starting points based on project findings and my knowledge of the recruitment processes and the information required as they progress from application to induction.

I have identified key themes to be included in the materials and one of the most important ones at the moment is resilience. The growth in the understanding for the need to be a resilient practitioner has happened as I have been finishing the work for this project and I have started to address it through our recruitment materials. I recognised the resilience in the year three students when they described how they had managed difficult situations and from this started to consider ways of developing the necessary skills and insights in our new students. However, I am not an expert in this area but would recommend that resilience training starts prior to starting on the programme and a programme of activities is developed to assist with this. The literature supports this approach and recommends that educators need to move away from examining character traits and risk factors to developing protective factors associated with resilience, (Waite and Richardson, 2002, Hodges et al., 2008, Stephens, 2013).

Table 6:1 Key Stages of Recruitment Processes and Related Information



The pre-induction days have been consistently well evaluated and need to be continued but there needs to be consideration given to those students who are unable to attend and therefore miss out on the information and networking. There is a need to make the material available on line but in an interactive and inclusive way. Consideration could also be given to live streaming the event as well as having the sessions available afterwards as webinars or podcasts. Other recommendations to help develop student identity are to consider how to use social media effectively through dedicated Facebook or Twitter accounts where they would be encouraged to contribute prior to starting on the

programme. However, there would need to be guidance offered about how to stay safe and respect confidentiality as well as being aware of privacy issues and oversharing information.

Recommendation Four: Partnership working with FE Colleges

My final recommendation is consider how we as a university can improve our working partnerships with our colleges. This project has led me to better understand the pressures that our colleagues in FE face when helping students prepare to transition to studying at university and this has led to further consideration of how we can work together in the future in a way that is beneficial to use all. There are several ways to start addressing this based on both my findings and these are supported by the literature. O'Donnell, (2011), in a review of attrition from nursing courses, suggested that nursing students may drop out of their courses due to under-preparation by their college / FE experiences and Briggs, (2010), also identified the need for more structured activities on campus and clearer expectations of what was expected of them.

I intend to ensure that there is an annual event in the university where we can meet together, FE and HE staff, and discuss key initiatives and challenges and consider ways of managing processes and communications between us.

However, I can see from both my findings and the literature, that there is a need to look more closely at the issue of 'bridging' and start to consider what measures may actually help with this transition. A key area from the literature that I found to be of interest is there have been no major longitudinal studies tracing the progress of students from FE to HE. I believe that this would be a significant piece of work that would produce valuable insights into the progression of students from a mainly widening participation background. This would be a complex and lengthy undertaking but one that could benefit both the university and FE colleges as well as future students. There is a clear need to work more closely together on joint projects that help with understanding the pressures and the challenges and decrease the gap between FE and HE.

Summary of Project Recommendations

Table: 6:2

The final recommendations are all related to the three original themes of the project:

- Managing finances as a student during a nursing programme
- Managing the challenge of academic study
- Managing the challenges of professional practice

<p>1. Attrition monitoring and profiling</p>
<p>Continued analysis and reporting of rates of attrition across the programme. To be shared with both key members of senior management and all academic staff to raise awareness and understanding of the level of attrition and reasons given</p> <p>Review of attrition to include more detailed profiling of the students to aid understanding of the reasons why students leave; age, entry qualifications, work experience and engagement with university support systems.</p> <p>Linked to university personal tutor reporting system</p>
<p>2. Buddy system</p>
<p>Link up potential students with current students to offer support and guidance during the transition and the first year of the programme.</p> <p>Associated material to include resilience and reflective activities.</p> <p>Promotion of on line materials as part of marketing plans for recruitment and induction activities.</p> <p>Utilise MDX app as platform to support the availability of materials</p> <p>Student focused and student led with support from student union</p> <p>Use of webinars, guided virtual reality tours, teaching and learning activities</p> <p>FAQs and live chat</p> <p>Links to Twitter feed and Facebook pages</p> <p>Buddies receive guidance and support from MDXSU and academic staff. Focus on developing skills in teaching, mentoring, communication and reflection</p>
<p>3. Development of Pre-Induction information and activities</p>
<p>Use of Middlesex app to assist with activities.</p> <p>Virtual tour of facilities. Focus on specialist areas such as skills labs</p> <p>Taster lectures as podcasts</p> <p>Interviews with current students from each field.</p> <p>Year planner showing teaching weeks, placements, holidays, reading weeks</p>

Example of timetable showing teaching weeks

Assessment guide and planner for the year

Guide to placements and professional behaviour

Practical advice regarding university life.

Financial planning and guidance.

Helpful tips from current students

Recommended reading or preparatory activities

4. [Partnership working with schools / colleges](#)

Continue to develop ways of working with colleagues in FE to develop understanding of the challenges of their role.

Dedicated email account for queries and advice

Annual meet up facilitated by the university to discuss ways to move forward and consider joint projects to address the aims of this project.

Development of integrated activities to develop readiness and preparedness

Work on a joint proposal for longitudinal project following students through from FE to HE to monitor achievement, attrition and gain insights from the students to assist with recruitment activities.

Statement of Limitations and recommendations for further research

The realisation that there is no end to this work is both exhilarating and alarming. I was aware of the need to remain focussed throughout and not be led down different avenues by findings that were interesting but distracting. However, now the project is complete I can focus on how to carry on the research identified through the findings but also consider the limitations of the work. However, I can also see that the major limitations to this work were mainly due to my own limited resources and the time available to me.

The limitations of this work are also related to the lack of collaboration with similar universities in London who run also nursing programmes. There is no forum where admissions staff meet up to discuss the issues we are facing or to suggest collaborative ways of working as we are all competing with each other. It is possible that I may be able to share my findings and recommendations with our competitors but we are all chasing after the same candidates in a decreasing pool and we are all mindful of the need to protect our own positions. I would need to consider if I am handing them information that would assist their recruitment or improve their attrition and therefore weaken our position.

It would have been helpful to this work and the findings if I could have collaborated with our competitors to gain a bigger picture but this information is not likely to be shared as it is sensitive information. It is possible that levels of attrition may be available for comparison from each institution, the individual student data that would provide a more comprehensive picture would be more difficult to access and use. However, the comparison of attrition figures as well as reasons for leaving could produce a more comprehensive picture of the specific problems facing students in London and discussions take place on how to address these through a joined up plan.

Likewise, the ideal piece of longitudinal research arising from these findings would be to map the progress of a sample of students from FE colleges across London, during their transition to nursing programmes at university and then at specific points during through their course and beyond. This would provide valuable information about the student journey for both colleges and universities and highlight the areas where students struggle the most as well as identifying good practice. I still hope that this may be possible but would require agreement and collaboration from all potential institutions and students as well as a project team to manage the process, enquiry and outcomes.

I am also aware that the majority of the research for this work took place prior to change in funding in 2017 so I recognise that it would be beneficial to repeat some of the investigation once the first cohorts who are self-funding have completed. This would help to show the difference in the make-up of the cohorts such as the reported drop in mature applicants as well as any changes in rates of attrition or reasons.

Chapter 7: Reflexive account of personal learning and professional journey

Introduction

When I look back at the journey I have been on since starting my doctorate, the one word that truly defines the whole experience for me has to be 'transformative'. Clarke and Graham, (1996, p26), defined the process of reflection as 'the period of thinking that allows the individual to make sense of an experience and to place it in context.' Completing this chapter has allowed me time to reflect and recognise the importance of the experience and how important it has been for me and for my future working. This has been about so much more than gaining the qualification, even though the end goal and title were often the motivation I needed to carry on with the work.

Boud et al, (1985, p19), suggested that 'reflection in the context of learning is a generic term for those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings.' When I look back on the knowledge and skills I have gained and how they are already a part of work and my role I can see the new understandings being applied but also how this process has increased my knowledge as well as my confidence in my research skills.

I do not have to reflect for very long to acknowledge that combining doctoral study with my fulltime job has been one of the most challenging things I have ever attempted, and this reflective account is an honest exploration of my professional journey and personal learning.

Reflective Practice

Reflective practice has long been an integral part of my professional life, both as a nurse and as an academic so I am aware of how useful it may be in helping me to make sense of situations and develop a deeper understanding to help with problem solving. I am experienced in introducing reflective frameworks to others, both as a ward sister and a teacher, to help students and practitioners acquire reflective and critical thinking skills that will assist them in their working life. My understanding has long been that when you develop reflective skills as a practitioner it helps to deepen the understanding of how you behave and react in situations and helps you to also recognise the positive and the negative traits in yourself, (Bulman and Schulz, 2008).

As a nursing academic, I developed and ran a module for several years which ran in the third year of the nursing programme: Reflection and preparation for professional practice. The module was tasked with helping the students to look back at their journey and see how they had acquired the skills and knowledge that would transfer to their professional practice as trained nurses. They could then

recognise their own coping strategies and work on their transition to working as a registered nurse with a deeper understanding of themselves. This module helped me develop my confidence in my own reflective practice as well as observing how it helped the students make sense of their experiences.

Where it began for me

My nursing training was carried out under the old apprenticeship model so when we were attending clinical practice placements we were included in the staffing numbers and were usually left to our own devices after being given our instructions for the shift. We had little time allocated for learning on the job or reflecting on our progress, as we each had a case load of patients who we cared for with little supervision or guidance. We worked as a close team with other students and healthcare assistants and occasional visits from our clinical tutors who would review our progress and question our knowledge.

When I first commenced the doctorate programme I was optimistic about the length of time it would take me to complete the project as I had recently completed my masters and received a high grade for my dissertation and exited with a merit award. I felt confident that I could maintain the level of commitment required to keep up with the work as well as my full time job as academic and programme leader. I am very familiar with studying and working at the same time as I have never been a full time university student and therefore never experienced any other way of gaining further qualifications. My first degree was completed when I was a ward sister at a London Trust and my masters undertaken when I first joined the University as a lecturer. I was aware of the struggle to allocate the required time to studying and writing but it did help to prepare me in some ways for the work required to complete this project but I knew this from the start.

The Doctoral Struggle

I recognise now that in so many ways I was so unprepared for this doctoral journey. I was regularly challenged by the requirements and commitment needed from me to stay on track and focussed. I struggled to deal with the loss of my original supervisor as I valued her input and support and felt that she understood the way I worked. I had known her for many years as a colleague and she had supported me during my first degree and was a critical friend during my masters. I realise now that I failed to recognise my own ability to carry on and so I let everything slide as I thought I could not manage without her support. I met with her replacement on only one occasion and it was a not a successful meeting as she appeared to show little interest in my work or how to develop it further, so

I did not seek out any more meetings and just put everything to one side whilst I concentrated on the demands of my role in recruitment.

I did continue to work on relevant data gathering and literature searching and often this was because it was relevant to my recruitment role and my need to develop new approaches or understand a particular trend. For example, I was genuinely interested in the analysis of the profiles of the finalists of one cohort that I carried out as this was relevant to the development of the recruitment procedures. I was able to show that students with traditional qualifications did not fare better than those with Access or BTEC. The better understanding of our students that came from this analysis, contributed to shortlisting decisions as well as the outreach work we were planning with future students.

My doctorate sat on my shoulders at all times and I recognise that I spent too much time without writing anything but just collecting data and articles and therefore persuading myself that I was doing something. I shied away from any deep reflective exercises or proper writing and came to realise that it was time to stop hiding and knuckle down to some serious work.

I recognized the need to focus on the key areas from the supporting literature that would shape my project but I could become side tracked by research that was more relevant to my recruitment role, at times it was difficult not to become excited by the prospect of other projects or collaborations. However, my next allocated supervisor was much more on my wave length and once we started planning the next stages of the project I became convinced once again that I could complete an impactful project.

I now recognise that this was a turning point as I once again felt confident in my own voice and research abilities and once I started writing I could become quickly immersed in the work and how it was developing. One thing I learned quite late was to not constantly look at the whole project and think that I needed to write great big chunks of the chapters all at once. This was pointed out to me by new supervisor as I sent him over two huge pieces of work with no thought as to how this would impact on his own workload or how difficult it would be for me to edit when I received his feedback. After this I realised that I needed to think of the project in bite size chunks and set smaller, realistic goals and therefore it became much easier to deal with. I started to focus on small areas of one chapter and then thinking about how it fits with the project as a whole and just write that paragraph or page and stop editing the same section over and over again.

My supervisor was much more appreciative of little and often submissions rather than drowning him in large, unfocused chapters and it was easier for me to edit and amend once they were returned to me. In the early days I just wrote until I ran out of inspiration and then sent them off but realised that

this was unhelpful to both of us and I needed to be more focused and specific, both about what I was writing but also what I needed in terms of support and guidance.

The feedback and guidance I received from both my supervisor and consultant helped me to be more organised and focused during those times when I was overwhelmed and underproductive. However, even when I knew what I should be doing, there were times when I felt that I would never find the time to complete the work and I found this stressful. My recruitment activities mean I regularly work weekends and evenings and finding other time to read or write was a challenge but I also recognised that not writing was a stressor in itself as I worried about not meeting deadlines.

At times, when I was attempting to compile the final project, I had this wish that I were more brave and less reluctant to immerse myself in writing in the earlier days of the journey. I recognise in myself that I often wish I had been more assertive in the choices I have made and just gone for it. I know I have had little confidence in my ability to write, even though both my supervisors have told me that I can. One of the best pieces of advice I received came from a colleague who often reminded me to 'just write'. This did become my mantra and even on those days when I struggled to find the time and motivation I would open up a chapter and may be just add two or three lines so that I could say to myself that I had been able to 'just write' on that day.

I also underestimated the importance of giving myself time and space to think, reflect and process the work I was doing. I became more aware of this as I worked through the final chapters and the findings began to knit together in a cohesive way that helped to make sense of the recommendations. This headspace was crucial and often not easily achievable with the other demands on my time but once I recognised the importance of spending time thinking, I worked hard at securing this space for myself even if it was just in the car driving to work.

When I look back on some of my behaviour and how it seems at times that I worked hard to actively avoid writing; I recognised that I enjoyed the data gathering and literature searching and also realising how the information I gained had enhanced my recruitment work. It was the writing up I struggled with and so I often avoided this but even now I am not sure why, as once I got started I enjoyed the satisfaction of the work evolving and making sense on paper and in my head.

I can see in myself that my confidence in my professional knowledge has increased through the work undertaken for this project. I gained such valuable information to support my role and I slowly began to feel that I was an expert in my field and could demonstrate this through my responses and decision making. I became aware of how I applied the knowledge and skills to my role and this made me more confident in tackling the writing up of the final chapters because I could recognise the difference in

me and the transformation through completing my doctoral journey. I have developed a more analytical and critical approach to the way I approach my work and seek information for my role and feel strangely elated about completing this project.

Conclusion

I can genuinely say that completing this work has taught me so much about myself. I have struggled but not given up and I have learned so much along the way about what it means to study at this level and how to survive. I have had to deal with the guilt of not writing and identifying the reasons for avoiding it but also acknowledging that the space you allow yourself to just relax is so important. The work never leaves you and you live it every day but it has to be a part of your life and not allow yourself to be consumed by it.

However, the feeling I got when the work started to come together and make sense and I developed confidence in my writing and knowledge, is hard to describe. Reflecting on my progress, the advancement of my research and analytical skills as well the application of new knowledge to my role has shown me the personal and professional worth of this journey.

The biggest change I recognise in myself is the confidence I have gained from the expert and unique knowledge and expertise I have gained through the completion of this programme and the final project. I can see how this project could have a real impact on the way we prepare our students and also improve their chances of completing their programmes and qualifying as a nurse. I can see how this work has focused my thinking and I am proud of working my way through this but I recognise the benefits from this project; not just to me but to the university and our future students.

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List of Appendices

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APPENDIX ONE

September 2017 Recruitment Figures: Conversion Rates

The chart below shows the conversion rates for the September 2017 cohort from applications received to the university to the final starting figures. The 2016 data has been included for comparison.

Analysis of this data shows that even though the university receives a high level of applications for each programme, we struggle to meet our target numbers. It should be noted that each applicant is able to apply for five different universities so we are in a highly competitive market.

Previous work has shown that the biggest loss is at the testing stage where we regularly lose around 50% of the applicants as they are unsuccessful in the test. This analysis showed me that we needed to assist them with the preparatory work and materials.

The agreed numbers for the programmes were:

Agreed Target figures:

BSc AD	171
PgDip Ad	25
BSc MH	65
PgDip MH	30
BSc MWY	71
BSc MWY short	27
BSc Ch	70

Conversion Rates 2016 / 2017

	2017apps	Apps to Offer 2017	Apps to Offer 2016	2017 Offers	Offers to Accepts 2017	Offers to Accepts 2016	Accepts 2017	Accepts to UFs 2017	Accepts to UFs 2016
BSc AD	1,775	19%	14%	394	58%	66%	228	83%	83%
PgDip Ad	450	15%	12%	69	57%	59%	39	79%	76%
BSc MH	631	16%	12%	100	70%	71%	70	76%	89%
PgDip MH	448	20%	15%	90	64%	77%	58	83%	79%
BSc MWY	791	19%	14%	152	66%	69%	101	70%	65%
BSc MWY short	146	26%	18%	38	84%	79%	32	88%	70%
BSc Ch	700	20%	14%	140	56%	66%	79	80%	82%

Data retrieved from university systems

Appendix Two

NMC Standards for Education, (2010)

Standards for pre-registration nursing education

Standard 3: Selection, admission, progression and completion

Purpose To ensure that processes for selection, admission, progression and completion of nursing and midwifery education programmes are open and fair.

Responsibility Programme providers.

Standard Processes for selection, admission, progression and completion must be open and fair.

Requirement		Guidance
R3.1	AEIs must ensure that selection and admission criteria include evidence of a good command of written and spoken English, including reading and comprehension. For programmes delivered in Wales, selection and admission criteria must include evidence of a good command of written and spoken English or Welsh, including reading and comprehension.	
R3.1.1	AEIs must ensure that selection and admission criteria include evidence of literacy, including the basic skills required to follow a pre-registration nursing programme at a satisfactory level.	

Standards for pre-registration nursing education

Requirement		Guidance
R3.1.2	AEIs must ensure that selection and admission criteria include evidence of ability to communicate clearly and effectively in writing, including using a computer.	G3.1.2a When applicants from outside the European Economic Area (EEA) offer the International <u>English Language Testing System</u> (IELTS) as evidence of literacy, AEIs should apply NMC requirements for overseas applicants to the register. In these cases, the NMC will accept IELTS examination results (academic or general) where the scores are at least 7.0 in the listening and reading sections and at least 7.0 in the writing and speaking sections, and where the overall average score is at least 7.0.
		G3.1.2b AEIs should ensure that, wherever possible, applicants are given feedback on their level of literacy in relation to their application to support their developmental needs.
R3.2	AEIs must ensure that selection and admission criteria include evidence of capacity to develop numeracy skills sufficient to meet the competencies required by the programme.	
R3.2.1	AEIs must ensure that selection and admission criteria provide evidence of basic numeracy skills, such as the ability to use numbers accurately in respect of volume, weight and length. These skills must include addition, subtraction, division and multiplication; use of decimals, fractions and percentages; and the use of a calculator.	G3.2.1 AEIs should ensure, wherever possible, that applicants are given feedback on their level of numeracy in relation to their application to support their developmental needs.
R3.3	AEIs must specify appropriate academic and professional entry requirements.	

Standards for pre-registration nursing education

Requirement		Guidance	
R3.3.1	AEIs must ensure that selection and admission criteria for all programmes include certificated evidence of completion of general education of 10 years, as defined for nurses responsible for general care in article 40(2)(a)(b) of <u>Directive 2005/36/EC</u> on the recognition of professional qualifications.		
R3.4	AEIs must ensure that students meet NMC requirements for good health and good character.		
R3.4.1	AEIs must check evidence of students' good health and good character when they enter the programme. They must also check evidence of good health and good character at progression points and on completion. Good health and good character must also be checked when transferring from a nursing programme elsewhere, or when rejoining a programme after a lengthy break. AEIs must require students to immediately declare any cautions and convictions they receive, including charges pending, before entering and throughout the programme.		
R3.4.2	AEIs must ensure that students already registered as nurses or midwives, who are undertaking a further programme leading to a mark on the nurses' part of the register, comply with NMC requirements for good health and good character.		

Standards for pre-registration nursing education

Requirement		Guidance
R3.4.3	AEIs must ensure that applicants from outside the UK meet the same requirements for good health and good character as UK applicants. Non-EU students must also meet UK government requirements for healthcare workers from overseas.	
R3.5	Programme providers must ensure that programmes include opportunities for accreditation of prior learning (APL).	
R3.5.1	Programme providers must have rigorous processes for accrediting both theory and practice learning.	<p>G3.5.1a</p> <p>AEIs should apply APL when accrediting previous learning in theory or practice for students who are:</p> <ul style="list-style-type: none"> • starting a programme • transferring from one AEI to another • moving from one nursing field to another • returning to a programme after a lengthy break.
		<p>G3.5.1b</p> <p>AEIs should develop their own APL procedures based on best practice (for example <i>Guidelines on the accreditation of prior learning</i> (Quality Assurance Agency 2004) to be endorsed at programme approval.</p>
		<p>G3.5.1c</p> <p>AEIs should show for each student how previous learning is mapped to programme outcomes and requirements. AEIs should determine the amount of learning accredited in both theory and practice (up to the permitted NMC maximum).</p>

Standards for pre-registration nursing education

Requirement		Guidance
		<p>G3.5.1d</p> <p>AEIs should be able to show how all programme outcomes and requirements have been met in both theory and practice by the end of the programme through a mix of prior learning and programme attendance. Students cannot be exempted from meeting any programme requirement.</p>
		<p>G3.5.1e</p> <p>AEIs, when applying APL, should make sure that all progression criteria have been met in both theory and practice for the relevant parts of the programme.</p>
R3.5.2	AEIs must have processes in place to allow APL for up to a maximum of 50 percent of the programme, provided all requirements are met in full. This can be done by combining accredited learning with learning undertaken as part of the approved programme.	
R3.5.3	AEIs must ensure that where APL is applied to students studying adult nursing programmes, the general care requirements of Directive 2005/36/EC are met in full (annexe 1).	
R3.5.4	AEIs receiving students who are transferring from one institution to another must ensure their previous learning is mapped against the new programme, so that they meet all necessary standards and requirements by the end of the programme.	

Standards for pre-registration nursing education

Requirement		Guidance	
R3.5.5	AEIs must have processes in place to consider unlimited APL for first and second level nurses registered with the NMC entering programmes that lead to qualification in the same or another field of practice, provided that all requirements are met in full.		
R3.5.6	AEIs must have processes in place to consider APL to a maximum of 50 percent of the programme for NMC registered midwives entering pre-registration nursing programmes, provided that all requirements are met in full.		
R3.6	AEIs must ensure that the selection process provides an opportunity for face-to-face engagement between applicants and selectors.		
R3.7	AEIs must ensure that the selection process includes representatives from practice learning providers.	G3.7a	AEIs should ensure that, where possible and appropriate, the selection process also includes nurses in current practice, service users, carers, nursing students and people with disabilities.
		G3.7b	AEIs should take account of the views of those directly involved in selection when making final decisions to accept or reject an applicant.
R3.8	Programme providers must ensure that selection is conducted by people who have been trained in the principles of selection, anti-discriminatory behaviour and equal opportunities.		
R3.9	Programme providers must have processes to manage interruptions to programmes.		

APPENDIX THREE

Feedback from Pre-Induction Days –May & June 2011; summary of comments from attendees

Attendees at the open days were provided with feedback questionnaires, entitled 'One Thing' and asked to state one thing they had learned and one thing they were going to do to prepare for their programme as well as any further comments they may have. The themes were extracted from the responses and applied throughout the project as well as future planning for similar events.

The overarching three themes were:

- Managing finances as a student during a nursing programme
- Managing the challenge of academic study
- Managing the challenges of professional practice

BSc Child Nursing

1. Please tell us one thing you have learned today

- Clear view about how child nursing will be & the stresses it can bring (2)
- How placements work (2)
- Too much to list but think there is a 100% maths test or something
- I have learned how my course is structured (2)
- More of what to expect
- Time keeping (1)
- Campus tour
- What to expect in the first year
- Better understanding of what this degree entails
- How to behave in placements
- How to handle situations
- Get ready for a highly challenging year but rewarding
- How to apply for a bursary
- Finance (2)
- Accommodation
- The reality of being a student nurse
- Different modules

2. One thing you are going to do to start preparing for September

- NMC website - explore professionalism in nursing
- Reading (11)
- Prepare my time management (6)
- Save up
- prepare maths, biology (2)

- Get organised
- I am going to work on punctuality

3. Any other comments?

- it was very helpful
- covered everything
- I enjoyed the session
- It was a very informative day
- Cannot wait to start
- Pre-Induction definitely worth it
- Today was very helpful

BSc Mental Health

1. Please tell us one thing you have learned today

- Time management (3)
- Funding (2)
- How the first year will be run
- Being on a nursing course needs commitment, time management
- There is a lot of support available
- Assessment requirements

2. One thing you are going to do to start preparing for September

- Planning my activities (2)
- Sort out my child care
- Keep a diary (2)
- Get my finances in order
- Get prepared

3. Any other comments?

- Looking forward to learning more about mental health nursing
- It was really worthwhile attending today
- Middlesex University is very welcoming
- Good lunch (2)
- The teachers provided lots of information
- The help from Ambassadors has been a great help
- Thank you!

BSc Adult Nursing

1. Please tell us one thing you have learned today

- More about what is expected of us (2)
- I have made the right decision to study adult nursing at Middlesex
- Don't drive to Hendon

- More about adult nursing
- Start date and term dates (3)
- How to best prepare (3)
- What it means to be a student nurse (3)
- The different modules (6)
- Placements (4)
- Time management is essential (4)
- There will be a lot of independent study
- The course is a 45 week year
- The layout over three years
- Middlesex has a great support system
- Funding
- Course content (2)
- Student exchanges
- The course requires dedication
- 50% theory and 50% practice
- How to be a good student nurse (2)
- Always think about your patients & how they may feel
- This will be my life for the next three years

2. One thing you are going to do to start preparing for September

- Time management (7)
- Reading and research (9)
- How to seek help
- Finances (5)
- Transferrable skills from Access to degree
- Start planning (2)
- Reading about anatomy & physiology(5)
- Get organised (2)
- Practice numeracy skills
- Sort out childcare (4)
- Get a diary (4)
- Buy good shoes
- Have a holiday before September
- Part time working through the course
- Sort out my priorities

3. Any other comments?

- Very informative (11)
- All staff very helpful (2)
- Good to learn both positives and negatives
- Lovely lunch (4)
- Great day

- Thanks for your time
- It was a wonderful and informative day
- The tutors and ambassadors were really nice
- There are no student parking facilities so parking is going to be difficult
- More students would give different perspectives
- Very informative and realistic
- Feel more confident about being a student nurse
- Adult student nurse was excellent
- I felt welcomed and like a student nurse
- Thank you

APPENDIX FOUR

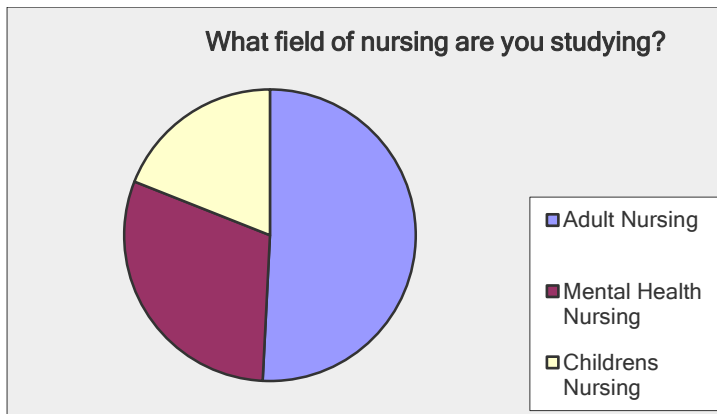
Results from survey of year one students:

Q1. Field of nursing

50.8% adult

30.2% MH

19% Child



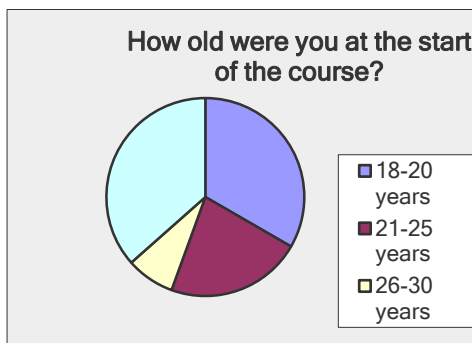
Q2. Age at start of course

18 – 20 33%

21 – 25 22.2%

26 – 30 7.9%

Over 30 36.5%



Q3. Have you had reason to seek support during year one

Yes 68.3%

No 31.7%

Q4. Was this in relation to:

	Response Percent	Response Count
Personal Circumstances	29.3%	12
Health issues	17.1%	7
Financial Issues	29.3%	12
Academic challenges	58.5%	24
Placement challenges	26.8%	11
Other reasons		4*

41 students answered and 22 skipped the question.

*Other reasons given were:

1. Dyslexia support but none given
2. N/A
3. Essay and lecturer
4. Looking at transferring universities

Q5. If you did seek advice, who was this from?

	Response Percent	Response Count
Personal development tutor	22.2%	10
Programme Leader	37.8%	17
Module teacher	24.4%	11
Module leader	11.1%	5
Student Achievement Officer	4/4%	2
Practice based Learning Unit	8.9%	4
Fellow Students	26.7%	12
Family / friends outside nursing	26.7%	12
Learning Development Unit	44.4%	20
Money and welfare services	24.4%	11
UniHelp	15.6%	7
Clinical Practice Facilitator	6.7%	3
*Other		6

45 answered the question and 18 skipped the question

*Other support identified was members of the academic team, the access to learning fund and medical support outside the university.

Q6. Was the support you received useful?

86.7% said yes and 13.3% said no.

45 answered the question and 18 skipped it

Q7. Which of the following aspects of year one did you find the most challenging?

Answer options	Rating
1. Living away from home	7.59
2. Family and child care commitments	6.46
3. Working shifts	6.30
4. Travelling to placements	5.65
5. Placement in a different field from your own	5.62
6. NIP / MHR / PHC 1000 essay	4.97
7. NIP 1003 Learning logs	4.87
8. First placement	4.76
9. Financial issues	4.45
10.NIP 1002 Skills Assessment	4.19

Q8. Do you feel clear regarding who to go to with practical problems?

82.5% said yes and 11 said no.

63 answered the question and no one skipped this question.

Q9. Is there a type of support you think would be helpful in year one that was not available to you? If so, what?

44.1% said yes and 55.9% said no.

59 answered question and 4 skipped the question

Themes identified:

More support in understanding what is required for academic work

Timetabling and course organisation

Financial support

More one to one support

Meeting up with year two / three students

Q 10. If there was a resource aimed to explain and confirm the range of support mechanisms available to new students with problems, what is the best format?

Hard copy 29%

Phone ap 11.3%

UniHub page 59.7%

62 students answered and one skipped

Q 11.

What were your entry qualifications?

Access course: 59.2% (29)

BTEC 14.3% (7)

A levels 26.5% (13)

*Other (18)

49 answered question and 14 skipped

*Other includes NVQ 3 / Cache diploma / FETAC / Irish leaving cert/

Q 12.

Did you attend a university open day, (not pre-induction or induction) prior to starting on the programme?

Yes: 38.1%

No: 61.9%

63 answered question and 0 skipped it.

Q13.

Is there anything you wish you had known before you started on the programme?

48 answered the question and 15 skipped it.

Themes Identified.

Timetable / reading list / student views of the course / workload / placement dates

Q 14.

What advice would you give to anyone about to start their first year of nursing?

55 answered and 8 skipped

Themes identified

Organisation & planning / priorities / workload / sort out child care and finances / get involved with opportunities

Q 15.

Have you considered leaving the programme at any point. If yes, please state why?

Yes: 29.0%

No: 71.0%

Other 20

62 answered question and 1 skipped.

Q.16 If you have considered leaving, what enabled you to stay?

25 answered question and 38 skipped it.

Themes Identified

Determination to succeed / enjoyed placement / support of other students / support and encouragement from university.

Q.17

Was the academic workload of the programme?

- As you expected – 52.4%
- Lower than you expected – 17.5%
- Higher than you expected – 30.2%

63 answered question and 0 skipped it

Q.18

Overall, have you felt:

- Well supported during the programme: 77.2%
- Poorly supported: 22.8%

57 answered the question and 6 skipped it.

Q.19

Overall, have you enjoyed your programme so far.

Yes: 96.7%

No : 3.3%

APPENDIX FIVE

Summary of the Interactive Q & A session with FE college staff

- 4) How could the university help you and your students prepare for studying on a professional programme?
- 5) What do you think are the reasons why students may be unsuccessful in their applications?
- 6) Is there anything else that we as a University need to consider that may encourage or support your students?

Key Comments from FE colleagues

‘the universities need to have a better understanding of what the college courses involve and how hard students work to gain their qualifications’

‘it can be very difficult to find a specific member of academic staff to talk to about a student who has mitigating circumstances; especially in the summer months when results are out’

‘any help from the university to prepare students for their programme would be fantastic as we can only provide so much. Sometimes students are just focused on getting in to university but don’t consider what it will involve’

Suggestions from FE staff about what should be involved in a package of preparatory materials to enable smoother transition

‘consider ways of helping future students to understand what academic study will entail and how to prepare for their assessments’

‘what is the difference between studying at college and university’

‘what does a year look like with placements and study blocks’

‘information and guidance for tutors and staff about how to help prepare for tests and interviews’

‘advice for students who are unsuccessful and do not gain a place from any of their offers’

‘general advice about how to start preparing for university study as students are often anxious about what they could be doing before they start – they often ask about reading lists or recommended books’

Comments from discussion around the university offering taster days – the tutors were asked what they thought could be included

‘taster days would be an ideal way for the students to see what university life would be like’

‘it would be great if they could meet current students and attend a lecture’

‘ideally, it would be full day - the same as the students so they could see what was expected of them’

‘maybe some of the nurses from the hospitals where they would be placed could also come and give a talk’

‘take part in some interactive skills sessions’

Summary of Findings

The FE staff stated that they welcomed the opportunity to meet and discuss relevant issues with key staff from the university. They identified that they were often concerned about whether they were providing their students with the correct information in relation to entry requirements and recruitment procedures.

FE staff suggested that students were often so focused on the career that they did not recognise what it was that was required of them to achieve this. One comment was that some students thought it was enough that they had decided that they wanted to be a nurse but did not consider what this journey actually entailed

Another concern was access to university staff such as programme leaders. The FE staff said they occasionally had students with mitigating circumstances and they felt that it would be helpful to be able to discuss with academic staff instead of admissions staff.

There was much interesting discussion around how we could better prepare students and what the university could do to support the transition from FE to HE. Several suggestions were made around visiting the university and gaining an understanding of university life

There was recognition of the need for prospective students to gain insights into university life in ways that they were not doing at the moment. However, open days organised by the university have seen a decline in numbers attending but these are an opportunity for prospective students to discover more about their chosen course. It was decided that the development of a guide for FE students may help them to gain more from attending an open day

Recommendations and outcome from session;

- Continue to develop partnership working through collaboration on the development of a bridging programme for FE students utilising the three themes of finance, professional practice and academic study.
- The promotion of open events in the university to FE college students using a more guided approach to help them prepare for university life. The marketing and education liaison teams to be involved along with the Head of Recruitment
- Continue with annual events for FE college staff to attend a day in the university to develop further ways of collaborating
- Feedback to academic and admissions staff about how we can ensure better contact with programme leaders to answer specific student queries

APPENDIX SIX

September 2012 Cohort Analysis: Key Findings

Qualification Analysis

September 2012 Nursing Cohorts

	No of First Class degrees	% of cohort	No of Access Students	% of Access students with First class degrees
BSc Adult	14	10%	8	57%
BSc Mental Health	18	28%	7	38%
BSc Child	5	9%	1	20%

September 2013 Nursing Cohorts

	No of First Class degrees	% of cohort	No of Access Students	% of Access students with First class degrees
BSc Adult	19	13%	11	58%
BSc Mental Health	17	31%	2	11%
BSc Child	12	30%	4	33%

This early analysis was completed to identify the number of students from two cohorts who entered the nursing programmes with an Access course and then went on to gain a first in their degree classification.

This analysis showed little difference between the two cohorts but it did demonstrate that there were some similarities in the findings.

The information below refers to analysis of one cohort.

FE College applications

Analysis of the applications received showed that 194 were from students were studying at either FE or V1th form colleges.

	Number	Percentage of total	Average age of applicant
BSc Adult	124	63%	26yrs
Bsc Child	41	29%	19yrs
BSc Mental Health	27	15%	29yrs

S2012 BSc mental health students

75 students commenced programme.

63 candidates completed within 3 years (attrition 16%)

Average age of cohort 29 years

Average age of Access students: 29 years

17 had studied Access courses (23% of total students)

14 were Access students (22% of total students).

Total number of firsts: 18

Students with Access qualification with firsts: 7 (11% of total students awarded; 39% of firsts awarded)

Total number of U2 awarded: 18

Students with Access qualification with U2: 3 (5% of total students awarded; 16% of U2 awarded)

Total number of L2 awarded: 9

Students with Access qualification with L2: 4 (6% of total students awarded; 44% of L2 awarded)

S2012 BSc child health nursing students

78 students commenced programme.

56 candidates completed within 3 years (25% attrition)

Average age of cohort 19 years

Average age of Access students: 31 years

15 had studied Access courses (19% of total students)

8 who completed were Access students

Total number of firsts: 5

Students with Access qualification with firsts: 1

Total number of U2 awarded: 20

Students with Access qualification with U2: 4

Total number of L2 awarded: 13

Students with Access qualification with L2: 2

S2012 BSc adult nursing students

182 students commenced programme.

129 candidates completed within 3 years (attrition 30%)

Average age of cohort 26 years

Average age of Access students: 26 years

74 had studied Access courses (40% of total students)

Total number of firsts: 23

Students with Access qualification with firsts: 11 (47% of firsts awarded)

Total number of U2 awarded: 45

Students with Access qualification with U2: 16% of U2 awarded)

Total number of L2 awarded: 34

Students with Access qualification with L2: 4

APPENDIX SEVEN

Summary of the outcomes from year 3 modular group discussion.

The students were asked to work in groups and provide a response to the following two questions. The responses will be used to in the preparation materials for potential students.

- I wish someone had told me this before I started
- The most useful piece of advice I would give to a new student

I wish someone had told me this before I started:

The students were very positive overall and I was pleased to see how much they valued their experiences and were really looking forward to becoming qualified nurses.

Key responses:

- Be organised in every aspect. Use an electronic planner and set reminders.
- Get a diary and use it for reflection as well as managing your deadlines
- Carry a notebook in placement to make notes of terms you don't understand / medications and diagnoses
- You will feel like giving up but there are people to talk to in the university or out on placement and they are really helpful.
- How very rewarding it feels when you make your patients feel better by caring for them and there is no feeling like this.
- It will go by so fast, even though you it seems like you have ages to do everything – you don't
- You need a life outside of uni

The most useful piece of advice for new students:

The responses for this included practical hints and tips relating to which shoes were recommended and the need to purchase really good handcream. Some students suggested that wearing support socks can stop your feet aching and others recommended having more than one pair of shoes so you can rotate them.

Other useful advice included:

- Be proud of your achievements and be careful not to constantly focus on negative experiences
- Do your research before any placement so you have an understanding of the conditions you will encounter, common medications in use and specific nursing care
- Always collect your feedback and never submit work without seeking tutorial support

- Good communication skills are key so never stop asking questions to help you understand what is happening.
- Make the most of your placement experiences as they go by so fast. Take time to plan before you start and ask lots of questions; not just the nurses but physios, OTs, speech therapists
- Be organised about everything. Work, placement, deadlines and life
- Engage with everything that the university offers and participate in the activities on offer
- Remember your life outside and give yourself a break
- Talk to someone and share your problems when you need help
- Some placements are a real struggle and you'll wonder if you can ever be a nurse but focus on finishing and passing and remember why you chose to study nursing
- There are great mentors and there are nightmare mentors; you won't like all of them but if you have a real problem talk to your lecturer or personal tutor
- You can't do everything at once so set realistic goals
- Be open minded
- Be determined and work hard
- Enjoy the experience as it is over very quickly
- Manage your time and deadlines
- You need excellent communication skills
- You need to be good at being part of a team
- Research the course properly before you start
- Be willing to learn even if you are not enjoying your placement
- Develop your confidence by ensuring you learn everything you need to
- Ensure you always ask if you're not sure. There is no such thing as a silly question
- Be pro- active, focused and resilient

APPENDIX EIGHT

Data below is taken from university systems and shows the attrition and pass rates for programmes from 2008/9 – 2012 cohorts

Mental Health Nursing (Dip) – 2009-2012

	2008/9	2009/10	2010/11	2011/12
Course attrition (all 3 years)	11.2%	15%	27%	3.4%
Attrition Year 1	10.2%	1.2%	6.8%	12.2%
Attrition Year 2	-2.1%	15.2%	-1.1%	7.2%
Attrition Year 3	6.5%	3.9%	8.8%	0%
Pass rate	90%	86.7%	85.9%	88.5%
Pass variance	30%	17.3%	33.3%	20%

Child Nursing (Dip) – 2009-2012

	2008/9	2009/10	2010/11	2011/12
Course attrition (all 3 years)	33.3%	42.5%	21.7%	8.9%
Attrition Year 1	28.6%	-10.5%	22.2%	20.3%
Attrition Year 2	4.8%	-18.2%	8.2%	0%
Attrition Year 3	13%	33.3%	-7.1%	0%
Pass rate	82.6%	81%	90.3%	90.5%
Pass variance	38.1%	35.1%	31.8%	-40%

Midwifery (BSc/ Dip) – 2009-2012

	2008/9	2009/10	2010/11	2011/12
Course attrition (all 3 years)		28.9%	48.7%	24.4%
Attrition Year 1		13.3%	12.5%	16.7%
Attrition Year 2		14.3%	10.5%	10.2%
Attrition Year 3		10%	16.7%	2.8%
Pass rate		92.9%	90.9%	82.4%
Pass variance		32.5%	32.5%	50%

Adult nursing (Dip)2009 - 2012

	2008/9	2009/10	2010/11	2011/12
Course attrition (all 3 years)	36.6%	33.5%	35.5%	26.8%
Attrition Year 1	11.4%	9.6%	5.1%	9.2%
Attrition Year 2	12.7%	9.8%	4.5%	6.3%
Attrition Year 3	11.1%	16.5%	14.4%	9.7%
Pass rate	79.4%	74.7%	62.5%	62.5%
Pass variance	40.2%	30.4%	32.3%	57.5%

APPENDIX NINE

Ethical Approval Documents

To: Caroline Sargisson

Date: 25 September 2013

Dear Caroline

Re: Application 971 "Developing Recruitment and Retention Processes for Professional Programmes in Higher Education. "Supervisor: Dr Barbara Workman Category: A2

Thank you for the response which adequately answers the ethics committee's queries. On behalf of the Health Studies Ethics sub-Committee, I am pleased to give your project its final approval.

Please note that the committee must be informed if any changes in the protocol need to be made any stage.

I wish you all the very best with your project.

Yours sincerely



Prof. Gordon Weller
Chair of Ethics Sub-committee (Health Studies)

SCHOOL OF HEALTH AND EDUCATION

HEALTH STUDIES ETHICS SUB-COMMITTEE

APPLICATION FOR ETHICAL APPROVAL OF CATEGORY A PROPOSALS

This form must be completed for all research projects carried out by staff or students of the School that conform to the Category A definitions.

Title of proposed study:

Developing Recruitment and Retention Processes for Professional **Nursing and Midwifery** Programmes in Higher Education

Name(s) and qualifications of supervisor(s) / principal investigator (s):

Dr Barbara Workman

Name(s) and qualifications of researcher(s):

Caroline Sargisson. RGN. BSc (Hons) MSc LPE

Permanent contact details (address, email & telephone number):

Middlesex University, Furnival Building. Archway Campus.
London N19. 5LW
c.sargisson@mdx.ac.uk
020 8411 5243

Is the proposal linked to a programme of study? If so, please identify:

Doctorate in Professional Studies

Indicate the start and end date for the proposed study:

July 2013
September 2015

Is the proposal externally funded? If so, name the source of the funding:

No

Have you applied to any other sub-committee to the School of Health & Social Sciences? Yes

If yes, which one.....IWBL Ethics Committee.....

Identify under which of the criteria in Category A of the guidelines this proposal can be classified:

- A1 For information only (e.g. External NRES application)
 (If yes, please state the name of the external ethics committee).....

- A2 * A3 * A4
- A5 A6

NB: If A6 is ticked you will also need to tick A2, A3, A4 or A5 as appropriate

DECLARATION FORM

(To be signed by all Supervisor(s)/Principal Investigator(s)/Student Investigator(s))

Declaration (Principal investigator; Student Investigator; Student Supervisor):

Print Name (s):

Caroline Sargisson

Dr Barbara Workman

Declaration:

- As supervisor or principal investigator for this research study I understand that it is my responsibility to ensure that researchers/students under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.
- I confirm that I have seen and signed a risk assessment for this research study using standard university forms and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.
- I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see <http://www.wma.net/e/policy/b3.htm>).
- I confirm that I have reviewed all of the information submitted as part of this research ethics application.
- I understand that research records/data may be subject to inspection for audit purposes and I agree to participate in any audit procedures required by the SHSS ethics Committee if requested.

(1)..... Date.....

(2)..... Date

(1) Signature of Supervisor(s) / Principal Investigator(s) (2) Student Researcher(s)

You should submit one hard copy (signed by the research supervisor in the case of a student submission) and an electronic copy to Ms Manuela Rossini, Governance and Administration Manager, at the Hendon Campus (c.allison@mdx.ac.uk). This should be submitted at least **two weeks** before the date of the HSESC meeting.

Middlesex University

School of Health and Education

Record Sheet Related to Application for Ethical Approval

1. Personal Details

a. Name and qualifications of applicant:

Caroline Sargisson. RGN. BSc (Hons) MSc. LPE

Director of Programmes, Nursing and Midwifery
Recruitment

Principal Lecturer, Adult Nursing

University Teaching Fellow

b. Principal Investigator / Supervisor: Dr Barbara Workman

c. Work Address:

Middlesex University, The Burroughs, Hendon

NW4 4BT

d. Work phone number: 020 8411 5243

e. Email address: c.sargisson@mdx.ac.uk

f. Name of Supervisor: Dr Barbara Workman

g. Name(s) of staff and /or other collaborators: None

h. Student number: 9540646

2a

- a. Year of study: 2
- b. Mode of study: Part time

Names of supervisors: Dr Barbara Workman. Dr Kay Caldwell

- c. Date of enrolment: Sept 2010

3. Details of Proposed Study

a. Title of study: Developing recruitment and retention processes for professional **nursing and midwifery** programmes in Higher Education

b. Brief Description of study

Using a case study approach this work will look at how students from selected FE colleges may be better prepared for application to and study on nursing and midwifery programmes.

The nursing and midwifery contract is currently worth £14 million annually to the University and high levels of attrition may lead to loss of income, status and affect league table positions.

Data will be collected and compared from existing reports on attrition and completion rates

I plan to select and profile three local feeder colleges and work with them to evaluate current processes

I plan to sample and meet with groups of HE students to carry out snowball evaluations of their current knowledge of application processes and study on professional programmes; at the beginning and end of their programmes

I will also meet with a sample of current nursing and midwifery students (1st year and 3rd year) and lecturers (both FE & HE) to evaluate their knowledge and insights.

I propose to introduce and evaluate a programme of planned interactive activities designed to improve the chances of first gaining a place on the programme and then remaining and completing the course.

c. Start Date: July 2013

End date: September 2015

d. Programme of Study: Doctorate in Professional Studies (IWBL)

e. No external funding

f. DProf proposal also being presented to IWBL ethics committee