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DEPARTMENT OF EDUCATIONAL STUDIES

STUDENT NURSE ATTRITION

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ABSTRACT

This is an exploratory study which seeks to clarify the reasons why student nurses either leave or consider leaving Higher Diploma Courses in Nursing. The study sought to eliminate and dispel some of the confusion which currently surrounds the subject of student nurse attrition.

A mainly qualitative approach was employed using self report questionnaires, semi structured interviews, focus groups and evidence derived from past documentation and records. Methodological triangulation was employed in order to use different methods and sources to corroborate each other. The findings from the study were further supported by the use of some quantitative methods.

The overall findings suggest there are 5 main reasons why student nurses leave or consider leaving nursing courses. These reasons are practice, theory related, personal/social, financial hardship and recruitment selection. This study enabled some previous findings (from past research) to be confirmed whereas new findings were highlighted.

Having discussed these areas of concern with lecturers and students during the semi-structured interviews and focus groups and having gathered information via the questionnaires the researcher has proposed a plan of action. This plan should facilitate the University and related National Health Service Trusts to overcome the identified problems and confidently in collaboration take nurse education through the twentieth century and beyond.

CHAPTER 1

THE STUDY

Introduction

Within the study the researcher intends to use various research methods ie. questionnaire, semi-structured interviews and focus groups to discover the reasons why students have left or have considered leaving Higher Diploma in Nursing courses since 1992 and up until the present.

Since the introduction of Project 2000 pre-registration courses, nurse education has been criticised for being too academic and for producing newly qualified nurses deemed not “fit to practice”. In order to address these issues the Government commissioned a report under the chairmanship of Sir Leonard Peach (2000) titled *Fitness to Practice*. This report recommends major changes for all aspects of pre-registration training. Alongside these proposed changes are the concerns about the growing number of students who do not complete training and subsequently do not register.

Confusion over the proportion of nursing students who drop out was revealed recently in a House of Lords debate. Baroness Lockwood (2000) Chancellor of Bradford University said she understood the current attrition rate for nurses was 30% whereas the junior health minister, Lord Hunt (during the same debate) said the attrition rate was around 15%.

The average age of a nursing student is 26 years. Many, therefore, have family commitments which require to be taken into consideration at the commencement of the course and during their actual training. 'Students, like everyone else have interests and responsibilities outside of nursing and need time out to pursue these interests. The idea of achieving a life balance should not be restricted to employees.

The approximate cost of training a student is £30,000 according to recent Department of Health (1998) figures and therefore attrition rates and their reduction must come high on our agenda of priorities. This researcher believes the time is right within the current culture of informality and flexibility for Higher Education Institutions and Trusts in collaboration to find ways to not only allow students to complete their course but provide the environment that allows them to enjoy, yet benefit from learning whilst still being able to live normal demanding lifestyles.

The researcher believes that treating students as adults, facilitating dialogue in order to gain their views and share their experiences is halfway to success.

The researcher has researched this area not only because it is of personal and professional interest, topical and political and the Universities desperately need up to date information in order to act, but because she believes that to improve the personal and professional lives of the students will ultimately improve care for patients. The researcher is also keenly aware that the Higher Education Institutions, including the one she currently works with, are interested in what works and what doesn't work, but one has to provide the proof of what actions require to be taken and that those same actions will be cost effective.

As far back as 1947 the Wood Report stated that it was necessary to remove the deterrents to recruitment. The literature suggests that this is much the same as the causes of training wastage today. As a Subject Head/Senior Lecturer within the Nursing Department of the University of Paisley the researcher is constantly aware of the impact produced by student nurse wastage and having spent several years in post, is now able to compare the current effects of wastage with those related to several years ago. One concern is the effect on the staff student ratio (SSR) which at present is 1 : 15. This ratio is stated by the National Board for Nursing, Midwifery & Health Visiting for Scotland. At present this ratio is accepted by the Universities in conjunction with the contracts agreed with the Scottish Home & Health Department and the predicted number based on their manpower planning models and agreed with the National Health Service Trusts.

All nurse lecturers, however, are acutely aware that the University Management has the right, and indeed will, if necessary, reduce lecturers to match the reduced student population. The researcher within her current post is responsible for the management and development of over 50 lecturers and is aware of the negative aspects of wastage on the departments staff, in that effort and time is being wasted, leading to demotivation and frustration on the part of the lecturing staff. Student nurse wastage also affects the taxpayer who is financially supporting what might appear to be a relatively unsuccessful venture leading to an underproduction of human resources for essential health care.

This underproduction will reflect on manpower planning within the NHS Trusts who eventually will have an insufficient number of trained nurses to occupy posts. This in turn will have an effect on the population at large who require quality health.

The United Kingdom Central Council (1987) agreed four broad criteria for change.

These were to effect:- (1) standards of care in relation to health promotion and prevention of disease, (2) increase job satisfaction in order to reduce wastage and attract new recruits through improvements and standard of care, (3) realistic costs and manpower implementation were also to change along with, (4) improving standards of training in accordance with the 1979 Act.

After much debate the UKCC produced a strategy with two inter-linked elements.

These were education and training reforms and proposals to improve manpower supply and retention. The UKCC estimated that approximately 32,000 nursing students were required nationally to commence in 1995 to meet the predicted future manpower demands and implement the proposals. It was anticipated that by providing a better pre-registration training programme this would contribute to practitioners feeling valued and staying within nursing. However the reality from Scottish Office figures (Tables 1 & 2) appears to be that even with careful, thoughtful selection of candidates for the Higher Diploma in Nursing Courses a substantial number of students have left and continue to leave prior to completion of training. This loss to the profession and the government, who are attempting to meet the demands created by society for an improved health service, is shadowed further by the highly publicised loss of trained and untrained nurses from the work place. Within the past few years it has become increasingly important to promote academic success and student satisfaction in an attempt to reduce the number of nursing students who waste.

TABLE 1

EDUCATION PROVIDER WASTAGE RATES

Intake Cohort	Year 1 95/96	Year 2 94/95	Year 3 93/94	Overall Rate
General (Adult)	6.8%	8.7%	5.1%	19.2%
Mental Health	15%	13.7%	3.4%	29.1%
Intake Cohort				
General (Adult)	94/95	93.94	92.93	21.2%
Mental Health	10.1%	9.1%	3.6%	25.4%

* The table shows the wastage rates from the most recent cohort moving through each year. The overall wastage rate is calculated by applying the three “years of training” rates from different cohorts to one cohort. This gives a theoretical overall wastage based on the most recent evidence. SODH (1998)

TABLE 2

Student Nurse : Attrition Rates				
SNIP98	Year 1	Year 2	Year 3	Estimated
Intake cohort	96/97	95/96	94/95	Overall Rate
General	8.0%	7.0%	3.7%	17.6%
Paediatric	12.5%	9.8%	1.5%	22.3%
Mental Health	13.2%	16.2%	3.4%	29.7%
Learning Difficulties	15.6%	10.2%	3.6%	26.9%
Midwifery	12.4%	9.8%	1.5%	22.2%
SNIP97	Year 1	Year 2	Year 3	Estimated Overall
Intake cohort	95/96	94/95	93.94	Rate
General	7.7%	9.1%	4.7%	20.9%
Paediatric	7.2%	14.8%	13.4%	31.5%
Mental Health	14.3%	14.7%	5.6%	31.0%
Learning Difficulties	14.5%	5.7%	12.2%	29.2%
Midwifery	14.4%	9.5%	0.0%	22.5%
SNIP96	Year 1	Year 2	Year 3	Estimated Overall
Intake cohort	94/95	93/94	92/93	Rate
General	10.1%	9.2%	5.0%	22.5%
Paediatric	5.8%	15.0%	8.0%	26.3%
Mental Health	12.3%	13.3%	6.4%	28.8%
Learning Difficulties	6.7%	10.2%	9.3%	24.0%
Midwifery	13.0%	11.0%	3.5%	25.3%
SNIP95	Year 1	Year 2	Year 3	Estimated Overall
Intake cohort	93/94	92/93	91/92	Rate
General	9.5%	12.2%	n/a	
Paediatric	10.3%	18.7%	n/a	
Mental Health	9.7%	14.2%	n/a	
Learning Difficulties	17.0%	18.2%	n/a	
Midwifery	11.5%	10.0%	n/a	
Note: The intake cohort and its attrition rate is defined as follows:- Example: 1996/97 cohort - Year 1 (Autumn 1996 intake still active at October 1997 + Spring 1997 intake still active at April 1998) ÷(Autumn 1996 intake active at October 1996 + Spring 1997 intake active at April 1997).				

Historical Background to the Research Study

“The impersonal character of our health (care) service is the commonest criticism of it in our Western culture but we imply that the essence of nursing lies in its personal, individualised and human character”. Hendren (1980).

Throughout history there has been considerable change and development within nurse education. The Briggs Report (1972) recommended a united profession and continuing education throughout the individual’s career. In the later 1970s the government recognised the need for a cost effective statutory framework and so the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) and four National Boards (Scotland, England, Ireland and Wales) were established and charged with the regulation of the profession to:-

“maintain and improve standards of training and conduct” (1979 Act).

In the summer of 1985 the UKCC introduced Project 2000 - the creation of a single level of practitioner who would be actively involved in care delivery and not merely a supervisor of it. The UKCC (1986) engaged the services of Price Waterhouse, a management Consultancy, who were asked to examine the cost and manpower implications of Project 2000. Price Waterhouse in their report (1988) described nursing as “a high intake, high wastage profession”. Having received this information the government were not convinced that the workforce targets identified were achievable but set against this was the evidence that the existing training was wasteful and that a new strategy was required.

At present the recommendation of the Steering Group (SODH) informs the contracting process which is the responsibility of the Chief Nursing Officer for the Management Executive of the NHS in Scotland.

The number of student nurses required for training is decided through project management and partnership between the Management Executive and service providers who are employers of qualified nurses (ie NHS Trusts and Nursing Homes, with advice from Health Boards and Private Hospitals). Information is also obtained from Education Providers.

The Royal College of Nursing Congress in April 1998 had on its recently published agenda, two matters for discussion/resolution.

These were:-

- 1) The Royal College of Nursing Congress request the United Kingdom Central Council (UKCC) to urge the government and employers to draw up, implement and monitor action plans to improve the retention of nurses.
- 2) The Royal College of Nursing Congress urges the United Kingdom Central Council (UKCC) to research the reasons for the increasing attrition rate in pre-registration nurse training.

Both items were again discussed at the April 1999 Congress, indicating their importance to the nursing profession.

The Royal College of Nursing (Scotland) (1998) published a health agenda for the new Scottish Parliament - *Scotlands' Parliament - Scotlands' Health* and within this document the RCN calls for sufficient resources to recruit, retain and support nursing students to guarantee the future nursing workplace. Anne Jarvie (Chief Nursing Officer NHS Scotland) has in her foreword to *The Report of the Steering Group on Student Nurse Intake Assessment* (1998) announced plans to conduct a National Research Project.

This project is to be established and resourced in collaboration with education providers and the National Board for Nursing, Midwifery and Health Visiting for Scotland. The group will seek to identify the factors behind student nurse wastage rates and the non-practice of newly qualified nurses. The researcher has had discussions with the Head of Department and has agreed to be the Project Representative for the University of Paisley. This would seem appropriate due to the researcher presently being involved with this study and the subject of student nurse wastage.

This study will seek to establish the views of lecturers and students at both the Paisley Campus (formerly Argyll & Clyde College of Nursing and Midwifery) and the Ayr Campus (formerly Ayrshire & Arran College of Nursing and Midwifery) to provide comparisons related to past and present practices concerning student nurse wastage.

It would seem appropriate, at an early stage that a conscientious, explicit and judicious review of current evidence from both sites be incorporated in the data collection. The researcher is also aware that the study requires to be put in the context of a national issue and therefore communication links have been established with representatives in two other universities within Scotland. The representatives have agreed to share information and experiences related to student nurse wastage in their department. It is hoped that by providing information from multiple sources the evidence gained will be helpful in informing the practice of the future.

The principles for reform date as far back as the Athlone Report (1938) but the Wood Report (1947) made 40 recommendations for change which included student grants and a 3 year course divided between a common foundation programme and a specialist branch programme. The case for reform was established because of concerns related to educational standards, service delivery, recruitment, retention of students and the changing needs of the population. These concerns criticised the quality of courses for nurse preparation. French (1989) The Judge Report (1985) Dodd (1973) and UKCC (1986) led to the present changes being realised. The significance and complexity of the changes were illustrated by Charlwoods' (1993) belief that:-

“If we can provide a “higher” form of education, then we can feel confident that, even if they bring the whole edifice of nursing crashing down around us we have given these new nurses the ability to rebuild the system we have criticised for so long”.

Fullands (1982) overview of educational change considered it a challenge when he said:

“Most attempts at collective change in education seem to fail and failure means frustration, wasted time, feelings of incompetence and lack of support and disillusionment”.

Therefore, the change required handling to make it constructive in that not only did it provide opportunities for the student to acquire skills and knowledge but also a climate to enable the outcomes to be achieved.

Fretwell (1985) however warned of nursing's "inbuilt desire for routine, order and conformity which mitigates against change". She confronts nursing with the stark reality of the situation when she states that nurses have become adept at producing:

"A veneer of change through documentation whilst leaving underlying practice untouched".

The change process concerned the preparation of students for registration as nurses with one of the proposed benefits of introducing P2000 being a potential reduction in wastage (UKCC 1987). Project 2000 programmes of nurse education were introduced in Scotland in 1992, six years after publication by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting of the framework of proposals for educational reform in the report "*Project 2000 - a preparation for practice*" (UKCC 1986). Specific requirements for pre-registration nurse education in Scotland were set out by the National Board for Scotland (1990) and responsibility for the design and development of the programmes was devolved to the existing 12 Colleges of Nursing and Midwifery. Project 2000 heralded a single level of practitioner a "knowledgeable doer", a change from an apprenticeship structure to a questioning and enquiring student. Slevin and Buckenham (1992) suggested that the advent of Project 2000 would be a major revolutionary change in nurse education whereas Wainwright (1996) criticised Project 2000 from an ethical stance and argued that the number of hours entailed in gaining a diploma was immoral compared with the time studying towards an Honours Degree.

The changes in nurse education have been described as exciting (Black 1992), a golden opportunity (Birchenall and Perkins 1996), challenging (Garbeth 1997) and complex (Newmans and Closs 1996). The changes which have taken place may be viewed as positive or negative depending "on the individual viewpoint, values, professional judgements and personal interests.

In 1996 the 12 colleges were absorbed into seven institutes of Higher and Further Education in Scotland. The key features of the new programme are worthy of note with particular emphasis on strengthening the educational basis of preparation. Some considered these to be fairly radical. May et al (1997) concluded:

“The concept of learners as students rather than as employees, a student centred pedagogy; improved integration of theory and practice both of which were to become more research based; education led placement experience rather than service led, apprenticeship practice; reflective learning; an orientation towards health rather than a focus on illness with a commitment to move away from the dominance of medical models of care; the preparation of practitioners to be life long learners; continuous academic assessment and competency based practical assessment”.

Project 2000 reforms such as those cited emerged from debate about the future of nursing and nurse education. There was a general assumption that as with any substantial change there would be teething problems - this assumption proved to be realistic.

In recent times no significant changes appear to have occurred. Christine Hancock, General Secretary for the Royal College of Nursing (1998) sent out this message:

“This year, nursing has reached a crisis point with the worst nurse shortages for years and an increasing acceptance of poor standards of care”.

Betty Kershaw, President, Royal College of Nursing warned at the RCN Congress (1998):-

“If pay awards are staged again, nurses will leave the profession in even greater numbers”.

Watson (1998) writes that the national recruitment crisis is set to be compounded by a drop in applications for degree nurse training programmes this autumn. She went on to say that that year's application figures showed a drop of 740 applications to degree programmes and a 15% drop in applications from mature students.

“We are horrified by these early indications of a trend against courses and careers with a social conscience --- we believe would be students are applying instead to courses which will lead to a profitable career, while the nation desperately needs qualified nurses”.

Jenkins (1998), RCN assistant, (1998) concurred that, “the drop in applications is of great concern. It reflects the overall crisis in recruitment and retention faced by nursing ----- people are put off because they feel nurses are not valued and experience poor pay and low morale”.

Minton (1998) reports toilet cleaners in Guildford were being offered virtually the same salary as newly qualified staff nurses according to an advert in the Surrey Advisor. Ros Osborne (1998), South Thames Officer, RCN (1998) followed this by stating:

“The appalling comparison was a national issue all about rewarding skills. Nursing pay does affect recruitment and retention”.

Ann Jarvie (1998), Chief Nursing Officer for Scotland (1998) also voiced her concern at attrition levels during the three year initial preparation programme. Reviewing the evidence on nursing supply and demand, Secombe et al (1997) concluded that:

“In short, the conditions for nursing shortages are more pronounced now than they were two or three years ago and best guesses suggest that these conditions will become even more pronounced over the next few years”.

Frank Dobson (1998) Minister for Health made an unexpected statement on the NHS, talking about the shortage of nurses he said:-

“As I’ve said before we must also reform the system of nurse education and training. It has achieved some of its objectives but its emphasis on the academic element has put off some potential recruits. The transfer responsibility to the education sector from the health service has broken the old links between individual hospitals and nurses in training, to the disadvantage of both”.

Yet following this statement, the University Vice Chancellors defended the place of nurse training in higher education.

This study has taken into account the views, opinions and experiences from the past and present in order to gain an insight into the problems related to student nurse wastage nationally, but also specifically within the nursing department of the University of Paisley. The researcher has an impression that if the reasons for wastage were known, the department could more successfully implement strategies to reverse past and present trends. It is from this position that this exploratory study will seek to consider the evidence which supports the argument that student nurse wastage could be reduced in the Department of Nursing, University of Paisley. Although there are similar studies related to attrition, no such study has been carried out within this nursing department. As applied research, the findings will be used to address and possibly redress the problems related to actual and potential attrition of students from the Higher Diploma in Nursing Education Programme within the faculty.

Nurse Education has attempted to evolve from an apprentice style training to a knowledgeable, reflective & enquiring practitioner. Thiele (1995) indicates that nurse education in the 1990’s demands active engagement of the learner. Thomson (1998) adds that Project 2000 has been a major victory for nurses in their struggle to gain academic credibility.

However, problems have become evident during this process, increased student wastage (Richardson 1996), courses too academic (Jowett 1995), differences in campus life (Pulsford 1995), disempowerment (Stew 1996), student dissatisfaction (Farrington 1994), communication difficulties (Marriner-Tomey 1996, Crainer 1996), conflict and tensions (Garbett 1997, MacLeod, Clark and Colley 1999) financial difficulties (Camiah 1997, May et al 1997, NFER 1992).

Nurse Education is yet again, under review with a report published with the telling title, *"Fitness to Practice"* (UKCC 1999). The Commission for Education were requested "to prepare a way forward for pre-registration nursing and midwifery education that enabled fitness for practice based on health care needs. The Commission indicated that having looked at the reality of pre-registration education in the UK they found that the fundamental principles of Project 2000 were, to some extent, weakened on implementation because of ongoing developments in the health services and in education. They did, however, agree that the principal objective of Project 2000 was to produce practitioners able to contribute to planning, assessing and developing services with a readiness to face change – remains sound and should continue to underpin pre-registration education. The commission reported nurses to be the largest professional group in the health service workforce. Yet, since 1993 the number of newly qualified nurses joining the UKCC register has fallen from 32,143 in 1993/1994 to 26,465 in 1997/1998. The reason for the decline is partly due to the reduction in the number of training places for nurses in the early 1990's. The decline in the number of new entrants to pre-registration nursing programmes totals more than 7000 (30%) between 1997/1998 and 1995/1996 (NBS 1999). The Commission made many recommendations, some are particularly pertinent to this research project.

Ethical Approval

The researcher endeavoured throughout the research process to abide by the research guidelines published by the Royal College of Nursing (1993).

“The research subjects entrust themselves to the researcher who has an obligation to safeguard them and their welfare in the research situation. Any nurse researcher must decide at what point ethical requirements necessitate an intervention in order to maintain the safety of the patients/ clients, whatever the consequences for the research”.

And

“There must be safeguards for protection against physical, mental, emotional and social harm”.

The researcher sought throughout the research process to be fair in how the research was carried out, to not only the participants involved in the study but also the organisation. It was considered necessary to address the ethical issues at every stage of the research and therefore issues such as beneficence, non-maleficence, respect for autonomy, confidentiality and justice were constantly in mind. The researcher endeavoured to make sure she possessed the relevant skills and knowledge compatible with the area being studied. She worked with the guidance and supervision of an experienced mentor in order to not only learn but to maintain professional credibility. The researcher was also aware of her responsibility under the Data Protection Act(1984) and the Council of the European Union Directive on Data Protection Act (1984) and the Council of the European Union Directive on Data Protection (1995) to ensure adequate arrangements for data management, storage and retrieval, participant confidentiality and the accurate reporting of data.

Herbert (1990) lists four questions that researchers should ask about their research:-

- Is your subject making an informed or/and free choice in participation in your study?
- Does he/she appreciate all the implications?
- Are your methods ethical?
- Will the individual results be kept confidential?

Adelman (1981) also acknowledged the need for rules when generating data to control the acquisition and use of information.

- Explanation of the research.
- Nature of the research.
- Option to withdraw.

Walker (1980) addresses the issue of access very succinctly when he says:-

“People own the facts of their own lives and have the right to deny others access to them”.

Pring (1984) advises that the researcher may establish a relationship of trust with those being researched by clarifying the kinds of knowledge sought. He also debates the ethical dilemma of the right to know and the right to confidentiality. This researcher took the advice of attempting to seek a balance between the private and public interests of the work and its relationship to the political significance of institutions being studied and the interests of authorities. The researcher was aware throughout the study of the ethics involved and relating to the researcher skills:

- Responsibility to possess the knowledge.
- Skills necessary for the demands.
- Acknowledgement of personal limitations.
- Lack of detachment from the study.
- The ways in which her presence may have affected the study.

Lofland (1971) reflects upon the difficulty of maintaining neutrality and this researcher was, like Lofland, often in the place of having to consider carefully the following areas:-

- The need for loyalty to the researched.
- Effects of personal involvement.
- The need to report the truth.
- Ethical issues surrounding an investigation in one's own workplace.
- Code of conduct – providing a way of behaving which rested upon respect.
- Emotions, vulnerability, unease, frustration, personal needs.
- Internalisation of many of the workplace attitudes and values.

Permission to approach past and present students and lecturers, review records and documentation was sought in writing from the Head of Department. As a courtesy the Senior Lecturer/Course Leaders were informed in writing of the intention to approach students and lecturers within their teams. Written explanation regarding the research was provided to lecturers and past and present students making explicit the following guarantees of information:-

- Anonymity of all respondents/interviewees.
- Confidentiality of all data maintained at all stages throughout the research.
- Copies of research findings to be made available to the Head of Department and to both library sites.

The researcher aimed to adhere to the four main principles of ethics as identified by Beauchamp and Childress (1994).

- Respect for autonomy.
- Non-maleficence.
- Beneficence.
- Justice.

Respect for autonomy involved respecting people's right to make decisions free from controlling influences. Confidentiality and anonymity of research subjects were respected at all times. The researcher was responsible for structuring questions and interviews in such a way as not to cause distress or discomfort to the participants. It was necessary to keep in mind that participants would hopefully share experiences which may make them feel vulnerable and so the researcher was careful not to exploit the participants. The concept of informed consent is vital and in order to obtain this, the researcher provided sufficient accurate information so the participants could make an autonomous decision regarding participating in the research. Munhall (1988) considered re-negotiation to be necessary in qualitative research because the rights of the participants require ongoing consent to the necessary changes within the project. This also allowed participants the choice to opt out of the study.

CHAPTER 2

REVIEW OF THE LITERATURE.

Rationale for the Literature Review

A literature search and review are major constituents of any research. The process of researching and reviewing has contributed to the researcher's self development and has enabled materials to be identified which informed the study process. The researcher has used the literature review firstly to become sensitive to what other researchers contributions were, and in turn this assisted in generating questions which required to be answered. The review also provided ways to approach the data and suggested how the data gained might be interpreted. In "trawling wide" for relevant literature, the researcher was able to learn much about the broader and narrower influences on the subject. In extending the literature resources, the researcher has had access to computer search technology with the able assistance of the University library staff. A range of literature was selected in the form of books, journals, electronic databases and websites and after comparative analysis the researcher is now more familiar with the "experts" views on the topic being studied. During the literature search, the researcher sought to develop skills related to systematic reading and critical analysis of appropriate literature. The skill sought and hopefully acquired was that of selectivity, after comparative analysis of standards, strength and weaknesses of the "experts" views and theories.

To date, valuable data has been gleaned from nursing indices, abstracts, journals, textbooks, theses and conference reports. Accessing these has been made possible by using library resources within the geographical area where the researcher lives and works. The researcher continues to seek and develop the aspect of self discipline in relation to working without allowing distractions, developing scanning ability ie., knowing exactly where in the material to find crucial data and finally knowing how to critique in a way that is objective and comprehensive, incorporating the positive and negative aspects of the work as well as seeing the implications of any flaws which might exist.

The need for literature searching has been described by MacSweeney (1990) as a fundamental skill required by all professional nurses. The literature review has been explained by Benton et al (1990) as enabling the researcher to make sound judgements regarding the adequacy, appropriateness and reliability of the material presented, the validity of the conclusions drawn and the applicability of the recommendations made. Haywood and Wragg (1982) state that a crucial review of the literature should show:-

“----that the writer has studied existing work in the field with insight”.

The literature review should provide the reader with a picture of the state of knowledge and of major questions in the subject area being investigated. Field and Morse (1985) also advise a critical examination of the previous research and a selective use of same. This involved obtaining the relevant literature and documenting an extensive content analysis and examining the literature for explicit and implicit assumptions, for biases in measurement and unsubstantiated conclusions. The literature was used to guide this researcher into the previous research so that the present study had the opportunity to be open and informed and non-restricted, in that present findings at times did compliment the past research but, on other occasions, the findings in reality did not comply with previous analysis of the subject. Polit and Hungler (1983) state that the reviewer needs to know what the general problems are and how they relate to what is already known.

The literature search required access to academic libraries to find the most relevant published and unpublished materials. Library catalogues, indexes and bibliographies provided information on what was available. Professional journals were found to provide more current information than books. Burnard and Morrison (1994) indicate that a literature search should be done in order to summarise the previous research and clarify what approaches and methods others have used to study the area. The literature search should also identify information omissions in the completed work and allow follow up of published material by writing to or telephoning the author concerned to clarify issues.

The systems specifically used within this study were ERIC (1982 - 1998) Education Research Information Centre, MEDLINE (1990 - 1997) National Library of Medicines, Index Medicus Data Base and C.I.N.H.A.L (1982 - 1998) Cumulative Index of Nursing and Allied Health Literature.

Throughout the literature search the views of other professionals, including nursing students were sought, on the subject. This helped considerably to clarify thought processes and challenge assumptions. The methods used to carry out the literature review provided the background knowledge to the subject in question, highlighted previous attempts to examine the problem, gave ideas, broadened perspective, and gave reference points for testing some of the concerns. The literature review, mainly due to "trawling wide", raised more questions but also helped the researcher to make choices. Throughout the systematic process it was necessary to maintain a careful record of references and quotes - the researcher chose to use a card index (3" x 5) filing system which contained a complete bibliographical evaluation with the various themes being colour coded. The in-depth reading identified the competing perspectives, strengths and weaknesses of other researchers work, whereas the critical reading highlighted the validity and reliability, professional relevance and the authority to which other researchers put across their findings. The researcher was also interested to recognise that some journals are more authoritative than others, some theoretical and others aimed at practice. The researcher therefore, attempted to maintain a balance. She also recognised the importance of continued reading and review throughout the length of the enquiry to ensure up to date information. Lastly, the researcher invested time and effort in reviewing all past records/documentation related to student wastage. In carefully reviewing relevant literature, records and documentation the researcher proceeded from a research base which provided a foundation from which present and future research could develop.

STUDENT NURSE WASTAGE

Student nurse wastage has been studied for many years from various perspectives leading to an apparent lack of reliable data due mainly to the inconsistency between findings. The difficulties experienced include attempts to collect and compare accurate information concerning student nurse wastage and caused Brown et al (1991) to state:

“The prevention of attrition in nurses courses world wide remains unsolved”.

Braithwaite et al (1994) supported this in the claim that the wastage figures for the nursing profession have been researched by many sources but found that the data appeared to be unreliable with a high level of inconsistency between findings. A few of the contributory factors are differences in definitions, different groups and criteria used and differences related to methods of collecting and analysing the data. Redfern (1978) in a study relating to trained nurse wastage, found there were many terms used to describe wastage such as turnover, attrition, termination, drop-out, discontinuation and withdrawal. The terms themselves appeared to cause confusion because they were not being defined according to the same criteria. Hutt (1989) states:

“Not only are the reasons for wastage complex, but the information is often inadequate”.

The author sought to produce a convincing account of methods and data which could stand independently. Meticulous records of interviews and information gained from questionnaires were maintained in order to produce a plausible and coherent explanation of the phenomenon under scrutiny. For the purpose of this study the author adopted firstly the definition of “wastage” given by Hutt (1988):

“The percentage of an entry cohort that failed to complete the course successfully for whatever reason whether through leaving prematurely or through assessment or examination failure”.

and secondly, the definition of “drop out” given by Tinto (1987):-

“A failure on the part of both student and the institution because the needs of the student have not been adequately assessed and addressed”.

Regardless of the varying viewpoints of researchers the evidence does suggest that wastage is high with students taking nursing courses. The Judge Report (1985) reports high wastage as a major driving force in the education and training of nurses.

The report states:-

“The drop out rate in contemporary courses of nursing preparation is embarrassingly high and wasteful and should be reduced to a more acceptable level. Better courses of preparation set in different context will reduce the wastage rate within the profession”.

Information received as evidence to the Pay Review Body for Nursing (1994) suggested that nursing recruitment may become tougher due to the effects of poor pay, dissatisfaction and job cuts. The most disturbing factor in this survey was the negative way in which nursing as a career was viewed. Only one third of five hundred, 15 - 18 year olds, viewed nursing as an attractive career whilst nearly four out of five viewed it to be stressful with unsocial hours and poorly paid.

With this study clearly indicating the declining enthusiasm for nursing, it is even more important that those who do apply are properly selected and every possible mechanism employed to encourage them to complete the course. Howett et al (1994) in comparison to this, found that nearly 90% of the nursing students participating in their study would recommend nursing to a friend, indicating that individuals having chosen nursing as a career would in fact, recommend it to others.

The Management Executive of the Scottish Office, Department of Health, also indicated their concern regarding student nurse wastage when they commissioned *The Report of the Steering Group on Student Nurse Intake Assessment* (1998):

“A research project to be established and resourced in collaboration with education providers and the National Board for Nursing, Midwifery and Health Visiting for Scotland to identify the factors behind student nurse wastage rates and the non practice rates of newly qualified nurses”.

The Royal College of Nursing (1998) agreed with the Management Executive when they stated they shared the perception that the issue of student attrition is a problem which needs to be addressed.

The Treasury are also concerned with the attrition rates which indicate a misuse of public money. The Health Departments and Educational Purchasing Consortia agree with the financial concern. The long term problem of nurse supply, is shared by Education Institutions and the UKCC who recognise that high attrition impacts on cost and volume in relation to contracts and the related funding. The estimated size of the problem is difficult to quantify due to definitional problems around the terms “attrition”, “wastage”, “drop out” and “interrupt” and the fact that nurses do not necessarily register in the qualifying year and some spread their training over more than 3 years for a variety of reasons eg. sickness. It is also recognised that the data is collected and presented differently by the four National Boards – England, Ireland, Scotland and Wales - and the data relating to “interrupts” (those that leave during the course but intend to return later) confuse the issue. Nevertheless, the available data for Scotland indicates that concerns about student attrition are well founded.

Social Factors

Macguire (1969) having reviewed over sixty research reports related to attrition among student and pupil nurses, concluded that:-

“The presenting problems seem much the same in the 1960s as they seemed in the 1940s and attempts to deal with the presenting problems have met with singular lack of success”.

Droes, Hatton and Kramer (1993) found that members of the profession expressed concern over the way in which people view the role of the nurse. Also, in an earlier study by Kalisch and Kalisch (1986) found that apart from being shown as sex objects, the media typically portrays nurses as having less ability, being less rational and being less academic in approach than doctors. This would indicate that if the general public is unaware of what is involved in being a nurse it is reasonable to suppose that many candidates enter nursing without a clear understanding of the work involved. The idea was backed by Lindop (1987) and nothing is available in the literature search to indicate a change. Stephenson (1984) found that nursing students expect support in the form of help with problems from their lecturers. In a later study Hilbert and Allen (1985) were successful in demonstrating a significant statistical correlation between social support and self esteem previously demonstrated by Huckabay and Ardnt (1976).

Previous to these studies Abraham (1982), Di Minno and Thompson (1980), Erickson (1983), McKay (1980), and Moore and Pentecost (1979) also described projects in which support groups were used as a means of alleviating stress and therefore combating attrition. Cobb (1976) defined social support as providing information to the subject which conveys a message that the subject “is cared for and loved, esteemed and valued”.

The literature identifies numerous programmes designed to convey the message of support and include the development of problem-solving skills. McKay (1980), and Woolf (1984), provision of a vehicle where students can obtain peer support (Di Minno and Thompson 1980), provision of forums for students to express their reactions to clinical work (Abraham 1982), mastery learning techniques (Huckabay and Ardnt 1976), academic and personal counselling and prescriptive learning assistance" Moore and Pentecost (1979), Huckabay et al (1996), Shmuele (1980) and O'Rourke (1988), and supportive behaviours Barrera and Ainlay (1983). Related to these findings are the marked differences between those students studying nursing and those studying in other disciplines.

As the literature review indicated extensive studies have been carried out in relation to how social factors impinge on the life of student nurses. It would, therefore, seem appropriate to revisit this area during the present study.

Student Nurses in Comparison to other University Students

In comparison to other University students nurses:

- have different funding arrangements and study in three instead of two semesters in each study year.
- spend 66% of the course time in clinical practice and constantly work shifts and unsocial hours.
- work in practice placements during University and public holidays and are often isolated from the main campus while studying at Higher Diploma level unlike their University colleagues who mostly study at degree level. All of these factors lead to a clash of values between Higher Education and Nurse Education.

These factors appear relevant when considering yet another purported reason for wastage is that student nurses are suffering an identity crisis due to the introduction of a different type of training. Balfour (1987) states that nursing students are now expected to be “self motivated, research orientated and prepared to use their knowledge in an adventurous manner”. He refutes the reality of this when he says there are still lies taught to be “safe, obedient and quiet”. Firby (1989) agrees with this and indicates that this could lead to students having “altruistic” or false ideas instead of the realities associated with a career in nursing.

Literature Review - Reasons for Wastage

Marital Status

The impact of marital status is more predictable. Married students are more likely to have family commitments, distractions and financial pressures all of which increase the probability of non-completion. This is supported by Johnes (1990), Panos and Astin (1968), Astin (1975) and Bean (1983) and further supported by Yess (1980) who found that marital status was the second most significant predictor variable. Later Lauder and Cuthbertson (1998) found that the personal income of students would appear to stem primarily from bursary payments. This related to the difficulties in holding down part time jobs. Students cited difficulties related to mortgage/rent payments, childcare and clinical placements away from home and the related travel costs.

Age

Age was not considered to be a particularly significant predictor of successful outcome by Clemence and Brink (1978). Yess (1980) also, did not find age significant and likewise the study by Allen et al (1988) reported the student age was not predictive of success. However, Safian, Rush and Belock (1988) in their study which sought to investigate ethnic background and academic achievement on a nursing degree programme did find the student age to be a significant predictor of success. (ie the older the student, the better the results). This study was, however, limited by the size of the sample – (N = 55).

Astin (1975), De Rome & Lewin (1984) indicated age of a student on entry to University could have two distinct and opposite effects - a mature student could demonstrate a high commitment having had to “work hard to get there” but older students are more likely to have spent some time away from full education and therefore may experience academic difficulty. Mature students are also more likely to have other pressing commitments in their personal lives.

Roderick and Bell (1981) investigated the relationship between age, entry qualifications and academic performance with regard to mature students. Some of this research points to a relationship between lack of conventional entry qualifications and both higher rates of discontinuation during the course and inferior degree results although overall results for mature students possessing the conventional entry requirements were approximately the same as for younger students. These results were broadly consistent with those produced by Woodley (1985) but conflicted with findings produced by Smithers and Griffen (1986) who showed lower rates of discontinuation and better Degree results among mature students. O'Rourke (1988) found that it was usually younger students who withdrew from nursing whereas studies carried out by Moore (1989) and by Marshall (1989) showed the opposite. A more recent study of Houltram's (1996) indicated that broadly speaking the performance of most mature students was above average and this in turn motivated them to continue within the course.

Stress

As far back as 1954 Selye described the general adaptation syndrome for better understanding of experiences of students who terminate their training. It was noted that when a high level of stress was experienced, the individual either adapted or escaped from the stressful experience.

Menzies (1970) confirmed this by stating that:

“Many students said they still wanted to nurse and found it difficult to formulate why they wanted to leave. They suffered from a vague sense of dissatisfaction with their training and the work they were doing and a sense of hopelessness about the future”.

It was interesting to note that these are all characteristic signs of stress. Birch (1979) and Parkes (1980) found stress experiences amongst student nurses in specific practice areas. Knight and Field (1981) further studying into stress in practice areas found that:-

“The bond between patient and junior nurses meant that where patients were anxious about their condition they were more likely to question these nurses whom they considered to be their friends”.

This in turn was found to produce considerable stress amongst the students. Hebbs (1985) underlined the knowledge of nurses stress reactions to their work and the increased awareness of the need for intervention and support for those most vulnerable. Parkes (1980), Lindop (1987), Reid (1986), Rosenfeld (1988) and Menzies (1970) all indicate stress and related stress factors as being a prominent cause of student nurse wastage. High stress levels appeared to indicate and lead to a high turnover.

Nurses in the study by Lindop (1987) could not adapt and so left training. A descriptive account of the stress experience was carried out by Lindop (1988) who established that the student stress experience was a cause of wastage. Campbell (1985) discussed the relationship between stress and absence from work through sickness when noting that 42% of students who responded to a stress survey had taken between 1 and 3 days off sick as a result of stress. Interestingly, these same students felt they were not believed when they telephoned in sick. It is not unrealistic to assume that ultimately unrecognised stress can lead to students withdrawing. This also agrees with a earlier study by Parkes (1980) who illustrated the relationship between increased anxiety, depression and job dissatisfaction.

Academic Achievement

Richardson (1996), Rosenfeld (1988), Tucker-Allen (1989) and Porter (1984) all claimed that the most common or real reason for student nurse attrition was academic failure. Borrill (1987) suggested that intellectual ability should be tested other than by Standard Grades, "O" grade or GCSE. In a previous study Roderick and Bell (1981) had pointed to a relationship between lack of conventional entry qualifications and both higher rates of discontinuation and inferior Degree results. Glick et al (1986) agreed with this and in their study showed that previous academic achievement was the variable which produced the most significant relationship both with level of achievement and completion of the programme. Knoll (1990) also found this to be true in his study involving not students but registered nurses. The RCN (1985) appeared to have a clear idea of what caused nurse wastage, when it described three "leakages" which made up the total training wastage.

- students who fail examinations.
- students who drop out during the course.
- students who qualify but do not take up employment in the NHS.

Finally, Jowett et al (1994) in their study expressed concern about the tendency to "over-assess" students in the early stages of the course. Students who failed and had to leave were described as victims of the colleges early "inappropriate" assessment system. Other academics within the study spoke of "losing good nurses for the wrong reasons".

The final word came from a student:

"I've sat and met all of my assignments but it cost a lot of my personal and family time. I've had to ask – is it worth it"?

It would appear appropriate that this area be investigate further within the present study.

Practice

In the nursing press, students indicate dissatisfaction with the lack of practical experience and absence of a definite role for students.

“We are neither proper nurses nor proper students and I do not know if I will continue in this half way capacity”

The RCN (1998) appeared to agree with these sentiments when it reported that in the absence of hard information one of the reasons for attrition amongst student nurses appeared to be workplace experience - low morale and high workloads. Mashaba and Mhlongo (1995) also express concern from their research findings when they advised a change process to reduce student nurse wastage caused by shift patterns and short duration placements, ill treatment and harassment of students, conflict between student and placement staff and uninformed trained staff who are not receptive to change.

The need for change had been prophesied earlier by Lindop (1989) who proposed that a change in practice based staff was necessary in that:-

“It would seem that a more caring and positive approach to them (students) is required, along with a realistic appraisal of just how stressful their clinical experience can be”.

As practice accounts for 66% of the current course, further investigation is required within the present study.

Finance

Williams (1998) chair of the RCN Association of Nursing students when speaking at the RCN Congress said:-

“Many students have to decide between their first choice of nursing and the practical choice of another career that will pay the mortgage”.

Nursing students do experience financial hardship and although Diploma level students are eligible for a bursary this has not kept in place with inflation. They find it difficult to take part time work because of shift patterns in practice placements and these placements being scheduled during university holidays when other students tend to work. In addition many students who successfully complete the course leave nursing to get more money for less effort in any other job.

The RCN (1998) report there is little hard data on the reasons for attrition but suggest that student hardship is a related cause. Consideration of this area will be built into the present study.

Home Sickness

Cameron - Buccheri and Trygstad (1990) highlighted the problem of homesickness and its effect on the student:-

“One of these personal issues, homesickness is a much bigger problem for freshman students than many faculty realise”.

Gender

The effect of the sex of the student on the probability of non-completion is uncertain. Summerskill (1962) suggests that rather than there being a significant difference between the sexes in rates of non-completion, it is more likely that males and females differ significantly with regard to the underlying factors which result in non-completion.

Voluntary/Compulsory Wastage/Transfers

Narayanasamy (1991) points out that there is voluntary wastage, where a student opts out due to availability of a better or preferable option. This research also reported “compulsory wastage” where circumstances force the student to discontinue against their wishes and intentions. Bos et al (1990) also indicated the high correlation between class repeating and “potentially dropping out”.

Student Background

Parental occupation is an established determinant of non-completion : non graduates tend to have parents in skilled or unskilled manual occupations. Summerskill (1962) while graduates are more likely to have parents in professional or managerial positions Marsh (1966). Past research has found that students whose parents are not highly educated are less likely to become graduates (Astin 1975).

Nationality

The expected effect of the nationality of students is indeterminate. An overseas student is likely to have a high degree of commitment to obtaining a qualification from a UK University, but problems with language, accommodation and homesickness may result in them not achieving what they had originally planned. The range of nationalities represented within the school was not a high enough percentage to justify nationally being used as a key variable within the present study.

Recruitment & Selection

It is clear from the literature that over the past decade various educators have researched the topic of recruitment, selection and ways in which high attrition rates amongst student nurses can be addressed. It is to our advantage as educationalists to acknowledge that students may be “under prepared” for both higher education and nursing. The future of nursing depends on good selection and training processes and so universities must establish what is required. Potential students should be fully informed about the nature of the course they are proposing to undertake. Lindop (1987) stressed the need to improve the selection process. This study indicated that student nurses in particular, are entering training possibly without a full understanding about the implications for them and how situations associated with training might adversely effect them. Way back in 1975, Kilcross and Bates gave advice worthy of note even today:-

“The trainee should be regarded as a long term investment and time and trouble at the recruitment stage promise a worthwhile payoff”.

Duff (1990) however, asserts that the health service will not be able to compete favourably with other industries in the recruitment and retention of nurses and nursing students unless it offers attractive employee packages, designed to overcome the main reservations and negative perceptions about the profession from potential recruits.

Duff also infers that the overall record of retention is “exceedingly poor” in that high wastage rates have been made good with allowing high student intakes. Since moving to Higher Education this is no longer an option for nursing. Poor recruitment links clearly with attrition therefore, the nursing authorities and nurse educators need to specifically identify what are the main causes of attrition, high turnover and poor recruitment in their workplace. Only with this information and the motivation to make appropriate changes will local employment policies and personnel practice be reviewed, change implemented and further monitoring take place.

Nursing constantly appears to be in a state of change which leads in turn to dissatisfaction and enhances the idea of nurses entering with unrealistic expectations. Firby (1989) asks the question, "Does an altruistic appeal still hold the same attraction as in the past or are today's teenagers more interested in instrumental values?". The National Board for Scotland (1999) also considered the importance of future recruitment and stated that to ensure the suitability of applicants to pre-registration nursing programmes there required to be greater involvement of clinical staff in the student selection process. The Board also acknowledged that a range of selection criteria was a critical element in the recruitment process. It concurred that whilst academic qualifications were important, broader criteria should also be considered and suggested that further research was required.

Aids to selection most commonly used are application forms, curriculum vitae, references, interviews, intelligence tests, tests for numeracy and literacy and, because such processes were found to be inadequate and other approaches have been tried. These include personality tests, cognitive/intelligence tests, biodata, graphology and assessment packages. These approaches are still controversial and there seems to be little agreement as to their merits or otherwise. Interpretation, reliability and validity have all been disputed Taylor and Sackheim (1988) Anderson and Shackleton (1990) Jordan (1987) and Shirley (1988). Candidates applying for traditional courses are mostly female, have wanted to nurse and in general the candidates applying for University based courses are similar to those applying for traditional courses in the past and little appears to have changed in the selection process.

Previous research has focused on attempting to identify specific causes of wastage from nursing (Bendall 1965, Birch 1975, Singh and Smith 1975, MacLeod, Clark and Redfern 1978a & 1978b, Murray 1983 and Lindop 1987). All of these studies acknowledged that more efficient selection might reduce attrition rates. There was little, however, to identify which areas in selection required to be highlighted. Cooper and Lewis (1976) and Lewis (1980) identified personal characteristics that might indicate successful nurses, and a further study by Child et al (1987) sought to inform candidates as to the nature of nursing.

Land, (1994) suggested the problem appeared to be concerned with:

- Selection and recruitment strategies are not sufficiently specific to attract a wide range of potential nurses and therefore does not lead to maintaining a stable workforce.
- It is unclear what processes and methods are used to select nurses.

Land concluded from her study that nursing needs to reassess those it wishes to attract and organise campaigns that will encouraged appropriate people. In addition she suggested that Colleges (Universities) must ask themselves if there is any point in changing the cultural and educational ethos of nursing when the methods of selecting nurses have remained unchanged for decades. She further suggests that the whole process of selection needs to be more user friendly, consistent and non-discriminatory. In order to achieve this the universities need to use more objective measures to select than they currently employ. Philips-Bharj (1996) agreed with Land when she concluded from her study that successful implementation regarding preparation, planning and objectivity contributed to a greater reliability of the selection process by replacing the inevitable subjectivity with a greater degree of objectivity. Finally, Croakley (1999) in her recent research study found some familiar sounding reasons why students quickly become disillusioned with their training and leave. She found lecturers who feel that course selection procedures are still unreliable, even after the Beverly Allitt scandal, and students who report that unsuitable candidates are accepted who at a later stage disrupt a whole cohort when they realise their mistaken choice of career.

She also found that students become demotivated because they are not in contact with patients at an early stage of their course, and the level of pastoral academic support is described by students as a “bit of a lottery”. The bursary system disadvantages mature students and forces supposedly supernumerary students into supplementing their income by working in other jobs whilst attempting to study/practise nursing. Within this study the researcher having reviewed the literature will attempt to seek out what is the truth related to student nurse expectations of firstly their training and secondly related reasons for contemplating and actually leaving training.

The researcher is emphatic that this is an inclusive, not an exclusive research study in that she wants the people concerned to become involved and take ownership of the findings. It is, therefore, of real importance, to the study, that the researcher is able to record the lived experiences of the subjects gaining contextual understanding and meaning from their point of view. It was therefore, of prime importance to review the literature carefully and familiarise oneself with the established findings related to the subject being studied. Nurse education, in parallel with higher education has engaged in widening the access to education provision. This has meant a move from recruiting primarily young female school leavers to an increased number of older female and males. The trend towards recruiting mature students is given added impetus in the light of concerns regarding the large fall in applications for basic nursing education and the fact that 20% of 1995 - 1996 diplomate places were not filled. (Payne 1996).

Firby (1989) encourages us to:-

“Take positive steps about creating a sense of belonging, a sense of worth, if people are going to stay with us recognising that an organisation that cares for its staff should in turn retain those staff”.

Campbell and Davies (1990) indicate that success and retention is a collaborative endeavour of administrators, faculty and students

This in turn fosters the development of a co-operative and a sense of “we’re all in it together”, and becomes an issue that involves every aspect of campus life.

At the outset of this project this researcher took courage from the very human viewpoint of these two authors and will, therefore, continue to recognise within this present study that an investment in the student nurse will mean an investment in patients. Therefore, it must be worthy of time and effort.

A note of caution was also available from Bevan (1987):-

“Wastage can act as a trigger for potential beneficial changes”.

Nurse educationalists must recognise that a certain amount of wastage is inevitable and even healthy, but it is vitally important 'to explore the specific reasons for wastage in order to plan and implement positive changes.

CHAPTER 3

RESEARCH QUESTIONS

The Research Questions

As with other research studies, this research commenced with the author identifying a problem area which was work based but which was also of national concern ie. what evidence supports the argument that student nurse wastage could be reduced?

The researcher has considerable professional experience within both nursing and nurse education and therefore attempted to utilise the experiences gained from student nurse wastage within the department in which she works. This combined with an extensive literature review enabled the researcher to consider the aims or purpose of the study and from this to formulate questions which required to be answered.

The researcher when reviewing the literature was interested in deriving knowledge contextually from mainly subjective data about values, intuition, psychological and social forces which affects students within nursing courses staying or leaving. The researcher was, therefore interested in the work of previous researchers who studied the views, opinions, perceptions and feelings of participants. Howett et al (1994) p 30, Di Minno and Thompson (1980) p26, Drees, Hatton and Kramer (1993) p 26, Lauder and Cutherbertson (1998) p39, Lindop (1987) p31 Croakley (1999) p38, who studied the views, opinions, perceptions and feelings of participants.

Early in the literature review the researcher noted the work of Brown et al (1991) Braithwaite et al (1994) p23, both of these researchers noted that wastage figures having been researched by many sources found the data to be unreliable and inconsistent. This researcher attempted to learn from their research and at the outset of the study sought to establish the extent of the student nurse wastage problem within the department of nursing. In order to produce baseline, factual data, the researcher sought to establish how many nursing students waste at the Paisley and Ayr Campus. Wastage also required to be reviewed between September 1992 and December 1997 in order to provide a realistic sample group. The aims and related questions are identified in Table 3 (1) p45

The researcher when reviewing the literature also noted the various studies which gave reasons as to why students left nursing courses. Drees, Hatton and Kramer (1993) p26, Huckabay et al (1996) p26, Richardson (1996) p32, Lauder and Cuthbertson (1998) p29 and many others all gave varying reasons for wastage indicating the complexity of the problem. As indicated earlier the significance of this was to compare the reasons given to the reasons indicated by students in the present study and in time to establish a means of dealing with the problem areas.

Having reflected on wastage experience to date within the department the researcher felt it necessary to establish the perceptions of students and lecturers as to the causes of student nurse wastage. This led to the following questions in relation to the local areas being studied. Firstly, what are the perceived reasons for student wastage? When is wastage most likely to occur? And what are the proposed solutions? The aim and related questions are identified in Table 3 (2) p45.

It became clear to the researcher whilst evaluating this aim and related question in light of the fact that there are similar studies in attrition but no such study has been carried out within the department. Therefore using local experience and documentation the researcher examined the categories of students who had discontinued from the course and attempted to establish criteria for identifying the "High Risk" students. In order to meet this aim, comparison of wastage in relation to male and female students, young and more mature students, in adult and mental health programmes and February and September intakes was considered necessary.

The researcher also consulted the literature and found that not all researchers agreed on the significance of age in relation to wastage ie. Clemence and Brink (1978) p29, Allen et al (1988) p26 and Safian, Rush and Belock (1988) p29. Due to the perceived disagreement in the literature it was considered necessary to study this area from a local viewpoint. The literature also contained information related to gender, Summerskill (1962) p35 indicated the sex of the student related to non-completion was uncertain but that it was more likely that males and female differ with regard to the underlying factors which result in non completion. The aim and related questions are identified in Table 3 (3) p45.

The researcher also noted that whilst reviewing the literature several researchers referred to “preventable” and “non-preventable” barriers to completing nursing courses – Liebesfeld (1994) and Smith and Cuthbertson (1999) p147. This researcher required to firstly consider what were the perceived barriers to completing the course and then to establish what were the preventable and non-preventable barriers in the local situation. The aim and related questions are identified in Table 3 (4) p45.

Having established what were preventable barriers to wastage an Action Plan could then be devised which would identify the problem areas and suggest ways in which these same problems could be actioned. Having considered the barriers to completing, it seemed reasonable to gain some insight into why students stay in nursing as reflected in the work of Croakley (1999) p38 and Campbell and Davies (1990) p39. The aim and related questions are identified in Table 3 (5) p45.

Finally, it was thought necessary to gain insight from the literature into possible measures which might require consideration in order to establish how wastage might be reduced. Various actions to combat wastage had been deployed by researchers ie. Lindop (1987) p31, Firby (1989) p28 and Land (1994) p31. The researcher required not only to consider what action needed to be taken but consideration also required to be given to exactly who would require to be informed/consulted and who would be involved in implementing and evaluating this Plan of Action. The total aims and questions for the research are summarised in Table 3. (P45).

TABLE 3**The Research Question**

What evidence supports the argument that student nurse wastage could be reduced?

AIMS	RESEARCH QUESTIONS/OBJECTIVES
(1) To establish the extent of the student nurse wastage problem within the department of nursing.	* How many nursing students waste at the Paisley Campus & Ayr Campus? * Review wastage between - Sept 1992 – Dec 1997 1) At Ayr Campus. 2) Paisley Campus.
(2) To establish student and lecturer perceptions of causes related to student nurse wastage.	* What are the perceived reasons for student wastage? * When is wastage most likely to occur? * What are the proposed solutions to the existing problem?
(3) To examine the categories of students who have discontinued from the course and establish criteria for identifying the “High Risk” students.	* Compare wastage in relation to:- - Male and female students. - Young and more mature entrants. - Adult & Mental Health Programmes. - February and September cohorts.
(4) To distinguish between preventable and non-preventable barriers to completing the course.	* What are the perceived barriers to completing? * Which barriers are preventable? * Which barriers cannot be prevented?
(5) To gain insight into why students stay in nursing.	* What reason do students give for remaining on the course/in nursing?
(6) To gain insight into possible measures which require to be considered to reduce the wastage rate.	* What action can be taken to avoid wastage? * Who needs to be consulted? * Who needs to be informed? * Who needs to take action?

CHAPTER 4

RESEARCH METHODOLOGY

STUDY METHODS

Study Population & Design

The researcher in identifying a problem related to student nurse wastage sought to establish the most effective means of gaining relevant information. It was vital that the real life experience of student nurses be gained from the study and therefore it seemed appropriate that a qualitative approach be used where the sample group would include male and female students from various age groups, courses and cohorts. Due to the professional and personal relationship between students and lecturers it was also deemed necessary to include lecturers within the sample group. The purpose of sampling in qualitative research is to recruit the respondents most likely to contribute to the understanding of what is being researched.

In this study the population was representative of the student lecturer population and although the researcher initially had selected small groups, ie. 10 students from each of the existing cohorts, it was realised that theoretical sampling is an ongoing process of data collection and is determined by the emerging theory and cannot be pre-determined Schatzman and Strauss (1973). The researcher appreciated that, in general, qualitative studies use small samples but Sandelowski (1995) pointed out that it was a misconception to think that “numbers are unimportant in ensuring the adequacy of a sample strategy”. The researcher took into account the variables in demographic variables such as age, gender, type of training and so the overall sample took account of this.

The advice offered by Sandelowski (1995) was taken:-

“Numbers have a place in ensuring that a sample is fully adequate to support particular qualitative enterprises. A good principle to follow is : An adequate sample size in qualitative research is one that permits and by virtue of not being too large – the deep, case orientated analysis that is a hallmark of all qualitative enquiry and that results in – by virtue of not being too small – a new and richly textured understanding of experience”.

The sample was chosen in that it was representative and provided rich research data which will be useful for future planning within the university and should also be of interest to other departments who would wish to replicate the study in order to re-plan within their own department.

This study was undertaken on a part-time basis over 3 years between September 1997 and July 2000. Qualitative research aims to describe phenomena and the researcher was interested in how respondents gave meaning to their experiences and perceived their world. The researcher encouraged respondents to talk freely and questions were asked in an attempt to seek clarification and to further explore. The study was designed following informal discussion with the Head of Department and some of the lecturers. The discussion suggested it would be useful to investigate why nursing students left the course prematurely. It was also known that the National Board for Nursing, Midwifery and Health Visiting proposed to carry out a national survey related to student nurse wastage and it was envisaged that all departments of nursing would be involved. The study was carried out in the Department of Nursing, Midwifery and Health Care, University of Paisley, using both the Paisley and Ayr Campuses. Information was gathered from a total of 442 Adult and Mental Health Branch, past and present students.

These students comprised two main groups:-

- Third year students (366) completing or near to completing the course.
- Ex-students (76) who had already left the course.

Information was gathered from 52 students who participated in one to one semi structured interviews and from 390 students via a postal questionnaire. Information was also obtained from 3 focus groups with 19 lecturers in total participating. These lecturers had responsibility for teaching and supporting pre-registration students in Adult and Mental Health Nursing.

The interviews, questionnaires and focus group discussions sought information regarding perceived reasons why student nurses either left or considered leaving nurse training prior to completing the course. Personal records/documentation from 214 students who had left the course were also analysed for information relating to research questions.

A pilot study was undertaken in May 1998 and the main study from September 1998 to July 2000. Rich qualitative data were obtained from interviews and focus groups. Useful data both quantitative and qualitative, were provided in questionnaire responses. This was influenced by the high response rate to questionnaires – 390/633.

This study is primarily concerned with exploring the experiences and attitudes to student nurse wastage by eliciting experiences from past and present students and lecturers who make up the research sample population. Therefore, it seemed appropriate to use qualitative research methodology. Defining precisely what qualitative research is has never been easy. Lincoln and Guba (1985) when defining naturalism (but this could apply to qualitative research) said:-

“It is precisely because this matter is so involved that it is not possible to provide a simple definition”.

There are many situations related to nursing in the way in which data is not quantified. This leads to an interest in a qualitative approach which allows for exploration of the subject from a different perspective, and an attempt to analyse the quality rather than the quantity of the data collected. Clifford and Gough (1990) agree that the purpose of qualitative research is an attempt to analyse the quality of the data. Concepts of theories are generated from the information provided by the respondent and developed as the study progresses. According to Cormack (1996), qualitative researchers are guided by certain ideas or hunches requiring the subject to be investigated. The strengths and weaknesses of qualitative and quantitative research are well documented. Carr (1994) identified qualitative research as developing theory inductively through describing the world from the perspective of the subject.

According to Porter (in Cormack 1996) the uniqueness of qualitative research is that it does not focus primarily upon the identification of facts but on the illumination of the interpretation of these facts.

Qualitative researchers would agree that an explanation of facts in statistical terms to attempt to identify a casual relationship is inappropriate when the subject matter of research is the action of human beings. Porter (1996) suggests that qualitative research concentrates on words to understand the interpretation of peoples' experiences.

An attempt has been made in this study to collect data from participants in their natural environment – this naturalistic setting has been highlighted by Morse & Field (1996) and Parahos (1997) as the usual environment for qualitative research. Secker, Wimbush, Watson and Milburn (1995) argue that neither quantitative or qualitative is more rigorous than the other but rather both can be of value if used in the appropriate context. Flexibility & reflexivity are cited as strengths of qualitative research by Whitehead (1998), Reid (1991) and Roe and May (1997). According to Ashworth (1997) the outcome of qualitative research is not generalisable but descriptive of sufficient depth to allow the capture of the “life world” of the participants in the study. Qualitative research is interested in in-depth studies of human concerns. Opinions, perceptions and feelings of individuals are sought in order to understand them more fully. It is only through this inductive approach that the researcher is able to understand the feelings of the sample group and hope to intervene effectively. Melia (1982) warns that by tending to favour a quantitative approach the study of nurses and nursing related topics are in danger of missing:

“A wealth of rich data, of a softer nature, data which would allow interpretative understanding of the phenomenon under study”.

She goes on to argue that a qualitative methodological approach is an appropriate means of finding out nurses' views and allowing them to “tell it as it is”. This researcher has chosen to take a qualitative approach to this study having been guided by the main focus of the study and the required data that will further inform the perceived concerns.

Many examples of qualitative studies exist within nursing related research. Melia (1982) used a qualitative approach when describing the experience of being a student nurse. The choice of a qualitative approach reflected the need for data about the lives of student nurses that could not be adequately described in numerical or statistical terms. Qualitative research employs a range of data collection methods that require the researcher to be physically and mentally close to the subjects of the study.

Initially qualitative research methods may appear informal and even arbitrary, but such appearances quickly prove to be deceptive.

Sherman and Webb (1988) analysed what leading researchers had to say about their work in the philosophy of education, phenomenology, uses of literature in qualitative research in critical theory; and their analysis produced the following characteristics. Events can only be understood if seen in context - therefore qualitative researchers immerse themselves in the setting. Contexts of inquiry are not contrived, nothing is pre-defined or taken for granted. Qualitative researchers attend to the experiences as a whole, not as separate variables. The aim, to understand experiences as unified. Qualitative methods are appropriate to the above statements and there is no general method. Sherman & Webb also state that qualitative implies a direct concern with experience as it is "lived" or "felt" or "undergone", it has the aim of understanding experience as nearly as possible as its participants feel it or live it.

Burnard and Morrison (1994) give specific characteristics related to qualitative research in that it adopts a phenomenological perspective and attempts to invest personal understanding and meaning of the system. Qualitative research often involves indepth interviews, observations and explorations of documents and is person-centred rather than subject centred. It also uses different tests for reliability and validity than with quantitative methods.

Waterworth (1990) recognises these characteristics when he points out several benefits of clinical research to the clinical practitioner in that it obtains new knowledge and solves a stated problem (answers questions). Clinical research is capable of making a decision and aids in developing programmes, procedures or products.

“Whatever the scale of the research project it is suggested that worthwhile research is characterised by a logical approach to solving an problem and obtaining and analysis information”.

Reid & Boore (1987)

This logical approach is called the research process.

Lawton (1989) adds to this concept when indicating that:-

“In practice settings, practice tends to precede theory, at a later stage theory refines practice until eventually it becomes difficult to improve practice without theoretical analysis”.

The researcher has chosen to take a mainly qualitative approach to the study having been guided by the main focus of the study and the required data that should further inform the perceived concern. This study will seek to establish the views of lecturers and students at both the Paisley Campus (formally Argyll & Clyde College of Nursing & Midwifery) and the Ayr Campus (formerly Ayrshire & Arran College of Nursing & Midwifery) to provide insights related to past and present practices concerning student nurse wastage. It would seem appropriate at an early stage that a conscientious, explicit and judicious review of current evidence from both sites be incorporated in the data collection. The researcher is also aware that the study requires to be put in the context of a national issue and therefore communication links are already established via the NBS and with each of the nursing departments throughout Scotland. The representatives have agreed to establish a student nurse wastage data base within their own Universities and at a later stage to share the information. It is hoped that by providing information from multiple sources the evidence gained will be helpful in informing the practice of the future.

Tiernay and Taylor (1991) emphasise the need for research to be practice orientated when they said that:

“There are now signs that researchers are making efforts to bring research nearer to nursing practice”.

Phenomenology

The aim of a phenomenological approach within this qualitative research is to describe accurately the lived experiences of student nurses who have either thought of leaving or indeed have actually left nursing training. The purpose of using a phenomenological approach was to not only provide description but deeper meaning and understanding of the phenomenon being studied.

The origins of phenomenology are in philosophy and in particular, the works of Husserl (1859 – 1938) and Heidegger (1889 – 1976). This researcher was also influenced as to how the American nurse Patricia Benner (1984) had used a phenomenological approach when studying the real life experiences of first year student nurses in practice.

It was recognised that this work had similarities with the present study in that, it was also concerned with understanding how student nurses existed but, in relation to the course and the significance of their experiences whilst on the course. Due to the close professional encounter with the student group and recognising that a significant part of the researchers work involved the support and guidance of students, it was felt the phenomenological approach served the caring goal of understanding the lived experience of the students and would enable the researcher to taste and feel their frame of reference and see the world through their eyes. This in turn would allow reflection and hopefully deeper meaning to emerge when reviewing the data.

Phenomenology is underpinned by the philosophy known as existentialism – the way one views the world but stressing the personal here and now experience. Omery (1983) states that the task of phenomenology is to investigate and describe all the phenomena, including human experience in the way in which these phenomena appear”.

This researcher was particularly interested in investigating or describing human phenomena – human experience because during previous discussion with students, they had disclosed the need, due to financial difficulties, to make the choice of having a hot meal themselves or making sure their children were fed.

The need for personal responsibility for one's own actions, creating one's own values and determining one's own future related to the philosophy described in existentialism and particularly when the researcher recognised early in the process that her own thoughts and experiences could not be eliminated but would probably become part of the data for analysis at a later stage, highlighting the fact that choices and the need to be responsible had to be owned by the researcher as well as the student groups.

The researcher in using a phenomenological approach endeavoured to make the participants become actively involved as “co-researchers” recognising that these people were more skilled at highlighting their own feelings than the researcher. The researcher was further aware that anyone coming to an experience brings biases, life/professional ways of seeing and doing things which are a part of their personalities and social context and that these beliefs and values colour our perceptions.

Phenomenologists suggest that we should “bracket” feelings. By this they mean we should look at the experience without past knowledge, facts and theories in order to truly absorb the phenomenon. Phenomenologists do, however, adopt slightly different views on this and this researcher believes that inevitably we carry preconceived ideas (bias) to every situation and this study proved to be no different. Phenomenology cannot replace other methods of enquiry but it is a research approach which can most effectively serve nurse educationalists goal to understand experience. The researcher was also aware that when students reflected back on experience, what was verbalised was not pure experience rather it was remembered experienced. It was acknowledged by the researcher, that it is impossible to be totally free of bias when reflecting on experience but an attempt was made to control this.

Following reflection the next step used in the phenomenological approach was intuiting – looking at the experience and not cluttering this experience by previous knowledge or literature. This in turn, led to analysing which was comparing and contrasting of recurring elements, allowing the researcher the opportunity to identify the components of the phenomena and the way in which the components related to each other.

Analysis led to describing what had been seen in such a way that the listener/reader is directed to their own experience of the phenomenon. Phenomenology's usefulness lies not only in the uniqueness of the findings, but also its possible generalisability. Field and Morse (1985) suggest that generalisation may be based on similar meaning rather than exact duplication of essence. By "clustering" data into themes similar meaning to phenomena can be ascribed without exact duplication. By using a phenomenological approach the researcher hoped to highlight and access the unquantifiable experiences and enable the students to empathise with each other by noting "it's like that for me too" (Morse 1991).

Qualitative research aims to describe the phenomenon, therefore, the approach choice is phenomenological. The study is primarily interested in how respondents give meaning to their experience/perceive their world, therefore the researcher was aware of the need to choose appropriate methods ie. semi-structured interviews and focus groups to find out the reasons for wastage and the effects of wastage related issues on the students involved. The aim of the study is to gain information and create change so the selection of a qualitative approach using phenomenological action research methodology seemed appropriate.

Action Research

Action research can be divided into a number of simple steps and is illustrated as a spiral of repeating stages. Kemmis and Taggart (1982).

Action research according to this involved various stages:-

- Stage 1 - Identifying the problem.
- Stage 2 - Investigating the problem.
- Stage 3 - Studying the literature.
- Stage 4 - Designing a plan of action which is then actioned and observed and monitored to assess how it works.
- Stage 5 - Evaluating and re-evaluating to identify any change or modification required.

In the context of this research study the researcher takes the view that if the findings are persuasive enough then it may be feasible to recommend and facilitate change in departmental policy, strategy, and possibly in curricular design. One of the purposes of research is for the researcher to be able to explicate, from the data, arguments for and against change and innovation.

Action research gives opportunities for nurses/educationalists to undertake research in the local setting and allows for re-evaluation and feedback. McGuire (1991) states that action research is advocated as the method of research for nursing and a number of others. Chavasse (1981), Greenwood (1984) and Hunt (1987) have also noted its value in nursing and related subjects. It is further stated by Webb (1989) that nurses themselves see it as an approach that has much to offer in analysing problems, solving problems, improving standards and evaluating innovation in nursing. Action research involves the collaboration of the researcher in the real world situation where the problems exists with the purpose of improving the situation, developing competencies and generalising new knowledge.

This present study seeks to identify specific issues/problems in a local situation and adheres to advice given by Bell (1989).

“The essentially practical and problem solving nature of action research makes the approach attractive and practical to researchers who have identified a problem during the course of their work”.

Another advantage of participative, people centred research is that it fits well into current rights ideology. Consumers want to know what will happen to them with the research, people dislike being viewed as “subjects”, “objects” or “unknown entities” controlled by the researcher. This type of research is, therefore, compatible with democratic values. Resistance to research arises from fear of being kept in the dark, and being manipulated, and this can lead to distrust, non-compliance, non return of information and withdrawal from the study.

These are aspects of concern that are costly in time, data collection and financially to the researcher. With active participation the quantity and quality of shared information hopefully increases with informants taking pride in and responsibility for the information they share with the researcher Leininger (1985). Action research has been chosen for this particular study because it focuses on the local situation, attempts to solve a local problem (which is also national), and hopefully the findings will indicate ways of making specific changes which will involve the people in the situation. Newman (1979) agrees with this when she indicates that action research necessitates increased contact and authentic collaboration between researcher and practitioner and, in turn, should increase relevance of research to practice and facilitate the application of findings.

Cohen and Manion (1984) further confirms that:

“Action research is appropriate whenever specific knowledge is required for a specific problem in a specific situation”.

MacLeod, Clark and Hockey (1989) advise that all the principles relating to the research process apply to action research, with the scientific design of action applying the same care as that of other types of research. Action research seeks to use a variety of methods to give more valued data than a single method would produce. The researcher, therefore, used triangulation, ie. used several different methods to cross check on data. It is hoped that by using triangulation a fuller, more detailed picture will emerge.

The researcher was also aware of the need to introduce the concept of reflexivity into the research study. The idea of “putting oneself on the line” will hopefully produce a more equal encounter and remove exploitation.

The self evaluative nature of action research, because it allows flexibility and adaptability is essential in nursing related research. Sheehan (1990) indicates that action research is different from other approaches because of its collaborative and participative nature.

The researcher attempted to remain aware of the prejudice which might be introduced to the study via her own experience which was inevitably involved in terms of historical, cultural, personal and professional background. Previous experience, no doubt, influenced the way in which the researcher interpreted and participated in making the data and will ultimately influence the analysis of lecturer and student interviews. Pre-understanding and prejudices can be found within the study and no attempt has been made to disguise these - personal concerns are clearly visible. It was found to be impossible to totally eliminate all of the researcher's own thoughts and experiences from the study. This researcher did not endeavour to achieve pure objectivity but rather to use her prejudgement and preunderstanding in order to come to a preliminary understanding. Philosophical hermeneutics affirms the position of the researcher in the hermeneutic circle.

“The hermeneutic circle cannot be avoided, rather it is a matter of getting into it properly”.

Bleicher (1980)

The researcher endeavoured, throughout the research study to make the data available when offering interpretation of the findings. The beliefs and attitudes of the researcher will become part of the data and will be made available in the report.

Finally, it was necessary for the researcher, when choosing action research, to be aware of the pitfalls identified when using this methodology. These are high workload, workload fluctuation. Booth and Davis (1991), Edwards et al (1991),

Alexander and Orton (1988), inhibiting management policies. Johns & Kingston (1990), insufficient/fluctuating numbers, (Smith 1986) and staff changes during the project. Armitage et al (1991) and Meyer (1993).

The researcher was aware of the people problems and vulnerability related to the research subject, and attempted to remain sensitive to the need to attempt to resolve these problems within the research. Having considered the disadvantages related to action research, the researcher remains convinced that this method will respond to the needs of those being studied as well as those of the researcher. The researcher, throughout the project, remained aware of related issues in this type of research, ie. power, autonomy, ownership and research purpose.

Light and Kleiber (1978) advise:-

“Where each researcher draws his/her ethical and practical lines must be his/her own decision”.

They still, however, like the researcher, believe that action research leads to a “more human, more moral and a more perspective field of research”, where the researcher builds on the knowledge/theories and modifies them on the basis of the practical experience gained whilst the practitioners use and modifying the ideas in an attempt to solve the problems. Susman (1983) indicates that everyone is involved the researcher and participants being in a real situation and returning to it at the end of the learning cycle having made changes and evaluated those changes. As the researcher gained knowledge which was applicable to practice this was immediately applied and from this the concept of an Action Plan began (P165 - 171). Over the three year period of the research study several problems were identified and as they were debated and discussed with students, lecturers, trusts and clinicians it became apparent that ways could be found to alleviate if not completely solve the problems.

The Action Plan provided a guide as to what areas required actioning and the action which was proposed and when that proposal was actioned.

Due to the unexpected number of questionnaire returns the researcher sought advice as to whether the study should remain purely qualitative in nature. The final decision was to attempt to reconcile paradigms and value both approaches within the study.

Hasse and Myers (1988) state:-

“Qualitative and quantitative approaches share a common goal for research understanding of the world in which we live. Considering this goal, the assumptions of each approach can be recognised as complementary and the primacy of assumptions underlying one or the other approach can be eliminated as unproductive”.

The researcher deliberately built in both approaches and accepted this as sound advice.

Semi-Structured Interviews

The researcher had determined that in light of the questions posed (Table 3 p45) that qualitative interviewing would best provide the necessary information from the student sample group. Students would be encouraged to discuss with the researcher what they experienced and how the experience affected them as people.

Qualitative interviewing was not found to be an easy option due to this method being difficult intellectually, practically, resource wise and ethically. It was also found to be heavily consuming of time and effort in its conduct and later the analysis of the information gained. It was, however, considered to be the most appropriate way to get at the required information in order to answer the research questions. The researcher was aware that structured interview technique tends to be a quantitative research method. Nay-Brock (1984) explained that “standardised interviews” are designed to allow classification, identification and comparisons and for such purposes the same information must be gained from each respondent”.

The term “unstructured” has been synonymous with qualitative research yet, Jones (1985) explains, “there is no such thing as a totally unstructured interview” and suggests the term is over-used and often carelessly used. The researcher therefore, chose to use the term Semi-structured Interviews. Interviewing involved the gathering of data through direct verbal interaction between individuals. The researcher collected continuous records of transactions, informal remarks and sought to organise and interpret the data. An exploratory descriptive design was particularly useful since the researcher was exploring a particular area to discover what was there, the meanings attached to the discoveries and how these could be organised.

The process helped to illuminate problems, issues and significant features.

Tuckman (1972) says that:-

“By providing access to what is inside a persons head [it] makes it possible to measure what a person knows [knowledge or information] what a person likes or dislikes [values and preferences] and what a person thinks [attitudes and beliefs]”.

Crannell & Kahn (1968) define interview as:-

“A two person conversation initiated by the interviewer for the specific purpose of obtaining research relevant information and focused by him on content specified by research objectives of systematic description; prediction or explanation”.

Herbert (1990) states that the interviewer profile should provide three kinds of information. Observation of a limited sample of behaviour manifested during the interview. Data about clients present situation and predicament and life history data. The interview, therefore, attempted to find out not only what happened to the client but also his/her perceptions of those events, the meaning given to them and the current evaluation. The purpose of the interview for this study was to collect information that was additional to that gathered from the questionnaire. It was used as a means of validating responses and probing more deeply into responses from the questionnaire. The rationale for using interviews as a follow up to the questionnaire was that interviews have decided advantages which have been enumerated by Barker (cited in Cormack 1991). Treece and Treece (1982) also indicate these advantages but also state the associated disadvantages of using this research method.

Some of the advantages associated with semi-structured interviews are that they seek answers to questions and examines the topic in-depth, the aim is that no item is omitted accidentally or purposely. Also there is an increased rate of response possible along with increased flexibility. Questions can be developed using verbal and non verbal communication.

They also provide the opportunity to increase opportunity to appraise and validate. Some of the disadvantages associated with semi-structured interviews are that they tend to be very time consuming and interpersonal relationships differ for each interview. The researcher requires to expect increased cost in effort, and responses may only be opinions. The researcher needs to remember and record in detail, and allow for nervousness on the parts of the interviewer and/or interviewees.

These interviews may provide limited response – may be inadequate and provide relevant data. Invalidity may be introduced by the presence of a misleading picture introducing bias. There is a tendency for an interviewer to seek answers that support his/her pre-conceived notions, therefore, careful structuring of questions is required.

For this study both the advantages & disadvantages listed above were carefully considered but the following were seen to be particularly advantageous.

- A fuller response to questions was more likely, since the subjects were allowed and indeed encouraged, to elaborate on their responses, which they may not have chosen to do in a written questionnaire.
- Areas of uncertainty or ambiguity were clarified by the researcher.

Whilst the researcher accepted that interviews were costly in terms of time, preparation and conducting them, they were known to offer significantly better returns. The interview was designed using a semi-structured approach, in that there was an interview schedule of prepared questions (which related to the questions posed in the questionnaire) but since the researcher wanted to elicit the experiences as well as the attitudes and opinions of the subjects, it was essential to include flexibility and openness on the part of the interviewer to facilitate reflection by the interviewees in amplification of their responses. (Interview Schedule – Appendix 1). The process was made more effective by piloting and noting the salient points made, with the knowledge and agreement of the interviewees. This did not appear to detract from the actual questioning, listening and the necessary clarification processes.

It also ensured a more accurate record of the interaction and a permanent record which was more easily collated and analysed at a later stage. The researcher chose not to record individual interviews due to tape recording at times detracting from the one to one interaction especially when the subject tended to be sensitive and the researcher did not wish to cause the individuals to feel more vulnerable.

Piloting of the Semi-Structured Interviews

Despite careful preparation it was felt necessary to carry out two pilot interviews for two reasons. One was to give the interview a trial run under realistic conditions, and secondly to get as much information as to how the interviewee interpreted and reacted to the questioning.

In order to carry out the pilot interviews, similar individuals to those participating in the study were chosen. The individuals chosen had not participated in the research in any way but were sympathetic to the work, likely to be forthright and incisive in their criticisms, and they promised to attempt to anticipate any difficulties or negative reactions that might arise with others.

The two pilot interviews were noted and reviewed by both the participants and the researcher. It was found that the de-briefing took as long as the interviews but they identified the following problems which were in turn corrected.

Interviews took far in excess of the time scheduled (over ran by 10 - 16 minutes). The interviewer tended to lead in some aspects of the interview, thereby introducing interviewer bias and this may have "allowed" the interviewees to talk too much and "judge" the main areas concerned.

Due to the above areas of deficit it was necessary to carry out a further interview in order to further refine the interview technique prior to the main scale survey.

The pilot interviews allowed the researcher to accept that good preparation was as important as having interview skills and that having a well prepared schedule was vital in helping to achieve the consistency required across the range of interviews. The researcher recognised at the outset the need to adopt a friendly but businesslike approach in order to give the interviewees' confidence in the researchers' ability to conduct a successful interview. The need to use the formality of the interview to encourage people to be explicit and to cope with the more difficult areas of the interview was also recognised.

Prior to the main interviews taking place each interviewee received written information explaining the aims of the interview, length of time given to the interview (ie not more than 25 minutes), the individual's right to refuse to answer any questions and indeed stop the interview at any stage if it was felt necessary.

Prior to conducting the interviews the researcher, using the pilot study findings, recognised the need to guide the interview appropriately, and attempted to keep the informants on the topic to ensure the “dross rate” was kept to a minimum Field and Morse (1985) describe “dross rate” as irrelevant information.

The researcher attempted to ensure relevant information was gained by preparing open-ended, questions prior to the interview and then by taking time to establish rapport and trust by providing politeness, courtesy and an environment free from interruptions.

It was also considered important for the researcher to be receptive and listen in a non-judgmental way, listening for implicit as well as explicit meaning in what was being communicated, and recognising the need for more information and or time, making associations and verifying assumptions.

Post interview the researcher viewed the written comments from the interviews. These were read several times in order to plan direction and isolate problem areas. The written account of what the researcher learned, saw and experienced required to be detailed, accurate and extensive. Throughout the process the researcher was aware of the many pitfalls associated with this research method and of being a teacher, ie dealing with distracted interviewees, avoiding awkward questions, presenting questions in an illogical order, counselling, teaching/preaching instead of interviewing and finally of introducing researcher bias by presenting one’s own ideas. The response of interviewees was excellent, with students being only too willing to discuss reasons why they would have considered leaving the course or had indeed left the course.

It is possible that interviewees may have provided answers which they thought the researcher wanted to hear, however, respondents appeared to be extremely honest in their answers, speaking freely about actual experiences rather than what they thought the researcher wanted to hear. Many of the interviewees were known professionally by the researcher and this appeared to compliment interviews as a rapport already existed between interviewer and interviewees. Having a rapport and prior contact with interviewees is highlighted as a positive influence on information provided by respondents (Worth and Tierney 1993).

Interviewees may feel uncomfortable speaking to a stranger so an existing relationship is thought to alleviate this discomfort. However, Fontana and Frey (1994) warn that while “close rapport with respondents opens doors to more informed research” it may also create problems as the researcher may lose her objectivity. Gray (1994) describes the necessity of adopting passive and active roles during interview. “Not to have this flexibility would result in either adopting a rigidly passive role (which would allow respondents to focus on irrelevant material) or a role which allows the pace of the interview to gallop away uninhibitedly”.

This researcher agreed wholeheartedly with the findings of Buckeldee (1994) in her study of carers in the community.

“Not only were most carers willing to talk with me but many also freely talked about themselves, including personal and intimate matters. At times this process also resulted in participants exploring new feelings and ideas they had not previously considered or acknowledged. This commonly occurred when we explored their feelings and perceptions of their caring role”.

This researcher frequently shared the emotions of stress, sorrow and overwhelming sadness and frustration of the participants. The depth of feeling at times left the researcher feeling exhausted and vulnerable, yet inspired, to do something about the presenting evidence. Interviews took slightly longer to complete than anticipated – the extended length of the interview was mainly due to the amount of information the participants wished to impart. Many were extremely enthusiastic and eager to inform the interviewer often giving details and descriptions which were emotional and intensive. There were no signs of the interviews being pushed to the detriment of the participants, however, the extended time did have effect on the interviewer’s time schedule. The researcher continued to interview consenting students from various cohorts until no new data emerged. The process of interviewing enhanced the researcher’s skills and heightened her awareness of the need to be flexible and versatile whilst interviewing. The researcher aimed to be rigorous in the way in which data was collected, analysed and interpreted.

The researcher during each interview sifted and analysed the data in her mind and then related this to the notes taken during interview. The reliability of data was difficult to establish as each interview was unique even though guidelines were used for each session. Reliability was, however, secondary to getting to the core of the subject being investigated.

The researcher was concerned with maintaining accuracy, truth and credibility and to ensure this used reflexivity and validation of data by interviewees and one other interested researcher within the department. The researcher's view through a continuous process of reflecting on her own values, preconceptions, behaviour, position and those of the respondents to note anything which may have had an effect on responses. This was not an easy process due to the sensitivity of the subject and the researcher's position within the organisation. The researcher randomly selected six participants to view the data and indicate whether they agreed with what had been recorded. Apart from two small errors noted, the data was agreed to be factual. A colleague also read through the data and agreed the points already established by the researcher.

Data Management

In this study the following data management activities related to the interviews were carried out sequentially.

Reflection on what was said following each interview.



Above then related to notes taken during each interview.



Identification of major coding categories.



Identification of sub categories ie. themes, sub themes and comments.



Double coding of all interview and focus group transcripts.

Questionnaire Survey

“The world is full of well meaning people who believe that anyone who can write plain English and had a modicum of common sense can produce a good questionnaire”.

Oppenheim (1966)

Having identified the problem area and established the aims and questions which required attention the researcher chose to questionnaire survey both students who had left training and also those who remained in training but had considered leaving. The questionnaire aimed to provide personal information ie. age, gender for each student and also specific information related to course, reasons for wastage and support mechanisms.

Cohen and Manion (1984) advise that an ideal questionnaire possesses the same properties as a good law.

“It is clear, unambiguous and uniformly workable. It’s designed must minimise potential errors for respondents and codes, and since peoples’ participation in surveys is voluntary a questionnaire has to help in engaging their interest, encouraging their co-operation and elicit answers as close as possible to the truth”.

They go on to advise that certain questions should be avoided:-

1. Leading questions - suggesting there is only one acceptable answer.
2. Highbrow questions - geared specifically to the intellectual.
3. Complex questions - too many details in the one question.
4. Irritating/service questions - eg. relating to specific age of respondents.
5. Open ended questions.
6. Questions which use negatives.

The author did adhere to this advice except item number 4 where this information was deemed necessary to answer some of the research questions.

Lumstedt's (1969) work agrees with Cohen and Marion when he suggested that in order to produce good questions the following should be considered:-

- Are the answers to the questions important and do they add to the data?
- Do the questions get to the basic issues?
- Are the questions logical and do they meet the grammatical standards of the language.

Overall, it was accepted that the questionnaire needed to be suitable for design and function, therefore, the researcher required to review the advantages and disadvantages of using this method.

It was acknowledged that as in any research study, the researcher had to proceed from her own ideas, theories and hypothesis by obtaining data which may or may not support her initial viewpoint. This was done by carrying out a literature search and subsequent review of the literature. This process also helped to establish content validity. The researcher also carried out one to one semi-structured interviews with students to establish their views and opinions and also to listen carefully to the language they used in order to generate and validate ideas. The researcher then attempted to structure the questionnaire using the students perspective and in a language the respondents could find easy to understand. The researcher was aware that when a questionnaire is administered to a potential respondent "an elaborate and subtle process is started which is intended to end in the transmission of useful and accurate information from the respondent to the enquirer". Stone (1993). Stevens, Sclade, Chalk and Slevin (1993) advise that there cannot be too much attention accorded to the construction of questionnaires. The researcher was, therefore, mindful when preparing the questionnaire to take account of the important areas included within the preparation.

A variety of questions were included in the questionnaire, the researcher remaining aware that open and closed questions have particular strengths and weaknesses, the analysis of closed ended questions being less time consuming and more objective. In qualitative research it was important not to overlook potentially important responses that would allow for a fuller, richer perspective on the subject, hence the reason why open questions were also used.

An accompanying letter was attached to each questionnaire advising the individuals on the purpose of the study, guaranteeing anonymity and giving an indication of where and when the results of the study would be available. The letter also gave clear instructions as to the return of the completed questionnaire ie. as stated, addressed envelope by a certain date via the normal mailing system. The courtesy of thanking each individual in anticipation of their response was also considered necessary. (see appendix 2). The time factor regarding return of the completed questionnaire was considered, adequate, taking into account the length of the questionnaire and the busy lifestyles of the participants. It was felt that an extended period of time for returns might lead to annoyance, apathy, forgetfulness and eventually lead to diminished returns.

The researcher recognised that the prepared questionnaire required to be piloted before use to iron out design faults and enable easier formal evaluations of validity and reliability. Validity meaning the extent to which a measuring instrument measures what it is supposed to measure and reliability, meaning the extent to which the form can be trusted to give consistent results. Stone (1993). The researcher also recognised that an ethical questionnaire is essential, it should also be deemed necessary, be scientifically rigorous and sensitively conducted with the informed consent of the subjects who provide the data. Hulley and Cummings (1988).

The self administered questionnaire is one of the few methods of collecting data that can potentially keep respondents anonymous. They provide the advantage of offering the opportunity to make views known without being identified. Robinson (1996), writing about the ethical implications of questionnaire design and administration, concluded that “badly designed research is perse, unethical and should not be done at all” and that “at best it wastes patients (respondents) time and at worst it can do outright harm”.

This researcher, like the designer of any questionnaire, wanted to get responses that would answer the questions in a way that would create useable data. With this in mind, it was thought wise to prepare a first draft of questions which could be pre-tested. As stated by Polit and Hungler (1985):

“A pre-test is a trial run to determine, in so far as is possible, whether the instrument is clearly worded and free from major bias and whether it solicits the type of information envisaged”.

A small scale pilot was therefore considered to be essential. It involved 10 students, 5 lecturers and the research supervisor working through the questionnaire and then discussing it with the researcher.

The researcher was then able to review the approximate time taken to complete the questionnaire and any features which were likely “to put people off” and, in turn, reduce the response rate. Checking was also carried out to see if wording was clear and no unfamiliar terms or ambiguous terms used. It was also necessary to ascertain whether respondents saw the questions as important and interpreted them as the researcher expected and whether it was easy for the respondents to express their answers to their satisfaction.

Individuals chosen to participate in the pilot study were individuals who were considered to be honest and able to give forthright comments, interested and able to be constructively critical. Each individual was met with separately and the following points elicited for comments, time factor, points of difficulty, meaning of question, meaning of responses and general improvements. To reduce the cost and trouble to the respondent, stamped addressed envelopes were provided. For those who did not reply within the time deadline one reminder letter was sent enclosing another copy of the information and questionnaire. The responses to the pre-test questionnaire elicited typographical errors and the need to remove two questions and substitute these with two others which took into account language and value position, and overall created a tool which was more readily understood. (see appendix 3). Once the findings from the pilot questionnaire were established a re-draft of the questionnaire took place prior to the full scale questionnaire being sent.

The main study questionnaire contained questions which were used to explore, describe, assess and evaluate the phenomenon. The questionnaire, however, also attempted to measure attitude using a Likert Scale approach Likert (1932) described by Henderson et al (1992). The items used were designed from statements made by students previously interviewed.

Other questions within the questionnaire elicited background information along with why students considered leaving/left the course. The questionnaire also explored the reasons why students remained on the programme to complete. The questionnaire related to students remaining on the course achieved a participation rate of 366 whilst the questionnaire related to those who had discontinued achieved a participation rate of 76. The main aim of the questionnaire was to produce valid and reliable data. Valid being the extent to which it addresses the research questions, objective and reliable meaning the consistency which respondents understood and responded to all questions. The researcher attempted to ensure that questions used adequately represented the attributes of the concepts/aspects being studied. In order to ensure content/face validity the questions were formulated from the researchers own experience, the views of other experienced lecturers and the findings from the literature review – care was taken to cover all aspects in the same proportion. The questionnaire was also submitted to a group of lecturers and students and, following critique and discussion, their viewpoints were also reflected in the final questionnaire hence meeting the requirements for validity criteria. Predictive validity was also considered in that, data available in the future from the Scottish Office will hopefully confirm the information gained from the questionnaire as valid. Questions and statements within the questionnaire were checked and tested to ensure they were clear and unambiguous enough for respondents to understand and respond to them in the same way. The researcher was aware of the difficulties such as respondents misinterpreting, being “economical with the truth”, facts being “coloured”, exaggeration and environmental issues. Robinson (1996). Reliability is largely dependent on question wording and structure, but the researcher also took into consideration question order and length of questions in the knowledge that lengthy, uninteresting questions can also affect responses.

In order to enhance reliability, the questionnaire was piloted and errors relating to typing, length of questions, question structure and Likert scale construction were subsequently corrected prior to the main study. Reliability and validity are greatly enhanced by careful preparation and skillful construction of the questions used within the questionnaire. The researcher also remained sensitive to the needs and circumstances of potential respondents and attempted to anticipate how they might react.

Documentary Evidence

Gordon Allport a psychologist suggested the use of personal documentation as a critical source for theory building. He also alluded to the fact that psychology, education and other social science fields have commented on the usefulness and credibility given to data in personal documentation.

The researcher identified early in the study the need to have access to the documentary records containing information related to student numbers commencing and discontinuing from nursing courses. Examination of documents and records is common in health and human services research where written and computer generated records are routinely kept. The criteria for selecting documents/records as a method for obtaining data should reflect the issues on which the researcher is seeking evidence. Appropriate consent to access these records was given by the Head of Department. This consent also entitled the researcher to access the programming personnel and seek relevant information using their programme planning expertise. The researcher, at the outset, took note of the advice offered by Silverman (1997) who indicated that researchers should pay attention to how documents/records should and should not be used. He stated that documents were, "social facts produced, shared and used in socially organised ways --- and are not transparent representations of organisational routines, decision making processes and professional diagnosis". Documents should never be treated as "hard" data and do require critical reading and interpretation. The researcher was therefore careful not to use documentary sources as replacement for other types of data but instead used records and documents to verify or clarify information.

This included a clear understanding of how records were produced, circulated, read, stored and used for a variety of purposes.

Departmental records were used to obtain information related to the postal questionnaire to elicit the total number of students who had discontinued and their supposed reasons for leaving the course/nursing. All of the documents used provided a good level of relevant detail mainly due to the fact that they were prepared to a set National Board for Scotland and departmental specification by experienced staff and to the researchers knowledge were reliable and accurate.

The data from documentary sources was also used as a means to augment data derived from questionnaires, interviews and focus group. Atkinson and Coffrey (1997) indicate that documents and records should be regarded as data in their own right, in that they contain a documentary version of social reality. The researcher initially carried out a broad examination of what was available and sought clarification from programming personnel when information appeared incomplete. Following a broad trawl, a more focused examination took place which explored recurring themes and patterns. Both the broad examination and the more focused attention ensured the breadth and depth of analysis. The collection of documentary data answered questions such as where?, who?, how? & when and proved extremely effective when teamed with other methods to discover relevant information.

Focus Groups

The researcher, having selected appropriate methods to gain information from the student sample group identified Focus Groups as being a suitable mechanism to obtain necessary data from the 19 lecturers participating in the study. The researcher aimed to establish the “real” experiences of lecturers who had day to day contact with the student group and record their views as they reflected on experiences.

Focus groups are a form of group interview. It is a methodology that is used widely in social science research in the areas of health care study, particularly in health promotion and consumer satisfaction.

Focus groups were thought to be first discussed in 1926 by Bogardus but were not used more widely for thirty years. In 1958 Lewin's work became the basis for group discussion and decision and an important technique for health educators.

Turner (1964) pointed out that:-

“Group thinking/group discussions have been used to empower, assist, support, inform, share, identify, solve and also to increase knowledge”.

Merton et al (1956) presented four broad criteria for the effective focus group interview. They should cover a maximum range of relevant topics and should provide data that is as specific as possible. Focus group interviews should foster interaction that explores the participants feelings in some depth and should take into account the personal context that participants use in generating their responses to the topic. They summarise these as range, specificity, depth and personal context.

RANGE - is the extent to which relevant observations the participants produce covers range of topics known to the researcher but also introduces new ones not anticipated.

SPECIFICITY - directing group towards concrete and detailed accounts of their experiences. When attitudes and opinions are elicited the need to locate specific base for these generalisations.

DEPTH - to ensure particular involvement with the material they are discussing it becomes necessary to introduce personal experience which generates a level of depth which transfers from individuals to the involvement of the whole group.

PERSONAL CONTACT - Attention given to the personal contact where the goal is to obtain observations that give the researcher an understanding of the participating perspectives on the topic of interest. Requires to be an honest admission that the researcher can learn from the group - what Bellenger et al (1979) described as a pose of “incomplete understanding”.

Mullen and Reynolds (1982) also addressed the issue when they said that focus groups were:-

“An approach which concerns itself with the meanings, definitions and interpretations which are made by the subjects of the study, has greater potential for depicting their world and priorities more accurately than methods which begin by preconceiving the world and its meaning”.

According to Gray–Vickrey (1993) focus groups are well suited to generate data for qualitative studies where the researcher is interested in learning more about specific phenomenon.

As the aims of this study were to elicit views of student nurses and lecturers on what caused student nurses to leave or consider leaving nursing, focus groups were found to be an appropriate method to collect such data. Prior to selecting this method for inclusion in the study the researcher reviewed the advantages and disadvantages associated with the method. Focus groups give the researcher access to a large amount of participant discussion in a relatively short time. (Morgan 1988).

This method allowed the researcher to tap into interactive discussion, where common experience, shared concerns and diverse opinions could be observed.

Goldman (1962) postulates that:-

“By virtue of the interaction and common relevant interests of its members, the group offers more in qualitative, different information than can be obtained from the sum of its’ individual human parts”.

Kingry et al (1990) also claim that:-

“The synergy of the group has the potential to uncover important constructs which may be lost with individually generated data”.

Lederman (1990) further argues that data generated in focus group interviews are often richer and deeper than data elicited in one-to-one interview situations. Focus groups are also purported to stimulate ideas which may never surface in individual interviews, Cox et al (1976) and Lederman (1990). The main reason for this is that focus groups emphasise the interaction between participants and may create a relaxed atmosphere/climate and therefore a greater serendipity of response. Basch (1987) and Caplan (1990) state that focus groups offer a unique synergy and spontaneity from participants interaction which can quickly generate valuable ideas. Lederman (1990) indicated that focus group interviews have the potential to bring the researcher closer to the research topic through a close and intense encounter with key individuals.

The central assumption is that people are valuable sources of information about themselves and are capable of expressing their own feelings and behaviours with some degree of clarity. Krueger (1994) concurred with this when he stated that the purpose of focus groups was to develop an understanding of perceptions, beliefs, attitudes and experience, and to explore the context in which these were formed.

Kitzinger (1995) felt that the groups could help researchers achieve the understanding talked about by Krueger because evidence from focus interviews suggests that group members influence each other with their comments and participants may form opinions after considering the views of others. Using group dynamics and encouraging debate allows researchers to probe answers and note group reactions to participants opinions and experiences. Holloway and Wheeler (1996) agreed with the idea that people (participants) are a valuable source of information and that this view was compatible with a number of assumptions fundamental to qualitative research, which advocates the insider's point of view, or "emic" perspective. Clark (1999) suggests that focus groups allow the researcher to observe different types of communication evident in group dynamics such as strength of opinion, contradiction and argument, as well as non-verbal communication and nuances of expression.

Tapping into the dialogue can help identify common experience and shared concerns - a powerful element not found in other research techniques gauged to obtain individual responses only. Bers (1998) addressed the misconception that focus group research was “soft and fuzzy and anyone can do it” and he argues that focus group research is based upon well developed principles of psychology, sociology and communication.

It was, however, recognised that regardless of the advantages of the research method there were some apparent disadvantages related to focus groups in that the researcher may have some difficulty managing the debate and generally have less control than in a one-to-one interview Jackson (1998). The researcher may also have to control issues such as group member dominance, bias, and compliancy and non-compliancy. Carey and Smith (1994) suggest the group effect may lead to conformity or to convergent answers. In individual interviews the real feelings of the individual informant may be more readily revealed. The problem may also exist of one or two participants dominating the interview and participants may conform to the perceived group norms. Macleod, Clark et al (1996). Confidentiality may also be questioned in that confidentiality within the group may be difficult or impossible to ensure. Kitzinger (1995). The researcher may experience difficulty in attempting to get group members together on a set date, time and venue.

Transcribing of tapes may also prove difficult due to various dialects, several people talking at once and background noise. Method of data analysis requires to consider group interaction and non-verbal behaviour. The resource implication requires careful consideration as to whether focus groups are more time and/or cost effective. Ward et al (1991) issue a word of warning for the researcher when they state that the data obtained in focus groups may be “too soft”.

The overall technique at times is criticised for its unreliability - it is said to lend itself more easily to supporting the preconceptions of the researcher because of its reliance on moderation Basch (1987). The technique is also criticised in that the findings are not always replicable Mendes de Almeida (1980) and the findings may be different with different people Seymour (1987) which introduces the concept of “social posturing” or trying to please the researcher. The researcher also considered the ethical issues related to focus groups by reviewing relevant literature.

Smith (1995) discussed the ethics related to focus groups from his experience and he indicates that the understanding of ethics is not just a study of theoretical knowledge but includes an understanding of the applicability of ethics to real world situations. Beauchamp and Childress (1994) also describe the applicability as practical ethics, these codes are professional guidelines for practitioners to use to help make decisions when interacting with clients/participants and other professionals. Ethical issues rest in broader values of how we decide whether an action is right, correct or appropriate Miles and Huberman (1994) and consists of normative codes that are social obligations backed by formal or informal sanctions Young (1990). The researcher must also be aware of the stress which arises from over disclosure of personal information, Carey (1994), Morgan and Krueger (1993) and recognition that the opposite of under disclosure is also true in that individuals may withhold information in a group. The researcher recognised that should disclosure have implications for clinical practice she would require to intervene. The researcher also recognised the research obligations to the participants and therefore considered and eventually used an observer in the focus group session to oversee and comment on the proceedings. The researcher remained aware that ethics are shaped by our own values and beliefs and therefore input from another professional may lead to a more rational and appropriate decision and/or analysis.

Three focus group interviews were conducted with lecturers between the campus sites. Due to the degree of similarity in the discussions a fourth session was deemed unnecessary. In addition to the invited participants each group included a facilitator (the researcher) and an observer. The first group was used as a pilot study and its purpose was to assess the feasibility of this method by acquiring answers to the research question. Subjects were representative of the main study population and were not intended to be participants in the main study. The pilot study helped to determine a variety of practical questions and to allow for refinement of all aspects of study when and where necessary Cox, Harsanyi and Dean (1987). The pilot study was positive with no major changes being identified and the research was able to proceed and to include the group findings within the main study.

Prior to the focus group sessions all participants received a letter (Appendix 4) containing an invitation to participate and a copy of focus group guidelines prepared by the researcher. These guidelines were issued to allay anxiety and correct any misconceptions Parahoo (1997). Questions for group discussion were forwarded to each participant in advance to allow focus prior to discussion. Shaw, Morrison and Peoples (1999). The researcher heeded the advice of Tiedye and Friedman (1990) and ensured the questions were carefully structured and sequenced and also that of Spradley (1979) and Gray-Vichrey (1993) in preparing 'Grand Tour' questions which were open ended, general non-directive and used to encourage participants to tell their own story in their own words. A follow up letter was sent to each positive response to the invitation indicating the date and time of the focus group and names of other group members.

The selection and size of the focus groups were considered as many researchers advise the groups should be as homogeneous as possible in order to gain insight from peoples/ shared backgrounds. Kitzinger (1995) disagrees and favours briefing people from diverse backgrounds so different perspectives can be explored. Kitzinger also had concerns regarding the group members being of similar status, the presence of a manager who will inhibit frank exchange of ideas. It was also suggested that the participants should not know each other because of having established ways of relating to each other which may influence the nature of response.

Vaughn (1994) however, disagrees and argues that individuals brought together for the purpose of the study will be more inclined to talk freely and truthfully, uninhibited by the prospect of having to meet again. This certainly appeared to be the case with the participants involved in the focus groups within this study.

The group size was also considered by the researcher who recognised that this was influenced by the purpose of the study. Thomas et al (1995) say that the range should be 4 - 12 participants which allows for participation while eliciting a range of responses. Morgan (1998) believed that a smaller number cannot be called a group and a larger group would inhibit discussion. For the purpose of this study, groups of 6/8 participants were selected to participate in the focus groups. The groups were held within the staff lunch hour and a buffet lunch was provided by the researcher.

The timing of the focus groups provided the least disruption to the scheduled student programmes and prevented any disruption to staff and family commitments at the end of the working day.

The lecturers shared a similar professional role and their experience with the student groups was alike. The groups were colleagues who had common interests within the work setting. The lecturers had a similar educational background - advised by Merton and King (1990). Shamasani (1990) advised single sex groups because they state males and females within a group tend to "perform" for each other. This researcher did not take this advice, and felt the need to have the opinion of male and female lecturers so that gender bias in the opinions was eliminated as much as possible. Many of the past researchers claimed that participants should be strangers to one another. This is purported to encourage more "enthusiastic, honest and spontaneous" responses. Fern (1982) and Lederman (1990) on patterns of leadership and Basch (1970) on influencing the groups behaviour. People who know one another, Morgan argues, may rely on taken-for-granted assumptions which could be what the research is trying to investigate or they may have agreed amongst themselves not to discuss certain subjects. Morgan (1988). However, an opposite opinion to this was that of Kitzinger (1994) who argued that friends/colleagues could relate to each others comments regarding actual incidents in their professional lives and could challenge each other or contradict.

Having gained knowledge of the advantages and disadvantages associated with focus groups the researcher felt the purported advantages outweighed the disadvantages especially in relation to this particular study. Having made the decision, the next step appeared to be to gain knowledge of the facilitator or lead person's role in conducting the focus groups.

The facilitator required to have clear goals in order to facilitate the cohesiveness of the group and to encourage individuals within the group to become secure, productive and meaningful in their relationship with other group members. The facilitator also requires to facilitate an environment which encourages each person to value their own effectiveness and eliminate threat and tensions which can present as hostility and bad humour.

The facilitator sought to maintain a positive non-judgmental climate which encourages good communication and allowed each individual within the group to feel valued and appreciated and so in turn improved the researcher's chance of obtaining useful information. The facilitator required at the outset of each group meeting to clearly explain the procedure and answer any queries the group might have. The facilitator was expected to cover a series of questions on a pre-established discussion guide. The facilitator was responsible for keeping the discussion focused on the issues under study but allowed it to deviate if participants raised other issues that were pertinent to the subject. Throughout the discussion the facilitator required to be unobtrusive, listening more than talking and encouraging debate, exploring inconsistencies/differences and encouraging others to state why these inconsistencies/differences might exist. If groups feel at ease with the facilitator, interaction should then be open and productive and participants should feel free to disclose their perceptions and feelings.

Holloway and Wheeler (1996) advised that the facilitator should be able to diffuse personal hostility. Gestures and facial expressions of the interviewer have to be controlled to show group members that the interview is non-biased.

The questions posed by the researcher required to be carefully prepared in advance of the group sessions. The researcher was mindful of the advice offered by Krueger (1994) when he said that quality answers are directly related to quality questions. The researcher was well aware that questions act as a stimulus and therefore must be focused in a logical sequence and clearly understood by the group members.

Using the background knowledge from the literature review and the researcher's own experience, the questions prepared were clear, precise and as short as possible. The researcher also attempted to avoid dichotomous question ie. those that can be answered with a simple "yes" or "no" response. To ensure the questions would be understood by the participants, two colleagues were involved with the researcher in discussing each question and reflecting on how effective they would be. The feedback received led to questions being refined prior to the actual group sessions.

The presence of the researcher was beneficial in that she was able to offer clarification and support. The researcher was able to probe in a non-directive way and by doing so encourage more detail.

The researcher ensured consistency in asking the questions as they appeared on the schedule, and in making the same information available to all respondents in order to achieve standardisation. The environment in which the group discussions took place was warm, friendly, large enough for comfort but not too large to cause group members to be intimidated. Folch-Lynon and Trost (1981) argue that:-

“Given the proper environment participants are less on guard against personal disclosures because the atmosphere is tolerant, friendly and permissive even when selfish, ego-centric, aggressive, “daring” or questionable judgements are voiced”.

The degree to which the facilitator adopted a passive role during the discussion varied, but a conscious effort was made to avoid a hierarchial relationship and in facilitating optimum participation, consistency and standardisation but with flexibility being allowed when necessary. The groups were arranged around a table and refreshments of food and soft drinks made available. The chosen venue was accessible to all participants but removed from the work environment so as to ensure freedom from possible interruptions such as telephone calls, colleagues or students. High quality equipment was prepared by the audio-technician within the Department so each group could be audiotaped. A boundary microphone was placed centrally and the microphone proved successful in providing a clear quality of communication to assist with transcribing.

Prior to the focus groups the researcher had sought advice from the audio-visual technician regarding the workings of the recording deck and a test run proved useful in obtaining the optimum quality of recording. As advised by Nyamathi and Shuler (1990) the researcher was comfortable and familiar with the group process, communication was clear and good relationships were quickly established within the groups. The researcher was careful to take account of arguments for and against the familiarity of researchers within their own research settings Hanson (1994).

The researcher was acutely aware of her own personal and professional interest in both the research subject and also in the people involved in the focus group and so particular care was taken to avoid introducing bias in as much as this was humanly possible.

The researcher took responsibility for ensuring the participants knew the limits of confidentiality Polit and Hungler (1997) in that consent from each individual participant was implied and the group members were aware they were free to participate or withdraw at any stage with the research.

Smith (1992) suggests:

“Researchers who interview people and perhaps particularly women, need an awareness, a sensitivity to the fact that, although a subject may have agreed to take part in a study, it cannot be known for certain what that interview will uncover or give rise to. It could be argued that to be allowed a private view of another person’s past or opinions or pain is a privilege”.

In accordance with the Data Protection Act (1984) participants were assured that information would be filed in such a way that access could not be obtained by non-authorised persons. As well as the entire proceedings being recorded during each group discussion an “observe” was present who took written notes. At the end of the discussion period the facilitator summarised the main points for each of the group and the observer added to the notes, if necessary. Each participant was formally thanked for their contribution as they left the room.

The facilitator and observer spent approximately ten minutes at the end of each discussion group re-establishing what appeared to be the main points from the group. Transcription of the tapes was carried out as soon as possible after the focus groups and these brief notes proved invaluable in the transcription process.

Interviews were transcribed verbatim which proved time consuming and problematic at times due to accents, voice projection, more than one voice speaking at one time. Participants were given a letter of the alphabet so the researcher could use the code during analysis and presentation of data. Attempts were also made to identify frequency of speaker, extensiveness and intensity of what was said.

(Sample of transcript – Appendix 5).

In order to analyse the data, various options were identified and investigated:-

1. Computer software for qualitative analysis.
The package of choice was NUD-IST Bentoinin and Cormack (1996). This package was not available locally and the time span available for the research study did not allow for the detailed application required for this package and other similar ones.
2. Computer database (Burnard (1994) and (1996). This option again was rejected due to it being time consuming to use and the extensive formal analyses still required by the researcher.
3. Stage by stage methods developed by Colaizzi, (1978) as cited in Parahos (1997).

This option was the one chosen following the translation of the interviews categories, sub-groups and meanings were formulated for significant statements. The significant statements were then organised into clusters of themes and subsequently the items were then used to provide a description of the experiences of the participants.

At the stage of preliminary coding, no areas were identified which required further investigation and therefore it was not deemed necessary for the researcher to avail herself of the opportunity (previously negotiated) to go back to clarify and validate responses.

During the preliminary coding it became apparent to the researcher that to stay rigidly with Colazzi's method would mean the loss of valuable data and so, following consultation with the research supervisor, the transcripts were collated into three categories - themes, sub themes and comments. Every effort was made to maintain accuracy, truth and credibility with the findings and therefore the researcher went through a continuous process of reflection of her own values and preconceptions which could affect responses. The researcher was also aware of the effect of her professional position (Subject Head) on the respondents, and so to validate the data two other readers were asked to read the transcripts and identify and compare theories and concepts.

The general level description was reviewed and refined by both readers for the purpose of consensual validation. The purpose of qualitative research is to collect valid and reliable data to answer research questions but concepts are often substituted for terms such as truth and credibility Parahoo (1997). Polit and Hungler (1997) refer to dependability. Efforts were made to minimize memory decay. Cannell and Kahn in Smith (1992). Good communication with all participants. Barriball and While (1994), inter-rater reliability. Lincoln and Guba (1985) and objectivity and moderate interpretation from the researcher. Kingry et al (1990).

According to Smith (1992):-

“It is clear that the interpretation of interview data is never wholly objective and dispassionate despite every effort made to be so or that data interpreted is influenced by life experiences and intellectual ability”.

Triangulation of Method

Triangulation is a strategy which draws on a variety of information from various sources in order to study a phenomenon and provide different perspectives on the same phenomenon. The term is geographical or nautical in origin, meaning to ascertain one's position by comparing it to more than one other known location. It is recognised that all research methodology has limitations and to counteract this Denzien (1970) proposed the use of "method triangulation". Kimchi et al (1991) takes this concept when listing six types of triangulation : theory, data, investigator, analysis, methods and multiple.

Through triangulation the researcher used multiple research methods in a variety of settings, to gain a total picture of the phenomenon being studied. Triangulation, using multiple methods to study the same phenomenon, provided a mixed approach which was well-structured to enable checking of data obtained by a variety of methods to contribute to credibility . Morse (1989) states that triangulation of method is the use of multiple collection techniques and indicates that this is a basic form of integration where different techniques are linked to counteract the weaknesses of the others and provide information on a single phenomenon. She further indicates that triangulation combines different methods to reveal an additional piece of the puzzle and refers to this as "the completeness function of triangulation". Triangulation checked the data obtained by a variety of methods and contributed to validity. It aims at convergence of pieces of data gathered by differing methods. Guba and Lincoln (1989) suggest that researchers seek only to triangulate to cross check "specific data terms of a factual nature".

Mathieson (1988) however, advises that triangulation may have other useful purposes as well as confirming:

“In practice triangulation as a strategy provides a rich and complex picture of some social phenomenon being studied, but rarely does it provide a clear path to a singular view of what is the case. More accurately, there are 3 outcomes that might result from a triangulation strategy – convergence, inconsistency and contradiction”.

Not everyone agrees on the appropriateness of mixing approaches and methods in the same study. Creswell (1994) identified three schools of thought. The “purists” said that paradigms and methods should not be mixed; the “situationalists” asserted that certain methods are appropriate for specific situations; the “pragmatists” attempted to integrate methods in a single study. This researcher recognised the danger of focusing to find convergence evidence - inconsistencies and contradictions can help to refine and evaluate the research framework and required to be reported as such. Triangulation should, however, provide a control on the qualitative study and aid the researcher to provide a professional result and establish findings. It should also assist in the experiences and views of the respondents being recognised as fairly as possible.

Lincoln and Guba (1985) indicated that:-

“Credibility is a trustworthiness criterion that is satisfied when course respondents (like people who provide the information) agree to honour the reconstruction : that fact should also satisfy the consumer”.

Triangulation helped to discipline the researcher to recognise that each method assesses a different aspect of the dimension of the problem under study, and emphasises the importance of the researcher approaching the study with an open mind so that the effects of bias are avoided as much as is humanly possible. Bruner (1983) also recognised the importance of open-mindedness when he said:-

“It is a willingness to contrive knowledge and values for multiple perceptiveness without loss of commitment to one’s own values”.

Triangulation confirmed information and obtained convergence validity by bringing together information collected, tested and analysed through more than one method. Campbell and Fiske (1959) referred to this process as “multioperationalism” - the emphasis being on the confirmation of discrete constructs and the refinement of measurement approaches. For the application of this particular study the researcher was aware that to use only one method ie. the questionnaire, would run the risk that any data obtained would be of limited internal validity. The reasons why students leave nursing requires considerable subjective data and the expression of anecdotal and experiential accounts. Within this research study the researcher remains convinced that within triangulation it was possible to use different research methods to investigate the same phenomenon. During the investigation the different methods used, highlighted similar social and ontological phenomenon – Action Plan (P165 - 171). The researcher at times was therefore able to use the information from the different methods to corroborate (or otherwise!) each other.

Triangulation enabled the researcher to approach the study from different angles and, having got various information at different levels, was then able to explore the data in a multi-faceted way. In turn, this led to enhanced validity due to the investigation indicating the findings were not one-dimensional but that more than one dimension had been highlighted.

Plan of Analysis of Data

Baily (1977) advises that “presentation of data must be focused so that the reader can easily assimilate the research results”. The researcher was also aware at the outset that reliability and validity of qualitative derived findings can be doubted, Dawson (1979, 1982), Ginsberg (1990), Kirk and Miller (1986), Kvale (1989), Le Compte and Goetz (1982), Lincoln & Guba (1985, 1990, and Wolcott (1992).

Miles (1979) indicates:-

“... that the analyst faced with a bank of qualitative data has very few guidelines for protection against self delusion, let alone the presentation of unreliable or invalid conclusions to scientific or policy making audiences. How can we be sure that an “earth”, “undeniable”, “serendipitous”, finding is not, in fact, wrong”?

The problem appears to surround areas, such as lack of explicit methods for analysis. The researcher was aware that some content analysts claim that all data should be accounted for in some way , but yet recognised that some parts of the transcripts were “unclassifiable”, but this did not mean they were discounted. The researcher also recognised that words/phrases can be used precisely to convey very definite concepts or to convey or create atmosphere/feelings. It was also noted that not everything said was of equal importance either to the subjects or the listeners. The researcher in recognising these factors was aware of the mammoth task in uncovering the precise meaning of the communication.

The researcher, therefore, attempted to ensure the interaction was focused and as specific as possible and was aware of the dynamics which came into play ie. the subjects “trying to make an impression” and “best guessing” the answer to questions. Research interviews were accepted to be dynamic and contextual events that depend for their outcome on the relationship between the two people involved. Buber (1951) makes distinction between the I-you and the I-it relationship. In the I-you relationship, two people meet as thinking, feeling “subjects” or humans beings.

Whereas in the I-it relationship they meet as objects or things. The researcher was keen to overcome, as much as possible, the problem that transcripts are post-hoc ie. occur after the original interview and that what really happens after the interview is lost. This was tackled in part by interviews being tape recorded or/and recorded in writing to further enhance the veracity of the report. It was recognised that the richer the data, the more complete, the more varied, the closer it might be to getting some of the hidden meaning in conversations. The researcher employed questionnaires, document/record information, questionnaire, some structured interviews and focus groups to attempt to combine methods towards an integrated and triangulated approach recognising that human communication and experience are conveyed not only by the spoken word.

In the future it is hoped technology will advance to allow qualitative data to be analysed in visual and other modes as well as typographical. This should change not only the way in which qualitative data is analysed but how qualitative research is conceptualised and defined. The researcher did attempt to take into account the quantitative element of this study in that a substantial number of participants took part. Information was collected via the questionnaire returns from 390 students. It was then analysed, using SPSS (a Statistical Computer Package for the Social Sciences), and cross tabulated to further explore some of the related issues.

The researcher was aware that computerised qualitative research analysis was an option and that software computer programmes were available for qualitative analysis ie. using NUD*IST software, a non numerical data analysis tool which assists in the analysis of unstructured data, allowing indexing and coding, and enabling theory building. Due to the time constraints related to this study and the researcher being unfamiliar with the use of the package the disadvantages of using such a system outweighed the advantages.

A key characteristic of qualitative research is the continuous ongoing analysis of the data Schatzman and Strauss (1973) discuss the craftsmanship involved in processing and analysing the data and note the importance of discovering significant classes, their properties and the links. Analysis of the data was therefore done using a descriptive technique which involved clearly ordered organisation of the material which included verbal description.

The researcher recognised that quality of descriptions may vary but clarification discouraged this so the resulting descriptions were truly the experience as the subjects related them.

Firstly, the researcher read the entire transcript/records of interview in order to get a sense of the whole. This process illuminated the need to read the transcripts/records of interview in order to truly achieve a sense of the whole and then read again more slowly to establish transitions or units in the experience. This allowed the researcher time to reflect on the experiences which in turn facilitated integration and synthesis. The emerging groups relating to the identified themes were coded and ascribed categories relating to the identified themes. These themes were eventually expanded or collapsed depending on the frequency of similar responses. Within each theme sub categories emerged containing particular statements that contributed to the discussion and are presented within the findings.

The whole process was shared with two experienced lecturer/researchers for critique and agreement. The researcher recognised from the outset the subjectivity of qualitative research and has endeavoured to allow others (ie students and other lecturer/researchers) to follow and validate the actions taken throughout the research process. As the research method progressed the researcher reviewed what was said and written by previous respondents and therefore the initial analysis and synthesis of information occurred. To reduce this subjective effect a record was kept of information received in the form of themes and concepts. The field notes and verbatim transcriptions of tapes and interview recordings represented the “crude data” had, in turn, to be carefully analysed. The researcher adhered to the four processes in the analysis of qualitative data identified by Field and Morse (1996) comprehending, synthesising (decontextualising) theorising and reconceptualising. The researcher transcribed the data word for word and these transcripts along with interview records were read several times to firstly get a “feel” for what was being communicated and then to identify words/phrases which occurred frequently and then progressed to coding them – theme patterns and concepts gradually became apparent.

Phenomenological methods of data analysis developed by Lincoln and Guba (1985) , Le Derman (1990), Miles and Huberman (1994), Vankaam (1966), Colazzi (1978) and Giorgi (1985) were also reviewed, and following transcription and identification of themes, patterns, significant statements and phrases pertaining to the subject being investigated were extracted.

During the coding process it became apparent to the researcher that to adhere rigidly to the above methods would lead to loss of valuable data and so, following discussion with the research supervisor, the transcripts were collated into three categories – themes, sub themes and comments. The researcher then reviewed these in light of the updated literature review. The researcher was aware that she might not be totally objective so two colleagues experienced in these research methods, took part in inter-rater reliability to ensure rigor. All categories arising from the data gained from questionnaires, interviews and focus groups were, therefore, independently reviewed by two people to confirm the resulting schema. For a category to be considered valid the researcher and both readers were required to agree. Analysis of themes that did not meet this criterion were re-examined and re-classified to attempt to achieve consensus. The same process was carried out again, with a final scrutiny for themes emerging across focus groups, interviews and questionnaire data. The researcher then having generated themes, sub themes and comments sought to develop related theories. The picture which emerged was interesting and provided useful information and indicators which should be of value for future planning and development. Finally, the researcher recognised that people live forward and can only look back, not live back and when reflecting back on experiences, what is uncovered is not pure, but remembered experience. It is therefore impossible to be totally free of bias when reflecting on experience.

Limitations in the Research Design

The research study provided powerful, important information, but as the researcher reviewed the methods used certain limitations became apparent. The limitations were mainly those often found in nursing research in that one cannot evaluate accurately how much of the result could be attributed to the variables and how many already existed. There is a possibility that the results could have been influenced by the uncontrollable variables related to state and personal characteristics of the participants, such as motivation and attitudes, but the large sample number minimised this.

There was a potential threat to the findings due to the professional relationships between the researcher and the participants and this was recognised from the outset of the study. The participants were assured of confidentiality regarding the information given, but there is the possibility that participants disbelieved the information given or had doubts as to the purpose of the study in whether information given might be divulged to “management”. It could, however, be argued that the honesty of information gained was partly due to the professional working relationship between researcher and participants.

In an attempt to prevent bias, the participants in the study were requested not to discuss the nature of the questions/interviews with either their peer group or other staff until all questionnaires were returned and interviews completed. There is the possibility, however, that the participants, being human, may have shared information and thereby introduced bias into the study. In a further attempt to prevent bias the researcher recognised her “senior position” in relation to students and lecturers and attempted, at all times, to assure them that the research study required them to be as honest and frank as possible.

The researcher’s own ideas, concerns and responsibilities did enter the study and what is perceived to be real may, at times, have centred around areas of personal interest.

The researcher did however, attempt to establish facts rather than be clouded by what were guesses or ideas. The use of other readers in an attempt to eliminate any possible bias was introduced at an early stage of the analysis as was ongoing discussion with professional colleagues who showed an interest in the study.

It was extremely difficult, during the study not to allow pre-conceived ideas of what the data might or would disclose, shadow the reality of what was actually stated by the respondents. The researcher found the use of triangulation method useful in establishing what were the main themes emerging from the research. Added to this was the short space of time in which the study took place, the added demands of the researcher being in full time employment not to mention the demands of a busy home life.

There were also limitations in relation to generalisability. Although the study was originally intended to reflect two other department of nursing's attrition information was not made available and so the results can only be generalised to other Universities with caution. The results, however, were felt to be of sufficient depth to capture the lived experience of the participants. Despite these limitations, the study has added insight into the views of students and lecturers in relation to student nurse wastage. The qualitative approach used did illuminate issues which require to be addressed, and the themes developed were in keeping with the aims of the study. The researcher concludes from the study that educationalists and clinicians have a professional responsibility to be cognisant of the views recorded in the research.

CHAPTER 5

FINDINGS FROM THE STUDY

...

“In everyday life, everyone engages in some form of qualitative analysis since no judgement can be taken in their absence --- common sense and researcher conclusions are based on qualitative data”.

Pollok (1991)

The researcher has generated data through questionnaires, document/records and interviews Trend (1978) asserted that the same social field viewed from different perspectives could produce explanations that might as well have been based on different realities. The researcher brings her own perspective to the analytical process. The research questions articulated at the beginning of the study provided an essential structure for guiding the data analysis and interpretation. Her aims at this stage are to describe the data and focus on any themes that express the meaning of individual and shared experiences and add to the knowledge of the phenomenon being studied.

The researcher chose not to use inferential statistics but instead to produce descriptive tables which would highlight the action required by the School, Trusts and clinical areas.

Findings from the Questionnaire

The first question requested each respondent to state their date of birth. This information was required in order to establish the age span of students involved in the study. The responses are displayed in table 4.

Table 4 - **Age Groups Represented in Study (based on 442 participants).**

Age Group → Cohort ↓	17 – 18 Years	19 – 25 Years	26 – 30 Years	31 – 35 Years	36 – 40 Years	41 – 45 Years	46 →	No Resp.
September 1995 (52 returns)	-	19	10	11	9	3	-	-
March 1996 (55 returns)	-	21	7	10	6	9	2	-
September 1996 (87 returns)	-	45	5	12	15	7	-	3
February 1997 (46 returns)	-	24	10	1	5	5	1	-
September 1997 (85 returns)	2	44	11	11	8	7	-	2
February 1998 (42 returns)	-	17	10	5	5	3	-	2
Discontinued Students (75 returns)	12	27	8	8	7	6	1	6
TOTAL – 442	14	197	61	58	55	40	4	13

When referring to this table, one finds that all age groups were represented in the study. It was to be expected that more students would either leave or consider leaving from the 19 – 25 year category as this age group represents the majority of students participating in the course. Further examination of the categories raised concern at the number of mature students who leave or consider leaving the course in that the table indicates mature students leave every cohort represented.

Having discussed this at length with many of the students and being only too aware of how much planning has taken place prior to commencing training, it was rather disconcerting to realise how many students in general, who had previously been enthusiastic, motivated and excited regarding the prospect of nursing as a career appeared to have become so disenchanted.

The overall information provided evidence that wastage was not restricted to one specific age group. The researcher having reviewed the age span of participants then wanted to know how many males and females participated in the study. The responses indicated that both male and female students participated in the study.

Data is visually represented in Table 5.

TABLE 5 - Gender Responses (based on 442 responses).

COHORT	MALE	FEMALE	TOTAL
September 1995	8	44	52
March 1996	4	51	55
September 1996	7	80	87
February 1997	5	41	46
September 1997	12	72	84
February 1998	7	35	42
Students who have left from various cohorts.	12	64	76
TOTAL	55	387	442

This questions was of limited value to the research but does indicate that a higher percentage of males to females do either leave or consider leaving the course.

Having considered gender issues the researcher sought information regarding wastage in relation to ethnic origin. Studies in the past have suggested links between ethnic origin and wastage due to home sickness and cultural differences. The responses to this question are visually represented in Table 6.

TABLE 6 - Responses to Ethnic Origin of Participants.

COHORT	WHITE	BLACK CARIBBEAN	BLACK AFRICAN	PAKISTAN	NO RESPONSE
Sept. 1995	49	2	-	1	-
March 1996	54	1	-	-	-
Sept 1996	87	-	-	-	-
Feb 1997	44	-	2	-	-
Sept 1997	84	-	-	-	-
Feb 1998	41	-	-	1	-
Leavers	73	2	-	1	-
TOTAL	432	5	2	3	0 = 442

Whilst of general interest, this question was of limited value to the research except to confirm that ALL students from an ethnic background (from each cohort) had actually participated in the study.

Overall, it does indicate that the percentage of overseas students in our courses is small and this should lead us to review our recruitment in this area bearing in mind that all of these students had either left or have considered leaving the course.

The researcher believed that more students wasted from the February/March Cohorts than from the September Cohort and so information regarding the students commencement date was requested along with the Branch of nursing they had selected.

In relation to this question the reader may find it useful to know how the nursing course of 3 years duration is planned. The curriculum is divided into two eighteen month components. The first component is the Common Foundation Programme in which both Adult Nursing and Mental Health Students participate. In the second component (the Branch component) Adult Nursing and Mental Health students follow a specific curriculum. Two Hundred and Ninety five students are selected for Adult Nursing Training and sixty students are selected for Mental Health training with intakes occurring in both February/March and September of each year.

The percentage of students (participating in this study) from each of the branches was as follows:-

- 86.6% - Adult Nursing Branch
- 13.1 - Mental Health Branch

Table 7 indicates the total number of students leaving nursing courses since the Higher Diploma in Nursing commenced in September 1992 until May 2000. From sixteen cohorts of students entering nursing a staggering 429 students have wasted for various reasons.

TABLE 7 Total number of students (per cohort) having left the Higher Diploma in Nursing Course between September 1992 & May 2000.

COHORTS	PAISLEY				AYR				TOTAL
	Adult Total 1120	M Health Total 375	Male	Female	Adult Total 735	M Health Total 170	Male	Female	
September 1992	18	12	9	21	7	-	2	5	37
February 1993	22	7	8	21	7	-	2	5	36
September 1993	10	7	4	13	4	1	1	4	22
March 1994	23	8	8	23	9	3	7	5	43
September 1994	16	5	4	17	8	2	2	8	31
March 1995	14	6	3	17	9	3	2	10	32
September 1995	8	5	4	8	4	2	2	4	18
March 1996	19	5	9	15	7	2	1	8	33
September 1996	13	4	5	12	6	2	2	6	25
February 1997	21	7	6	21	3	4	-	7	35
September 1997	15	5	5	15	4	1	1	4	25
February 1998	15	7	8	13	9	2	2	9	32
September 1998	8	8	3	13	5	1	0	6	22
February 1999	15	5	6	14	4	2	1	5	26
September 1999	7	4	2	9	-	-	-	-	11
February 2000	1	-	-	1	1	0	0	1	1
TOTAL	225	95	84	233	85	25	25	87	429

Further examination of the categories indicated that more students discontinued from the February/March commencement (238 students) than from the September commencement (191). There would probably be an even more biased percentage to February/March cohorts were we able to include more than 3 months loss from the February 2000 intake.

Considering the overall numbers of males recruited to the said cohorts the figure of 109 male student wastage is high and accounts for approximately 1/3 of student loss – the total females being 320.

Likewise the comparison of student loss resulting from Adult Nursing and Mental Health branches again indicates that just over a 1/3 of the total student loss arises from Mental Health programmes ie:-

Adult Nursing Student Loss	-	309
Mental Health Student Loss	-	120

It is evident from the results obtained that further questions need to be asked and this may be another research study which requires to be undertaken by the Department.

The researcher proceeded to attempt to find out how many of the respondents had actually considered leaving the course – if the answer was affirmative then whether consideration to leaving was either a fleeting thought or serious enough to seek guidance from a personal tutor, course leader or preceptors or indeed all three.

A large proportion of the respondents, ie. 367/442, had considered leaving the course – 83% of students should raise the concern of facility, as should the finding that 200/442 students stated that leaving the course had been a fleeting thought ie. considered for less than 24 hours, but 196/442 stated it had been serious enough for them to discuss the matter. Table 8 provides information on who the students sought guidance from.

TABLE 8 - Categories of personnel whom students approached for guidance.

Personal Tutor	16.7%
Clinical Preceptor	8.8%
Course Leader	14.7%
Parents	1.2%
Family	4.9%
Relatives	0.7%
Friends	2.9%
Course Leader & Personal Tutor	4.4%
Peer Group	2.7%
Personal Tutor, Course Leader, Clinical Preceptor	4.4%
Did Not Respond	8.8%

It was interesting to note that although the students were given 3 options to choose from ie. personal tutor, course leader and preceptors, 10 categories were identified as having provided guidance – 4 of these categories – parents, family, relatives and friends all emphasising the importance of a “family” network for the student outside the University.

It was also worthy of note that most students will go of their own volition to seek guidance be it from professional, non-professional or both sources.

Having established that students did consider leaving the course and just how serious their concerns were the researcher progressed to enquire as to how often the student had serious concerns about leaving the course and when during the course they considered leaving.

The responses are visually represented in Table 9.

TABLE 9 - NUMBER OF TIMES STUDENTS CONSIDERED LEAVING THE HIGHER DIPLOMA IN NURSING COURSE.

No of times → Cohort ↓	0	1 – 2	3 – 4	5 – 6	7 – 8	9 – 10	11 – 15	16 – 20	Above 20	DNR
September 1997	17	34	9	4	-	-	1	-	18	-
February 1998	9	19	2	2	-	-	-	-	-	-
March 1996	-	22	11	2	1	-	-	1	-	-
September 1996	1	37	10	3	1	2	-	-	-	24
September 1995	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Leavers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
February 1997	1	17	17	4	-	1	-	-	-	25
TOTAL	28 11.3%	129 52.4%	49 19.9%	15 6%	2 0.8%	3 1.2%	1 0.4%	1 0.4%	18 7.3%	49 19.9%

The responses established that over 50% of students had considered leaving the course 1 or 2 times whilst almost 20% had considered leaving 3 – 4 times.

Some of the responses were difficult to represent in that:-

1 student responded “regularly”.

1 student responded “can’t remember”.

1 student responded “many times”.

1 student responded “numerous”.

2 students responded “several times”.

The highest number of students appeared to either leave or consider leaving from Year 2 of the course (39%) followed by 25% from Year 1 and 15.5% from Year 3. A further 11% of students responded that they had considered leaving in Year 2 & 3 of the course. (Table 10).

TABLE 10 - The Stage of the course related to students leaving or Considering leaving the Higher Diploma in Nursing Course.

COHORT	1st Year	2nd Year	3rd Year	1st, 2nd, 3rd Year	2nd & 3rd Year	1st & 3rd Year	1st & 2nd Year	Did Not Respond
September 1995	15	20	7	-	10	-	-	10
March 1996	16	28	29	-	-	-	-	3
September 1996	12	22	8	7	4	3	4	27
February 1997	6	9	5	3	11	8	1	2
September 1997	14	28	1	3	3	3	5	27
February 1998	13	8	-	-	-	-	11	10
Leavers	12	20	4	3	10	4	7	16
TOTAL	88 25%	135 39%	54 15.5%	16 5%	38 11%	18 5%	28 8%	95

Further research is needed to establish why particularly Years 1 & 2 appear to be difficult for the student and whether more support and guidance could be offered at these stages of the course.

The researcher, having received the responses of students having left or considering leaving the course, was interested in why students remained on nursing courses and so several cohorts of students were requested to be as specific and honest as possible as to why they remained on the courses. Not all students were asked this question as it was introduced later in the study.

Responses are visually represented in Table 11.

TABLE 11 - Reasons as to why students remain on nursing courses. (based on 223 responses)

Cohort	Won't Give Up Now	Need a Job which offers a challenge	Need a Job with a good income	Really want to Nurse	Owe it to myself/family to see it through	Job satisfaction	Long term career prospect	Enjoy it.	Waste not to finish.	Can't see myself doing anything else.	Always wanted to nurse.	Finish what I set out to do.	Determined to succeed.	Did not respond
Sept 1996	4	-	6	-	8	7	8	2	8	-	10	16	-	-
Feb 1997	3	-	2	-	6	-	-	2	8	2	6	-	3	14
Sept 1997	7	3	3	16	2	8	4	1	8	6	-	-	-	19
Feb 1998	8	-	-	-	4	-	-	7	-	-	6	-	8	10

This data proved to be of questionable value in that not all cohorts were included in the request for information. However, 233 students did respond and it was interesting to note that only 38% of respondents stayed on nursing courses for reasons essentially related to nursing, ie. "I really want to nurse", job satisfaction, "I enjoy it and can't see myself doing anything else". Likewise, it was rather concerning to note that only 5% questioned stayed because they enjoyed nursing.

The percentage of students within the sample group (18%) who did not respond begs the question – Do so many students not really know why they choose to stay in nursing?

Having attempted to establish why students stayed on nursing courses it was necessary to seek evidence as to why students left or considered leaving nursing courses. Out of a total of 442 students surveyed, 76 students had already left the course.

Responses from this question show a positive correlation between leaver responses and remaining student responses in several categories.

TABLE 12 - Reasons why students have left or considered leaving the course based on 442 responses.

REASONS	LEAVERS RESPONSES 76 STUDENTS	REMAINING STUDENTS RESPONSES 366 STUDENTS
Negative attitudes from clinical staff.	48.6%	51.0%
Practice too difficult.	No response.	0.6%
Practice not stimulating.	5.3%	5.2%
Practice did not meet expectations.	15.1%	14.4%
Total Practice Related Reasons - 70.1%		
Theory too difficult.	7.2%	6.8%
Theory not stimulating.	4.7%	4.0%
Theory did not meet expectations.	7.2%	7.3%
Failure to achieve.	15.7%	4.0%
Negative attitude from academic staff	6.5%	8.4%
Total Theory related reasons - 35.9%		
Personal	No response.	3.8%
Family.	26.3%	15.5%
Marital	10.5%	8.1%
Negative attitude from peer group.	No response.	4.9%
Total Personal/Social related reasons - 34.5%		
Financial	31.9%	33.3%
Total Financial related reasons - 32.6%.		
Wrong choice of career.	7.2%	7.3%
Better career opportunities.	2.6%	3.0%
Total recruitment related reasons – 9.5%		
Medical Total = 7.1%	10.5%	3.8%
Homesickness Total = 7%	5.6%	8.4%
Bereavement Total = 3.9%	2.6%	4.9%
Demographic Total = 3.9%	3.8%	4.0%
Professional Total = 0.16%	No response	0.16%

The categories which showed correlation between leavers and those remaining on the course and the categories which scored the highest overall in terms of percentage related to responses were:-

- Practice related reasons.
- Theory related reasons.
- Personal/Social reasons.
- Financial reasons.
- Recruitment related reasons.

The author will return to these reasons for wastage at a later stage in the findings from the study, and also within the chapters related to conclusions and recommendations.

The researcher having established the 5 main categories for students leaving or having left nursing courses and subsequently having interviewed students to seek clarification and more detail related to these reasons then prepared a Likert scale taking into account responses from students regarding their practice and theoretical experiences of the course. (Tables 13 & 14).

TABLE 13 Responses to clinical staff attitudes.

If one of your reasons for considering leaving/leaving the course was related to clinical staff attitudes, please indicate the strength of your agreement or disagreement with the following statements by ticking the appropriate box. SA = Strongly Agree, A = Agree, N = Neither Agree or Disagree, D = Disagree, SD = Strongly Disagree.

TOTAL RESPONSES FROM 6 COHORTS (442 responses)

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1.	Clinical staff don't really want students in their areas.	19	76	63	30	5
2.	Clinical staff were unhelpful and unsupportive.	25	78	51	28	7
3.	Clinical staff were unapproachable.	18	75	56	33	3
4.	Clinical staff were too busy to teach students.	56	87	36	19	3
5.	Clinical staff lacked interest in students.	33	84	60	18	2
6.	Clinical staff were at times very rude.	43	90	24	27	10
7.	Clinical staff treated students like children.	21	70	59	31	5
8.	Clinical staff belittled students.	25	78	61	22	9
9.	Clinical staff don't plan for the students experience.	61	95	29	10	2
10.	Clinical staff treat students as "just a pair of hands".	80	105	14	4	2
11.	Clinical staff fail to motivate/encourage students.	47	88	40	14	4

One of the most remarkable results of this study is the awareness that 70.1% of students associate poor practice experience with leaving or considering leaving the course.

The findings shown in Table 13 clearly indicate that not all clinical preceptors are suitably equipped to deal with students for various reasons – too new, too junior, not experienced enough and not being adequately supported and supervised themselves – are but a few findings from previous research.

Good preceptors can make the students experience of learning enjoyable and worthwhile and the experience should ultimately benefit both the preceptor and the preceptee. A period of preceptorship that is poorly structured, where the preceptor is overloaded with work and the student not given the opportunity to articulate his/her needs is worse than useless.

At worst it will lead to burnout for the preceptor and discontent, frustration and demotivation for the students. It is most definitely unhelpful in achieving quality.

It beggars belief that in this day and age students are encountering clinical environments that are unhelpful, unsupportive, unplanned and belittling where clinical staff are unapproachable, rude, too busy, lack interest in students and yet the evidence stands and students have had the courage to put their pen to paper and be counted. The irony is that too many have already voted with their feet as well.

The themes emerging from student's evaluation of clinical placements identified with their views related to the theory component of the course in content if not in response rate. The fact that only 36% of students responded in relation to Table 14 does not detract from the important message to educationalists that positive changes are required in this area.

TABLE 14 Students responses to academic staff attitudes.

If one of your reasons for considering leaving/leaving the course was related to academic staff attitudes, please indicate the strength of your agreement or disagreement with the following statements by ticking the appropriate box. SA = Strongly Agree, A = Agree, N = Neither Agree or Disagree, D = Disagree, SD = Strongly Disagree.

TOTAL RESPONSES FROM 6 COHORTS (442 responses)

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1.	Academic staff were unhelpful and unsupportive.	7	15	27	33	16
2.	Academic staff were unapproachable.	3	18	22	42	18
3.	Academic staff did not fulfil the role of personal tutor.	12	12	23	27	21
4.	Academic staff did not fulfil the role of lecturer preceptor.	11	14	27	35	13
5.	Academic staff lack interest in the student.	10	10	26	34	11
6.	Academic staff treated students like children.	6	22	28	29	14
7.	Academic staff belittled students.	7	18	28	30	12
8.	Academic staff lectures are boring.	13	25	34	31	3
9.	Academic staff lectures are not clinically/patient related.	3	17	26	41	6
10.	Academic staff fail to motivate/encourage students.	4	16	29	38	8

The responses shown in this table highlight the variation between lecturers and the need to regulate the role of lecturers both in theory and practice components of the course. The possibility that a person requiring health care should receive a service that is not based on best practice is unacceptable to most people. So too, is the idea that educationalists should behave in an unprofessional way that not only discredits themselves and the department but leaves the student vulnerable and questioning the value of the lecturers role within nursing programmes.

It is unacceptable that lecturers make decisions regarding students and their training programmes without listening to what the students and those closely associated to them have to say.

No credible nursing department would deny that sound evidence should be an integral part of planning and implementing programmes and tackling the problems associated with this area.

In some instances, the information provided by the questionnaire was limited, however, from a phenomenological perspective each experience was useful in its own right, and the researcher was able to identify certain themes emerging as to why students would consider leaving or have already left nursing courses. There is also a definite correlation between leavers and non leavers in the identified themes.

This identification of emerging themes allowed the researcher to progress to analyse the data from individual interviews and focus groups with a view to comparing the data and identifying any further correlation with themes.

As only a limited number of respondents (29) replied to the last question which asked, "Prior to leaving what kind of help/support/guidance did you receive. This information was of limited value. Table 15 identifies that the majority of students who are traumatised by leaving training, regardless of the reason, still choose family and friends to support as opposed to academic or clinical personnel. It was, however, surprising to note that no student indicated they sought support from their partner.

TABLE 15 - Who students seek guidance/support from.

Total responses from 29 students.

CATEGORIES FOR SUPPORT	NUMBER OF RESPONSES FROM LEAVERS
Personal Tutor	13 – 44.8%
Academic Staff	16 – 55.1%
Clinical Staff	18 – 62%
Family	18 – 62%
Friends	24 – 82.7%
Partner	No Responses
Educational Preceptor	No Responses
Course Leader	9 – 31%

Findings from Student Semi Structured Interviews and Lecturer Focus Groups

In the researcher's opinion this part of the process was the most satisfying, even though the numbers interviewed were relatively small ie. 52 students and 19 lecturers. Perhaps it was the one-to-one or small group interaction aspect that fulfilled some idiosyncratic preference of the researcher for personal contact with the subjects. The results were gleaned from written records and taped interviews. The tapes and researcher's notes were then transcribed and themes and concepts identified by 3 separate individuals. All agreed that concepts were found in focus groups, individual interviews, and questionnaire returns. The overall findings tend to contradict the work of Goldman (1962) and Kingry et al (1990) namely that as a result of the interaction of group participants concepts are identified which may not arise in individual interviews, nor did this study agree with Lederman (1990) who argued that data elicited in focus group interviews are richer and deeper than data generated in individual interviews. This researcher did not find any notable difference between data generated in focus groups and one-to-one interviews.

Practice

70.1% of students in the study reported experiencing difficulties in relation to practice placements. These difficulties centred around:-

Negative attitude from clinical staff

Practice not stimulating

Practice not meeting the students expectations

Practice being too difficult

and either caused the students to leave or consider leaving the course.

This reason for student nurse wastage has been identified in previous research studies. The general lack of support from more senior nurses, failure to offer help, insufficient guidance, lack of reassurance, failure to acknowledge effort and achievement, lack of autonomy, being treated like children, and reprimanded unjustly and often in public Parkes (1985) all ring bells for the researcher who was hearing more or less the same things from students in this present study. Lindop (1989) indicated there was little doubt that the negative attitudes of more senior nurses are responsible for a great deal of the stress experienced by student nurses. This opinion was supported in two earlier studies Birch (1979) and Campbell (1985). Mashaba and Mhlongo (1995) also advised a change process to reduce student wastage which involved ill treatment and harassment of students, conflict between students, placement staff and uninformed trained staff who were not receptive to change.

During the period of this research both lecturers and students have voiced concern at the poor attitude and unprofessional behaviour of some clinical staff in some placements. The researcher would wish it recorded that evidence from both lecturers and students would indicate that the experience fluctuates greatly as does the attitude of staff within placement areas. The researcher elicited the views of those who had experiences of clinical placement staff and the following are examples of the responses made.

“..... it was her (the students) very first day and by the time I met her at lunchtime she was frazzled she was ready for going home because of the way she'd been treated all morning the way she felt the emotions she was experiencing undervalued nobody knew she was coming nobody there to meet her and to be told “just keep out of the road and wait “till” tomorrow “till” your preceptor is on”. (Lecturer 1)

“It’s soul destroying”. (Lecturer 2)

“They’re (clinical placements) constantly using bank and agency staff ----- a lot of the areas we’re using I would not consider are up to the standard to be used for training but it’s a blackmail situation – we need those places ----- you know damn fine that the quality they’re getting in those wards is really well ----- I don’t want to mention modular scheme (pre 1992 course) but these are places that we would have taken students out of until they got their act together, with trained staff levels etc ----- but we’re still using them and do we really have an option?” (Lecturer 3).

“----- In the past you were able to be selective about clinical placements ----- you would just say look we’re not sending the student back here ----- and we’d be better able to organise it”. (Lecturer 2)

Students generally reported that they enjoyed their clinical placements, but it was obvious when listening to students that stressful situations did occur quite often during their experience.

“Sometimes I really hated having to go in each day“ (Student September 1995 cohort).

“There was an awful lack of support and the staff could be so rude”. (Student September 1995 cohort).

“..... quite honestly in some of the wards they (clinical staff) were just a shower of bastards who got their kicks from belittling students”. (Student March 1996 cohort).

“it varies a lot from ward to ward but in some places we were just made to feel stupid” (Student September 1997 cohort)

With real feeling and almost as an accusation to the researcher who also was in the position of being Subject Leader to the course and said:-

“Noeleen if you knew the psychopathic bastards you were sending us out to things would change”. (Student March 1996 cohort).

Maben (1998) and Jowett et al (1994) both found that these hostile feelings portrayed to the students by clinical staff continued once they become staff nurses. The reason given for this was the student had come through the P2000 course and clinical staff appeared to feel threatened by the course content. Another reasons appeared to be the “bad press” the course and its “products” had received. Another source of disillusionment and anxiety in the practice areas is the inappropriateness of some placements for relevant experience. Pre-planning and appropriate placements to link with the validated programme and to enable the student to link theory with practice is at times questionable and is ably voiced by one student.

“Programming just stuck you where there was a space sometimes you were lucky sometimes you weren’t”. (Student September 1995 cohort).

The shortage of placements compared to the number of students in placement areas also comes in for criticism:-

“There are far too many students in each placement eg. 5 students to care for 12 patients anyone can see this is ridiculous but they (clinical staff and lecture preceptor) don’t seem to”. (Student February 1998 cohort).

These comments appear to be endorsed by lecturers:-

“I’ve got students in acute admission psychiatry – only starting out – and you know it would be bad enough sending them out to these areas when they had some related theory, but now they’re going out, cold turkey, as it were, to a completely alien situation, that will increase the stress for everyone concerned”. (Lecturer 5).

“We’re dependent on the clinical preceptors to teach them, if there’s not enough of them, and we know there’s not ----- the students become the casualties”. ((Lecturer 2).

“They (clinical staff) have other priorities ---“. (Lecturer 1)

and following on:-

“They (clinical staff) have different priorities”.

The above comments from students and lecturers centred around how and why placements were thought to be inappropriate. At times the researcher felt that both students and lecturers desperately wanted to find or make excuses as to why clinical placement experience was so poor.

Shed (1991) gives one reason as being role conflict and goes on to say:-

“It can only be assumed that the increasingly, professionally orientated practice expectations will inevitably arise from this form of education will combine with a delay in gaining competence and ward experience to produce an overwhelming degree of conflict”.

Other researchers have also shown concern regarding the appropriateness of clinical placement. (Melia 1984 1987) challenged the value of the constant change of clinical placements on the grounds that it fosters a transient approach to nursing work. Kiger (1993) also challenged this concept in that British nurse training programmes identified the need for exposure to a specified variety of clinical experiences. She argues that the value of that exposure in a clinical area with “bad staff” was suspect, and it might be that extended experience in one clinical setting with good staff support might be of more value. She also advocated that another thing that might be needed was longitudinal research into how and why some nurses become “good staff” and others become “bad staff”.

Students and lecturers encountered lack of preparation by clinical staff for the students arrival. Frequently this led to lack of support and learning experience for the student. Issues of supervision and support of students have been raised by Butterworth and Faugier (1992, 1995), Darling (1984), Moores et al (1982), Reid (1992) and Parker et al (1993). Rinomhota and Shupikar's (1998) study agreed with the finding of this research, in that they indicated that students found the welcome from clinical staff and general atmosphere, explanation of roles, support given, explanation of facilities and skills were "high priority"

In earlier studies Fretwell (1980) and Marriot (1991) conceded that a good ward atmosphere and the incorporation of teaching and learning in the ward routine were very important in developing an environment conducive to learning. The need for good interpersonal skills was also emphasised. The students and lecturers views presented during the research made the situation abundantly clear.

"I think trained staff (clinical) have taken a long time to accept this system and they felt very threatened initially some of them still have the same attitudes they had prior to 1982 they haven't moved on". (Lecturer).

Another lecturer believed that:-

"The clinical staff are extremely busy and stretched to the limit ----- but there's a big deficit ----- if it was welcoming and they bothered to know the stage the students were at then the students would feel differently".

Another lecturer still on the same subject but adding emphasis to the overall theme:-

"I think more of the clinical staff were much more aware in the modular scheme – first, second and third year students were much more clearly defined".

The students view was consistent with that of lecturers:-

"They (the placements) were too short and it meant there was too little time to form relationships". (Student September 1995 cohort).

"Trained staff appear unaware of what is expected at each level". (Student February 1998 cohort). This "myth" exists even though open days were arranged 3 – 6 months (in each trust) in advance of the training being implemented. This education along with supposed ongoing liaison with an educational/lecturer preceptor who is educationally responsible for 3 – 4 placement areas.

Another student (March 1996 cohort) complained:

“There was no previous planning before we arrived in the ward ----- clinical staff attitudes need to take a different perspective”.

Yet another student from the September 1995 Cohort summed up the apparent lack of real care for the student and the goals they are expected to achieve :-

“A lot of the clinical staff were unhelpful and unapproachable and I was left feeling so isolated ----- the educational preceptor just turned a blind eye”. student (February 1997 cohort).

The ideas of the student posing a threat to clinical staff was highlighted by Lowry (1990) who cites the perceived lack of acceptable standards in some placements as a cause of learners leaving courses, and suggests that some staff may perceive the diplomates as a threat to their career prospects. The lecturers and students have clearly voiced their thoughts and experiences of clinical practice and through that communication comes the distinct feeling of disappointment, anxiety, stress but most of all the voice of frustration for what should have been, and indeed could have been, an exciting, pleasurable and vital component of nurse training. The researcher is aware that practice related difficulties is not new – the literature clearly testifies to this. The researcher accepts that not all students had the recorded experiences but the fact that 70% did, begs the question”. Is anything going to be done about this?”

The findings of the research also identified **personal and social reasons** as being a cause of students either leaving or considering leaving nursing.

This category was further divided into:-

Family related

Marital

Personal

Homesick

Singh et al (1975) in a study carried out much earlier found that home sickness, and reasons related to domestic circumstances and children caused difficulties remaining on nursing courses. Much later Braithwaite et al (1994) found in their study that personal events such as pregnancy, partner related incidents, domestic role conflict, homesickness and ill health also contributed to students leaving the course. They also, along with the present researcher, noted the reluctance of students to reveal their thoughts and feelings into what they considered were personal matters relating to them and their families. This researcher not only identified from the records a reluctance on the part of the students to indicate their true reason for leaving was personal circumstances but rather they chose (allowed) reasons such as “unacceptable level of absence/sickness” to be recorded, in their personal record, as their reason for leaving or being discontinued. Lindop (1988) cited stress as a cause of students leaving nursing courses. The present study found the expectations, along with the reality, was that students were exposed to stressors in many different forms especially in the clinical areas. These stressors as well as life threatening crisis had to be dealt with along with the personal day to day stressors associated with being in the real world.

“During the bad times in my training I just told myself ----- it can only get better”.
(Student September 1995 cohort).

“I thought it was a caring profession but I’ve been badly disillusioned”. (Student September 1996 cohort).

Liebesfeld (1994) found that the reasons most responsible for attrition are non-preventable barriers such as inflexible student schedules, personal problems, course demands and conflict with personal responsibilities. Smith and Cuthbertson (1999) also found that personal reasons were found to be the second highest reason for attrition (38.7%) but this was thought to be associated with the third highest reason (17.7%) which was sickness/absence (time lost).

In this study students voiced the difficulties they experience which were **family related**.

It was so difficult fitting the hours into family routine – always paying baby sitters – it just becomes a vicious circle”. (Student March 1996 cohort).

“Trying to juggle everything and keep work, home and family and the tutors all happy is an impossible task – someone, something loses out and most of the time it was me”. (Student September 1995 cohort).

“My family have had to make a lot of sacrifices some I’m ashamed of to let me do this course”. (Students February 1997 cohort).

Lecturers agreed with the students . One lecturer voiced concern at the “baggage” which students are carrying when they come on the course.

“..... you have people (students) who, if they didn’t have a family, could cope but they’re not coping because of all the other things they’ve got to cope with as well --“.

Another lecturer totally agreed with this observation.

“If they didn’t have the bills to pay they wouldn’t be working in part time jobs and they possibly could cope with their families and the study ----- able to do the whole thing”.

“Yes – I think they (the students) deal with greater social pressures in their own lives now than what there were in the past ----- I don’t remember having half the personal problems from students in the modular scheme”. (Lecturer 1982 Course)

And yet another lecturer comments:-

“And also other baggage – emotional – people becoming mentally unwell as well as physically unwell, just can’t cope with the stress the pressure and they have to leave or they do a runner”.

There was consensus of opinion amongst lecturers that students, especially students who had commitments such as families, did not on the whole realise the commitment that has to be made to the course in order to achieve. Students do not appear to recognise the high demands on them and their families of constantly juggling with priorities.

Further examination of this category also revealed **marital or marriage** related reasons to be a cause of wastage.

The researcher many times throughout the research process listened to very intimate, painful revealings from students who, having almost completed the course reflected back and recognised how the process had changed them as people and the influences this had had on their marriage/partnership and sometimes children. Students indicated how the process of “finding oneself” for the first time through the educational process caused them to realise they were not happy within their marriage and indeed the expectations from their relationships had become untenable.

“The course caused a lot of strain on my family and especially on my marriage”. (Student September 1995 cohort).

“I’ve changed since doing the course and it has affected my relationships and my marriage”. (Student September 1995 cohort).

“I’ve had to get out of a long term partnership ----- we didn’t want the same things anymore ----- he blamed the course for changing me ----- there’s a lot of truth in that”. (Student February 1997 cohort).

Those difficulties experienced by students had also been observed by lecturers when fulfilling the role of personal tutor.

“Honestly, the time I spend with students in this course whose marriages are on the rocks I know this sounds daft but for many the course seems to change them – personally, socially, politically and everyway so what they valued prior to coming on the course seems to change”.

Another lecturer following on with the same theme but also having clear agreement from colleagues in the group.

“Yes I agree, I sometimes feel really sorry for the partners, because its’ not just females this affects but guys too they just don’t seem to be able to hack going back to what they had before education has opened up a whole new horizon”.

One lecturer pondered on how big an involvement the lecturers had on this and the willingness of students to discuss these very personal issues.

“I wonder if it’s about the emotion ----- just how many other courses have those problems or is it because of the philosophy we operate we pick up on those things”.

Both students and lecturers were aware of the options for specialist referral and indeed many students participating in the study had been referred by personal tutors and course leaders for marriage counselling.

Although homesickness was indicated as one reason why students left or considered leaving the course, no actual discussion took place concerning this area – no comments were made by lecturing staff or students.

One lecturer summed up this vulnerable situation by saying – “you wonder how some of them actually get through with all these personal problems”. The researcher found it interesting to note that regardless of the recent changes in nurse education and the move towards a more educated individual, students still feel they must be strong, able to cope with any situation that arises and that they are to blame if they can’t cope. This, in turn, often leads to students leaving without asking for the options to be explained, thinking there is only one option and that is to leave.

Students still experience great loneliness and the need for peer support and generally seemed unaware that their colleagues were experiencing similar problems.

This study has highlighted **lack of insight into nursing** as being a reason for leaving or considering leaving nursing. (9.5%).

This category was further divided into:-

Wrong choice of career.

Recruitment & selection implications.

Better career opportunities

The results of this study show there is a need to improve recruitment and selection processes to ensure students enter nurse education with as full an understanding as possible, of the implications from them and the problems which might adversely affect them.

The findings of this study concur with:-

Kramer (1974) Jonas (1993) and Jowett et al (1994) who all highlight “reality shock”. Kramer describes this as:-

“A term used to describe the phenomenon and the specific shock – like reactions of new workers when they find themselves in a work situation for which they have spent several years preparing and for which they thought they were going to be prepared, then suddenly find they are not”.

The same reaction can be likened to the candidate who enters nurse education having wanted to nurse for many years but finds that what one thought it was about and what it really is are two totally different things.

Manninen (1998) clarifies, in an up to date way when identifying nurses as in the past thinking of themselves as subordinates to physicians and as executives of doctors orders. Performing tasks, more essential and prominent than thinking, reflecting and problem solving (Jacobs–Kramer et al (1988), Hagell (1989) and Meleis (1991). This study concurred with May et al (1991) who stated that the public views of nursing appeared to be unchanged, therefore students still enter nurse education with these images in mind.

Students interviewed during this study encountered difficulties at the first hurdle.

“I found it very difficult to actually get information, before starting my training the University just kept moving me from department to department and I was paying the phone bill!!”. (Student February 1998 cohort).

“The school didn’t seem able or maybe were unwilling – I don’t know to try and get some real information about nursing for the few of us that were interested then a lot of what you finally get doesn’t really mean anything in that its’ at a level not easy to understand”. (Student March 1996 cohort).

These encounters indicated the need for readily available, realistic information. Yet another student was adamant when stating:-

“Nothing anyone says or does can actually prepare you for what it’s really like you have to experience it” (Student September 1996 cohort).

“I left because it was an entirely different job to what I thought or perceived it to be initially”. student (March 1996 cohort).

“I was a Mental Health Student who left at the end of the CFP – eighteen months of almost all General Nursing – it’s not what I wanted to do”. Student (February 1997 cohort).

Some students expressed frustration, and even distaste, at the calibre of students they shared classes and practice placements with. Many times the researcher listened to accounts of students who were constantly late for class, who took excessive time off, unprofessional behaviour (foul language and bullying of classmates). The researcher was therefore not surprised when both students and lectures made statements such as: “There’s students on this course just in–out of the road of the traffic”. (Student February 1997 cohort).

“Some students are here for the bursary and the student life – partying, they certainly have no intention to work or indeed to nurse Thank God”. (Student March 1996 cohort).

“Some of these people who are my colleagues I certainly would not choose to spend time with personally or professionally”. (Student September 1997 cohort).

I’m hoping to do a better job than a lot of the nurses I’ve met who don’t even want to nurse”. (Student February 1998 cohort).

The findings from this study support the findings of earlier research. Croakley (1999) found that students become disillusioned with their training partly because they see obviously unsuitable candidates being accepted onto nursing courses and say this damages the morale of the whole cohort when these students realise their mistake.

Another experienced nurse and lecturer went on to discuss that they called the:-

“reality shock of not knowing what nursing is about”.

“..... there’s an interesting personal thing about nursing an intensely private still hands on, where I don’t think any other faculty students are going to have to go out and do personal hygiene for people and I think for many of them coming in, this is quite a shock to their system”.

All the group of lecturers agreed some describing it as “a big shock to the system”, others as “a culture shock”.

During the study lecturers emphasised the discrepancies between Mental Health and Adult Nursing team related to recruiting and selecting students.

“Most of the time it has to be a crisis situation – you know – where we have a number of places to fill in September, we better interview, it’s almost like – “Go down to Paisley Cross and drag them in from the streets” – as long as there is bums on seats there is doubt about it that we (team x) do take students that if we weren’t pressurised to fill those places I think the calibre, quality of what we’re bringing in could be better and a lot of the time they’re just not making the grade”.

Other lecturers voiced concern about the limited knowledge of what the public and therefore the candidates in general have about nursing and what nurses do clinically and the level of academic knowledge they require to have to do the job competently.

“There’s no point in mincing our words here I mean the number of students who sort of disappear to the wide woolly yonder having lifted their bursary cheque”.

Other lecturers voiced real concern and frustration regarding inconsistency in dealing with students.

“We’ve (lecturers) got students right up to Branch level who simply shouldn’t be there. Their sickness/absence would choke a horse and they should have been got rid of earlier and this leads ultimately to student wastage in the branch – there should be more consistency between teams as to how these students are dealt with”.

“Yes I agree I feel consistency regardless of what cohort, who they are then the students know exactly where they stand and so for that matter do the lecturers”.

(Lecturer).

Again, these same findings were articulated in an earlier study by Croakley (1999) who also identified lecturers who felt that course selection procedures were still unreliable, even after the Beverly Allitt scandal.

The study findings clearly suggested that there was a need to improve the selection process and ensure that students entered with as full an understanding as possible of nursing. The study also provided evidence that all students work in clinical nursing so it would seem wise to encourage clinical practitioners to become involved in the interviewing and selection process.

Many aids to selection have been tried but interpretation, reliability and validity have all been disputed. Taylor and Sackheim (1998), Anderson and Shackleton (1990), Jordan (1987) and Shirley (1988).

The study has highlighted that because of the vast changes which have taken place in nurse education it is necessary that approaches to selection and re-evaluation are revisited so that applicants are given a realistic picture of career prospects and course content. Course selection requires to be refined so we can assess applicants overall suitability for the job. Also during the study students and lecturers both voiced concern at the **financial situation** students are expected to accept in order to complete the course. Information received from students indicated that financial pressure was a reason for students either considering leaving or having left the course (32.6%).

These findings were consistent with other studies. Braithwaite et al (1994) gave financial hardship and constraints as a major reason for discontinuation. In an earlier study Thurber et al (1989) found the second main cause of students problems and attrition to be financial, as did Croakley (1999) who reported on a bursary system which disadvantaged mature students. The professional body for nursing – the Royal College of Nursing (1998) during Congress cited financial hardship as a major reason for students leaving because “they simply cannot afford to complete their training”. During the course of this study the researcher talked with many students who were experiencing/had experienced course related, financial difficulties and as a result, a number had taken out some form of loan which appeared to lead to, especially the more mature students (with dependants), finding the course emotionally demanding.

This area was highlighted by lecturers:-

“Some of the students have been students for as long as 4 years within Further Education and Higher Education systems so they’re carrying thousands of pounds worth of debt”.

Followed by a colleague who agreeing with the above, added:-

“Yes the majority of students I’m involved with (as personal tutor) have financial or financially related problems the financial constraints on them are enormous”.

And yet another lecturer comments with real feelings:-

“The realities of working on a bursary are entirely different especially for students with commitments and lots of them have real commitments”.

Students also had their say:-

“I have given up a good job, moved away from my husband and children 5 days a week, accrued debts and overdrafts to undertake my training”. (Student September 1996 cohort).

“Being a single parent I find it hard to cope with the bursary”. (Student September 1995 cohort).

“I need to finish and make some money to pay the debts I have accumulated since commencing the course”. (Student February 1998 cohort).

“Financially ----- IT IS HARD GOING”. (Student September 1996 cohort).

“I sometimes wonder if I’ll survive to the end financially. (Student February 1998 cohort).

“I carry on because if I left I’d have to pay the bursary back. (Student September 1997 cohort).

It is clear that because of the high value of practice hours within the course (1/3 theory : 2/3 practice) and the nursing students working 3 semesters each year as opposed to the 2 semesters each year worked by other University students, it became excessively difficult for nursing students to obtain part-time employment. The researcher found that many students participate in the study were employed part time in the NHS nurse bank system and also within the private sector, ie. nursing homes.

This type of employment raises professional issues in that within the same clinical area the individual is a student nurse for five days of the week but an auxiliary for 1 - 2 days. This surely leads to role confusion on the part of the student and trained staff and also the patients who see the student in two different uniforms doing two distinctly different jobs all within the space of a week.

Lecturers voiced concern in this area:-

“Most of them are having to take on part-time jobs which takes from the time to study”.

Followed on by a colleague:-

“Well I was thinking to this week on the television when they announced the wage rise and one of the nurses interviewed were going on about the finances and the rewards she said “It’s not all about money, it’s about giving nurses a good place to work and where patients are treated well and all this. But, at the end of the day you can’t phone the gas man and say I can’t pay my gas bill or phone bill or whatever as I’m a nurse it is about money!”.

Yet another lecturer commented heatedly:-

“We’re asking students to do a Higher Advanced Diploma for a “D” grade salary (at the end of 3 years) then pay for the privilege of becoming a graduate with NO potential for either more financial rewards or more promotion prospects”.

The researcher could not fail to be moved by the real commitment of students to complete the course and become nurses whatever the hardships they had to endure:-

“It was hard, I kept two jobs going as well as the course”. (Student September 1995 cohort).

“I have three jobs during the week as well as studying and placements”.

(Student September 1995 cohort).

“I worked seven days a week with the agency – mornings, back shift and night shift whatever fitted in to the course”. (Student September 1995 cohort).

One student who it would be hard to forget because she had sacrificed so much said:-

“Noeleen (researcher) I’m a single parent – 3 kids – and I have not had one days holiday since I started the course. I worked 7 days every week including Christmas and New Year – they paid more – I’ve had 3 jobs at one time”. (Student September 1995 cohort).

One could not fail to be touched by the real poverty and need of some of the respondents but also by their real motivation to complete what they had set out to do. “Three years of hardship we’ve got to get something out of it”. (Student September 1997 cohort).

The researcher often noted the absence of the selfish “I” being replaced by the “we” of the people who had sacrificed along with the student.

“My family have sacrificed so much – it makes me ashamed”. (Student 1996 cohort).

“My family have made a lot of sacrifices to enable me to do this”. (Student February 1997 cohort).

“I owe it to myself and family to finish”. (Student February 1997 cohort).

“What keeps me going is knowing I’m going to be able to provide for my family”. (Student September 1996 cohort).

The burning ambition felt by the respondents was also noteworthy:-

“I will be able to provide reasonably well for my family (once qualified). (Student February 1997 cohort).

“The positive experiences make up for the negative”. (Student September 1996 cohort).

“Nursing is what I’ve always wanted to do”. (Student February 1998 cohort).

“I can’t imagine doing anything else”. (Student September 1997 cohort).

The researcher was acutely aware that although drive and high levels of motivation kept many students with financial problems on the course, there were students whose financial situation caused them to make the decision to discontinue because without adequate financial support, life became physically, psychologically and socially unbearable.

The final category highlighted the **academic components** as being a cause of students leaving or considering leaving nursing courses. This component was divided into:-

- * Theory too difficult.
- * Theory not stimulating.
- * Theory did not meet expectations.
- * Failure to achieve in theory.
- * Negative attitude from academic staff.

Lecturers considered that some students they come in contact with don't have the academic ability to achieve at Higher Diploma level. They encountered students who have misjudged the level and amount of work they will be required to submit. Lecturers believed that nursing students come into nursing with the misconception that they will have University holidays.

“..... I don't think these people (students) fully appreciate the academic content of the course”. (Lecturer).

“I think there's an element that have the wrong expectations of what a nurse does or doesn't do when they come into the course and they can't really see the relevance of some of the tangible material that we give them and therefore leave because they think its an entirely different job from what they think or perceived it to be initially”.

Students from various cohorts were also consistent with their comments:-

“Most of the time I found it really difficult”. (Student September 1995 cohort).

“Some of the lectures are taken straight out of the book”. (Student September 1997 cohort).

“The life sciences was very complicated – there were certain tutors that made the subject incomprehensible”. (Student September 1996 cohort).

“I enjoy nursing although a lot of the theoretical stuff is irrelevant”. (Student September 1997 cohort).

“Why do we have to have all those subjects as well as nursing hours and hours of stuff that's nothing to do with nursing the patient – I'm near the end of training and I've never used ¾ of it”. (Student February 1997 cohort).

“There’s far too much of some subjects like Ethics and Social and Behavioural Sciences and then they (the lecturers) try and cram in nursing at the last minute the most important bit”. (Student February 1998 cohort).

“A lot of academic staff need refresher courses on how to teach especially to do with the level they teach at”. (Student February 1998 cohort).

Lecturers also voiced their concern at the content and level of the course:-

“That’s how I see it one of the things is we cram an awful lot into the timetable and quite frankly a lot of it I haven’t a scoobie about never mind the students”.

This comment was applauded by the peer group of lecturers, and another lecturer eagerly joined in the discussion.

“I think it’s too deep” – more applause followed this comment and a further lecturer commented:-

“All your doing is de-motivating. They come in really enthusiastic and about 4 weeks down the line they’re going out of class early not bothering coming in late so somewhere we’re going wrong they’re only in the door so we can’t blame practice it’s got to be the theory and us”.

One lecturer questioned the responses by suggesting:-

“If the level of theory was at Higher Diploma level could it not be that the students were not at the correct level. This was met with an angry response from her peer group”.

“Some of the topics we’re teaching to degree level ----- we have BSc students who constantly say we’ve done all this” and another lecturer

“I personally think that’s right” and yet another lecturer

“I think there are certain topics that are an absolute turn off to the students but I’m also old fashioned – and ‘a nurse’ these classes are far too big and half of the subject content they don’t need to be “D” grade staff nurses”.

The first lecturer again commented:

“Yes you don’t get to know the students”.

“I think they (the students) do appreciate being seen as individuals we’re all involved in seminar groups now and the students do appreciate it because they’re recognised for the work they’re putting in. The rest of the time they’re sitting anonymously in these big classes probably contributing their best but getting demoralised by what seems to be the hard core of trouble makers in these big classes”. (Lecturer 3)

The student respondents also believed that some of the lecturers required to reconsider their role in relation to supporting and guiding them.

Comments such as:-

“We need the lecturers to be accessible”. (Student September 1998 cohort). and

“Lack of communication between students and academic staff often causes problems. (Student February 1998 cohort). and

“Some lecturers were unsupportive and unapproachable – they were never there – even though we left messages time and time again”. (Student September 1997 cohort). and

“They (the lecturers) never get to know you as a person and they’re not very sensitive to the fact that we have lives and therefore problems outside of the course”. (Student March 1996 cohort). and

“University staff rarely take into account that, older students, particularly, have responsibilities other than those associated with a nursing career. (Student March 1996 cohort). and finally

“..... there’s this awful lack of compromise from most of them (the lecturers) nursing should come first, last and in between according to them there’s no excuse for anything which may get in the way for example ‘sick children’. (Student September 1997 cohort).

Every organisation would wish that those leaving through its doors would do so with a positive attitude a feeling that everything possible was done to guide and support the individual. This was not always reflected in the findings of the study. Students who had already discontinued from the course were quick to express what appeared to be very negative experiences:-

“I received no compassion or empathy the two things they (the lecturers) talk about”.

“I feel I was pushed out the door without any help or support”.

and sadly

“I don’t think anyone realises what a massive blow and impact having to leave has been on my life because I really cared”.

The researcher would like to emphasise that the above was not the responses of all students and indeed some students found their relationship with lecturers to be extremely good. This was well expressed by one student who had discontinued the course to care for a terminally ill parent:-

“The tutors stood by me in my decision they were the best”.

These findings concur with Maslin-Prothers (1992) who suspected that the increase in the academic standard of P2000 (ie Diploma level) courses may disadvantage entrants, ie. mature students who may have little or no experience of academic work. This, of course, has to be set aside the fact that these same students are able to benefit from more flexible and open access to courses as well as schemes which offer accreditation for prior learning ----- which in turn increases the length of the over period of study.

Braithwaite et al (1994) in their study indicated that students who discontinued were unhappy with the higher theoretical content of P2000 compared with traditional training. In another study by Spencer (1994) academic failure rather than inability to cope with clinical practice was seen to be the main cause of wastage among nursing students. The study by Mashaba and Mhlōngo (1995) found that lecturers attitudes required change to affect student nurse wastage, and they advised lecturers to change their attitude to being more positive, more understanding and more able to exercise tolerance, patience and guidance to the student.

The results of the study indicate that we must work to create a curriculum which motivates students by giving nursing theory and practice the priority place. The lecturers role in the classroom, in the personal tutor role and in clinical placement should be revised in light of the proposed new curriculum and recent research recommended by Watson and Harris (1999).. Lecturers must be open to criticism, recognising that friendships cannot be created unless the student has confidence in the lecturer and confidence is never established without integrity.

CHAPTER 6

CONCLUSIONS & RECOMMENDATIONS.

Conclusions & Recommendations

“The challenge of every organisation is to build a feeling of oneness, of dependence on one another because the question is usually not how well each person works, but how well they work together”.

Vince Lombardi

From the accumulated data it is possible to engage in some interpretative analysis of the total findings and seek to reach some conclusions.

Having collected and analysed the data it was necessary to evaluate to what extent had the research aims and questions been achieved. The study did establish that student nurse wastage was an ongoing problem within the University of Paisley in that, since September 1992 until May 2000 a phenomenal 429 students had left nursing courses and a further 83% of students had considered leaving the course.

The statistical evidence also indicated that students leave from both Ayr (112 students) and Paisley (317 students). Valuable data was also gleaned in relation to the categories of students discontinuing from the course ie. Male Students (109) and Female students (310), Mental Health Branch students (120) and Adult Branch Students (310). The study also highlighted wastage between February and September cohort intakes in that February intakes lost a total of 238 students whereas September intakes lost 191 students. Young and more mature student wastage was also investigated and the findings suggested that 211 wasted in 17 – 25 year category while 218 wasted in the mature student category

The study also required to know what reasons students gave for remaining on the course. This was only partly achieved in that this question was posed to only 4 of the 7 sample groups (234 students) due to being introduced late to the questionnaire. Varied reasons were offered as to why students remain on course (p129) but most interesting was the fact that 18% of the sample group did not respond, leaving the researcher to summarise that they did not really know why they chose to stay. It became apparent to the researcher that the “stayers” comprised two distinct groups.

The first group remain because they are highly motivated and committed to completing the course, the second group appeared motivated to complete but were unsure as to whether they would actually nurse.

The research methods of questionnaire, semi-structured interviews and focus groups were found to be appropriate and adequate tools generating a considerable amount of data on which to base these conclusions.

The response rate to the questionnaires was high (62%). The researcher believes that to some extent this success can be credited to the pilot questionnaire, and to those who agreed to take part and who at a later stage commented on the pilot study. This feedback provided constructive criticism and suggestions for improvement to the format of the final questionnaire.

Within the scope of this study the data gained was valuable since it was of a reflective nature, an expression of the experiences and views of the educationalists and students who made up the sample population. The researcher is satisfied that the sample population met the criteria for random selection in that lecturers were asked to participate out of a possible 32 lecturers in post. It should be noted that all lecturers invited to participate in the focus groups did so, without exception.

It is possible that those lecturers who agreed to participate did have a tendency to cooperate with the researcher, the risk that they were subjects who would show a Hawthorne response, a psychological response in which subjects alter their behaviour because they are aware of their participation in a study, has to be considered. From the transcript detail there was no evidence to suggest this as being the case – responses were varied and at times non-conformist! Throughout the study the researcher has attempted to reveal personal and professional “prejudices” which may have been brought to the study in that these may have influenced the researcher participating in gaining the data.

The overall aim of the study was to discover why students left or considered leaving pre-registration nursing courses. The researcher has brought pre-understanding and personal and professional experiences to the construction of the questionnaire, interview schedule and construction of the focus groups. No attempt has been made to disguise the fact that the researcher has real concerns and a specific viewpoint on the area of student wastage. Existential phenomenology affirms the position of the researcher in the hermeneutic circle, in that the researcher's position is that her own thoughts and experiences were not possible to be eliminated but rather became part of the data construction and resulting analysis. The phenomenological approach was the key to uncovering the participants meaning of the complex, dynamic experience of "living" whilst attempting to complete a nursing course. Data about such issues were best obtained using semi-structured interviews and encouraging the participants to become part of the research process.

The researcher recognises the department has demonstrated its commitment to dealing with the wastage problem by providing the researcher with the opportunity and funding to facilitate this study and has shown a willingness to introduce a range of measures in response to the needs of the student (Action Plan P165 - 171). It is hoped that other institutions involved in nurse education may benefit from this department's experiences with regards to Higher Diploma in Nursing students wastage patterns emerging from data collected. The researcher, however, is acutely aware that the study was mainly qualitative in nature and was carried out in one institution, caution is therefore required in generalising these findings to other settings. The researcher experienced difficulty in acquiring statistics related to wastage within two other nursing departments. It was felt that the researcher's own University was in direct competition and therefore it could not have been politically correct to take this further.

The students who left did so because they either lacked the sense of commitment, were academically deficient, or the perceived reasons which caused them to leave appeared to be insurmountable. This is not to say they were truly insurmountable but that the students and lecturing staff perceived them to be or indeed allowed them to be.

The research also sought to establish student and lecturer perceptions of causes related to student nurse wastage. Certain themes flowed through the study and having related these to existing literature it allowed inferences to be made which are grounded in the data gathered. The findings have confirmed the following to be significant reasons why student nurses leave or consider leaving nurse education.

These were practice related 70.1%, theory related 35.9%, personal and social factors 34.5%, financial 32.6% and recruitment/selection related 9.5% (p131).

Practice Component of the Course

The results of this study suggest that a real change is needed in the way in which students are dealt with in the clinical areas, which agrees with earlier work by Lindop (1989). The implications for practice emphasise the value of a collaborative approach between Trusts, nursing personnel, clinical staff and educators so that support and encouragement can be given to clinical nurses and an indication given that their nursing expertise is acknowledged and valued. Opportunity must be provided for clinical and educational staff to develop a collegiate work environment where students can enhance learning and opportunities for the student can be facilitated by utilising experienced nurses (mentors) more effectively and encouraging them to be role models. It is essential that we ensure that clinical and educational staff have the opportunity to negotiate and clarify their roles, with each other and students, in the classroom and in the practice environment.

The challenge of leadership in clinical areas also needs to be considered. This would involve an agreement to get rid of command and control, avoiding constraint and instead equipping people with problem solving skills. This negotiation would also involve role clarification and allow people to openly identify concerns, and all the while create an environment of genuine support and encouragement to empower not only the clinical staff and lecturers but, just as importantly, the students within the practice settings.

Ways must be found to meet the needs of clinical staff preceptors to ensure their role is more effective in the practice areas. This will be difficult to accomplish due to resource allocation already being severely stretched and it is unlikely that more funding will be readily available but the powers that be will require to recognise that the practice component of the present course is high ((approximately 66%) and adequate funding for quality practice placements must be made available.

Funding for nurse training does not compare favourably when compared with disciplines such as medicine and the police who also have a high practice component.

If funding is not available, this department and other departments around the country, will require to become more innovative in preparing alternative models of clinical education capable of providing the trained nurse who is a safe practitioner but in a way that requires less monetary resource initiatives.

Partnership between the NHS Trusts and Universities is crucial in developing high quality education and training for nurses. Strong partnership must, in turn, lead to greater benefits for trust staff, lecturers and students. Finally, if practice is to produce the nurse capable of being a competent practitioner then the definition of competence requires to be revisited.

“Competence requires knowledge, appropriate attitudes and observable mechanical or intellectual skills which together, account for the ability to deliver a specified professional services”

WHO (1988).

Runciman (1990) in relation to competence in nursing suggests that an individual's competence performance of nursing tasks demonstrates their ability to integrate cognitive, affective and psychomotor skills. Loving (1993) also in relation to nursing skills competence, warned that current evaluative practices “may negatively impact student abilities” to develop critical thinking. Characteristics such as trust and faith need to be conveyed to students and the importance of mutual respect, teamwork and honest feedback from colleagues as being vital to their progression. Quinn (1980) suggests positive reinforcement in the form of praise and encouragement is valuable for learning. Cherniss (1980) also encouraged support for the student, and Menzies (1960) and Redfern (1981) both emphasised the importance of feedback to the student. Perhaps, however, the last word should be with Smith (1995) in an editorial in the *Journal of Advanced Nursing* in which he reviewed the WHO publication – Nursing & Midwifery Beyond the Year 2000 – Rhetoric, Research and Reality (WHO 1994) concluded:-

“I believe that nurses and midwives will never become a powerhouse for change until the shelves full of nursing and midwifery reports are converted into action. I believe that nursing requires well educated, articulate and assertive practitioners who are both research minded and intuitive, who practice ethically, who possess professional maturity, who espouse social justice and equity and who demonstrate personal commitment and political astuteness. In other words, we need nurses and midwives who use their hands, hearts and heads”.

Further research in this area is needed and indeed has already commenced to determine the effects of the practice environment on nursing students. This study will provide opportunity to facilitate the process of seeking evidence from trained clinical staff who mentor students in the clinical placement. It is envisaged that using information from both studies will facilitate an easier journey for the student through the course, and eventually in making the transition from a student to a trained nurse seeking to fulfil the staff nurse role.

Personal & Social Problems

This study also indicated another significant cause of wastage related to personal and social problems encountered by the students whilst on the course. The results show the need for a greater understanding of students as people and the stressors and the students' reactions to those stressors.

Gorin (1981) suggests that nurse education should share the needs and concerns of those they teach, and should know the attitudes of the learners and the world in which they live.

Stress and lack of communication are usually linked. Therefore, it would seem appropriate that communication systems be enhanced at all levels to increase the concept of partnership and reflect the ethos that the student is recognised as an individual person with individual rights. Better communication channels should lead to a more sensitive response to student needs and actioning of student problems early as opposed to late. The importance of relationship building and its importance has to be recognised when revising the student involvement programme and a real belief in the student being a team member right from the commencement of the course. Recognition of the importance of the initial 6 – 8 week period of “settling in” for the student which sets the scene in establishing relationships with peers and lecturers and allows early identification of students who may be finding it difficult. This study identified that the students perceived a lot of unnecessary stress was related to a “poor attitude” on the part of clinical and educational staff. It would therefore seem appropriate that lectures examine and even change attitudes and attempt to be more positive to the student, learning to exercise tolerance and patience. Preventing ill treatment and harassment of students in practice must become the joint responsibility of clinical and educational staff learning how and when to intervene realistically when there is conflict between student and clinical placement.

The researcher found it noteworthy that no policy or guidelines exist on matters related to relationships/behaviour of the student mentors. There appeared to be no formal way in which the student could voice concerns regarding the placement nor the professions working within the placement environment. This is not the case for patients/clients or indeed permanent staff who are provided with a clear complaints system/protocol.

Yet, instead of searching out flaws it is important to reiterate the breadth of skills and experience the clinical mentor has to offer. Lecturers and mentors have the unenviable task of bridging the contentious gap between theory and practice, between the classroom and the realities of nursing, constantly falling back on their own experience but being able to recognise that supervision is no longer about policing but using the carrot instead of the stick. The importance of learning together needs to be stressed because mutual respect for each other, needs commitment to the goal of nursing excellence. The facilitating and enabling of the student to feel their well being and development is important, and their learning was a priority.

Personal tutor, lecturer and clinical mentor need to be encouraged to set time aside on a regular basis where they can work with the student. The importance of remembering to tell the student when they get it right and finding a way to direct when they get it wrong without making them feel small or useless is paramount in this necessary relationship building.

Not all stressors were found to be course related, indeed, many were caused by external personal/social influences but the ability to encourage the student through the difficult times and to have taken the time and trouble to form good firm relationships pays dividends when the student is disadvantaged due to these "outside" stressors.

But, in turn, the experience has got to be good for the lecturers and mentors – they also require the support and guidance, someone to turn to, who will readily listen. Their growth and development is of equal importance. If we are really serious about this "culture of care" which so readily slips from our lips, then we are all in it together and the needs of the practitioner and lecturers are no less important than those offering care for patients and students.

In this era of health care, high technology and commercialism, nursing needs more than ever to recognise the individual humanity of each person. A student – mentor/lecturer relationship which reflects these values will guarantee committed, self empowered, professional nurses. This research study, in recognising personal and social stressors as being a reason for wastage, must then recognise the importance of clear guidance/policies for referral of students for “specialist” counselling and support. There is a great need in nurse education to take a more flexible approach to training, especially for those who have dependants and other demands being made of them. The department already has implemented a highly successful Access to Nursing Programme but the time is now to think even more imaginatively of being sensitive to the needs of our consumers. The department therefore needs to consider the benefits of the following in facilitating students to continue with the course.

- Part time pre-registration course.
- More flexible hours for practice whilst in training.
- Childminding facility run by the department where nursing students would have priority placement for their children especially during summer placements and where Trust staff could be offered remaining places
- Possibility of deferral from training to cope with personal situations prior to returning to the course.
- Consideration given to ways in which parents could spend school holidays with their children and this be planned into the existing course.

The researcher when talking to students during the study “picked up” the vibes that part of the stressor identified as “personal & social” related to the fact of not belonging any more. Nursing appears to have lost its socialisation process, as in the past, the feeling of what nurses had to offer and what nursing gave. Lecturers during the focus group described it as:

“It’s this idea of belonging and being brought up as it were, within a kind of socialisation process that nursing had and nursing gave us”. (Lecturer 1)

“A certain protection a certain strength, there was the feeling you were developing professionally, belonging to a very important group – almost elitist I think a lot of this has been diluted and they’re (the students) not quite sure what they’re in!”. (Lecturer 2)

This was further confirmed by a student using different words to say more or less the same thing:

“We have been in danger and indeed maybe have lost our specific identity as student nurses – that identity, the feeling of belonging to a specific group – we’ve actually no affinity to any one hospital now”.

The pressures are not easier for student nurses when comparing them to other university students. Nurses experience a clash of values between Higher Education and Nurse Education. Lecturers have also expressed concern on how the lack of integration, ie. the now large classes (100+), enhances the problem of isolation and the notion of having to cope on one’s own.

“I think that as the intakes have increased --- previously there was a better mix --- I think that mix is lost in lots of groups --- whereas if you look back to the modular scheme (pre 1992) the mature students had an influence on the younger students and they all had nights out together – that doesn’t seem to happen now”. (Lecturer 2)

The department has acknowledged this problem and recently appointed Year Leaders who have the responsibility of co-ordinating the students successful completion of each year through a series of landmarks. This system enhances good communication and ensures the student doesn’t “get lost” in the system.

Financial

The study provided evidence that financial related problems are also a reason why student nurses leave or consider leaving the course. (32.5%). The real feelings of students comes through in the very sad, tired almost deflated comment from a student, a single parent with two children:

“I need to finish and make some money to pay the debts I have accumulated since commencing the course”. (Student – February 1998 Cohort)

During the study many students discussed the financial hardships they encountered, and others linked financial difficulties with other reasons for leaving or considering leaving the course. 93% of students interviewed admitted they were in part-time employment, which impinged on self-directed learning time and many of these students were currently employed by local NHS Trusts as Health Care Assistants or within the Nursing Bank. The whole situation clearly has an impact on the students during the Diploma programme with many students working when it would be better for them, their families and their studies if they did not have to. If there was a brighter horizon to look to students might be encouraged to “make do” or “put up with” the hardships of the 3 year programme of training. However, this appears to not be the case and more and more often the nursing unions and professional body are highlighting the fact that trained nurses require to take on extra jobs to make ends meet. Hope (1998), medical correspondent the Daily Mail Newspapers, reported that the poverty trap in the nursing profession means that 1 in 4 is forced to have at least two jobs. These figures were revealed in a survey for the health service trade union Unison. Gill Robertson speaking on behalf of the RCN (Scotland) showed concern that nurses have to work at weekends, night duty and during their holidays to make ends meet. This leads to a detrimental effect on the morale of nurses, leading in turn to the NHS facing the biggest shortage of nurses in 25 years with 8000 vacancies available nationally. (RCN 1998).

The study also identified and agreed with the previous work by Croakley (1999) that the bursary system was a real disadvantage to mature students with dependants which at less than £5000 per annum for over 26 years olds mostly proves inadequate in meeting their needs. In this study students discussed with the researcher the very real problem associated with not being able to apply for "student loans" as nursing students are on a bursary, bank and building societies did not offer full overdraft facilities to Diploma students as being on a bursary put them in the low annual income category. This again leads to students taking employment because they simply cannot afford to complete their training without this financial supplement. The alternative is of course to leave and seek full time employment. The students in this study also reported that, due to the high number of practice hours within the course and the nursing course having 3 working semesters instead of 2 as for other university students, they experience difficulty in holding down part-time jobs because of the flexible hours they required for working.

A relatively large number of students experienced course related financial difficulties and as a result, a number had taken out some form of loan for repayment of mortgage and rent. This in turn led to the students finding the course not only financially demanding but also emotionally draining. Recent research carried out by the Bank of Scotland (1998) found that 47% of nursing students would consider a loan to supplement their grant – compared with a national average of 35%. Throughout this study the financial aspect closely related to nurse recruitment. Candidates have to get the honest message that they are not just a nurse and a partner and a parent and -- - but a student who will have course work but will probably have more than one stressful job to do as well and then nursing may seem less attractive. The reality is that nurses are under enormous pressure to continue training after becoming registered without the necessary resources to help them do it. There is clearly the need for a more academic nurse but it is debatable as to whether every nurse requires to reach a high academic level.

The reaction to the student from the government and the people of this country and, to their shame, the profession is “It’s a tough world out there” and so, even if by the remotest chance students do complete their training, still motivated and enthusiastic, they are going to have to continue this struggle financial and otherwise, time and time again.

The fairness of the situation is at best questionable, the reality is not. It would appear that the stakeholders benefit from the system ie. NHS Trusts, Universities, NBS, UKCC and RCN but the people least able are carrying the human, social and financial costs. The two most recent nursing documents with large implication for the nursing profession are:-

“Fitness to Practice” (Peach Report 1999).

“Supporting students in practice placements in Scotland”.

(Watson and Harris 1998).

It was interesting to note that neither of these reports in indicating the way forward for the profession have attempted to deal with this very real problem of student hardship but have yet again recommended that it go to another committee for consideration ie:

“We recommend that consideration be given to the most appropriate method of funding students of nursing and midwifery is the future. The forthcoming government review of nursing and midwifery to professions allied to medicine (PAMS) student funding in England should consider the professed willingness of the private and independent sector to participate in funding students”.

Peach Report (1999).

As a Department, it is necessary therefore that we begin to take responsibility for the changes it is in our power to implement. ie.

- Reviewing our student parking facilities and associated costs and finding ways to at least cut the costs of parking when at the University, if not, cancel the costs entirely.

- Prepare and implement guidelines which clearly state the inappropriateness of asking students to incur travelling costs coming to see personal tutors, lecturer preceptors and others on days when they are not scheduled to be attending ie. study days.
- Review streaming of students for practice and attempt to place (as much as possible) students within their own catchment area thereby decreasing students financial outlay.
- Seriously consider why we should encourage students well outwith our catchment area to study at this University unless they have accommodation available to them.
- Review the policy on working 12 hour shifts in placement and in so doing cut the cost of travel from 5 days to 3 days.

The final word goes to an experienced, concerned lecturer:-

“We’re asking students, living on a bursary, to do a Higher Diploma for a “D” grade salary (at the end of a 3 year period) then pay for the privilege of becoming a graduate with no potential for either financial reward or more promotion prospects”. (Lecturer 4).

It bears thinking about --- and doing something, in an attempt to halt the cheap labour which exists at the present time.

Theory

It is evident from the results obtained that the theory related components of the course are yet another significant reason why students leave or consider leaving the course. It was also interesting to note that both students and lecturers voiced real concerns about the curricular content.

“I enjoy nursing although a lot of the training is irrelevant”. (Student September 1997 Cohort.)

“We need to get back to teaching what’s important ie. nursing skills. The “ologies” have their place but they’re there to support and complement nursing – add to the total body of knowledge and all that - not to take from what nursing is really about”. (Lecturer 3)

The researcher, whilst talking and debating with students during the study had to agree with the findings of Ghazi and Henshaw (1998) who found that students appeared to have preconceived ideas of nursing based on the curriculum prior to 1982 and have difficulty with the broader approach of the new programme.

This study can also be related to a previous study carried out by Braithwaite et al (1994) who indicated that many of the students who discontinued were unhappy with the theoretical content of P2000 compared with what they knew about the traditional training.

This present study explored the matter further and found that amongst leavers 15.7% had left due to failure to gain a satisfactory grade in theoretical assessment. This becomes more concerning when the researcher can identify that 18.6% of students since the new programme commenced in September 1997 have had to leave due to academic failure.

One of the ways in which the balance might be redressed is for the department to agree that all assessment within the first year of study is formative and therefore cannot lead to discontinuation from the course until the second year. This would allow the student and lecturers working with individual students a more protracted preparation period with less stress which so often appears to become a major component of lack of achievement.

It is also advisable that the assessments assigned to each semester be revised and comparisons be made of past and present assessment protocols in light of past and present discontinuation/wastage trends.

Croakley (1999) reports on an academic system which demotivates students by keeping them away from patient care at the start of their courses, when they most want to find out about nursing and if it is the right career for them. Students within this study indicated their demotivation and obvious disillusionment at “being kept” in the classroom for almost 6 months before having patient/client contact.

This area would appear worthy of review in that not only is it true that the initial six months is totally classroom orientated, but following this and prior to completing 18 months of the programme (CFP) the student may be streamed for a further 10 weeks to areas where basic nursing skills are not practised ie. Child & Maternity Care (5 weeks) and Community with the Health Visitor as mentor (5 weeks). It is not uncommon, therefore, to find students well advanced into their second year of training prior to having “real” practice based nursing skills.

The department, at the present time, is reviewing this area of the curriculum and hopefully a 4 week period of basic skills practice will be introduced for all students around week 15. In order to further build confidence and increase skills levels it is essential that the new curriculum proposed for September 2001 takes account of the need for skills practice being made available for students prior to clinical placement. It is important that a system is planned and scheduled which allows each student to practice with supervision and that this becomes an important component of student evaluation.

It is of further importance that a record is maintained of each student's level of practice both within the academic and clinical environment so that repeated practice of skills occurs for skills mastery. This type of initiative requires to be based within the realms of an action research based programme which would incorporate a focused educational programme to promote evidence based practice. This plan of action should eliminate some of the disorganisation of the past, and provide a more competence focused, student centred approach for the future.

When seeking to make appropriate changes to the present curriculum, it is wise to reflect on the words of Hogston (1993):-

“Competence incorporates values, critical thinking, clinical judgement, formulation of attitudes and integration of theory”.

If nurse education plans to produce nurses whose abilities are based upon the acquisition of skills then the curriculum should reflect this approach but if nursing wishes to produce nurses whose practice is grounded within a wide knowledge base then the curriculum must take on board the meaning of competency in its fullest sense.

Within the study the theoretical reasons for wastage also centred around the need for better recruitment, with lecturers indicating their annoyance at recruiting students with minimal qualifications and attempting to make “square pegs fit into round holes”. Their concern centres around the use of personal tutor time and effort necessary to get these students to the appropriate level regardless of the percentage of wastage.

Further examination of this category suggested that 8.6% of students found lecturers attitude to be inappropriate. Although a small percentage of the sample, this area should cause concern to the department who have put a large amount of funding/resources into the relationship between students and lecturers. Lecturers fulfil the role of teacher, lecturer preceptor (in identified clinical placements) and personal tutor (to a maximum of 15 students). Each role is specifically identified and guidelines are provided for lecturers and students. It is, therefore, rather disconcerting to find that students do not always have the care and support necessary to their well being and continued progression within the course.

The study identified students who indicated that some lecturers did not motivate or encourage students, whilst others praised lecturers for the way in which they showed the knowledge of their specialist subjects. Other lecturers appeared to constantly make learning difficult for the student by teaching at an inappropriate level which was not considered to be in line with diploma level teaching/instruction.

The students within the study sample, also identified problems related to lack of communication, and lecturers who constantly appeared to be too busy to give the student attention.

This is followed up by lecturers in the study who indicated they felt the theory was being taught at too high a level with “certain lecturers” teaching to BSc and Masters level in their own specialist subjects. Lecturers also indicated there were certain subjects which were an absolute “turn off” to the students whilst other lecturers complained about the size of classes being far too large and not conducive to getting to know the student. Both lecturers and students involved in the study voiced the opinion that they wanted to be seen as individuals, recognised for their input into the course.

The department has already made inroads into dealing with these problems in that a research based project is at present underway within the third year of the Adult Branch of the curriculum. These students are given a minority of core lectures on relevant subjects with the remainder of topics being prepared in advance, discussed and debated by students and lecturers in seminar groups. The topics are not solely academic but relate to clinical practice in various fields. Although only one cohort has gone through this system, reports from students and lecturers are favourable to date.

One area which has been revised in an attempt to alleviate the problem is:

- The setting up of skills teams within each year where teachers will use a team approach to teach and observe the practice of skills with small groups of students. In this way students and lecturers will be afforded the opportunity and time to get to know each other better as they work side by side.

Other areas which require to be revisited are:-

- the concept of lecturer-preceptor and recognise that changes may now be appropriate when planning the 2001 curriculum.
- revision of work load amongst the lecturers in an attempt to get a more equitable workload for each individual.
- revise the format for students seeking transfers from one personal tutor to another. These guidelines require to be set and agreed with lecturer group so that the outcome will be more manageable than at present.

Wrong Career Choice / Poor Recruitment

The findings of this study also revealed that wrong choice of career and better career opportunities as being recruitment and selection issues related to student nurses deciding to either leave or consider leaving the course (10%). Lowry (1992) advised that the shift in nurse education means it is necessary that approaches to selection are re-evaluated so that applicants are given a realistic picture of career prospect – course content and course selectors can assess applicants overall suitability for nursing. Also, studies carried out in Northern Ireland by Murray et al (1990) and in Scotland Kiger (1993) found that students had a traditional image of an ideal nurse and reasons for choosing nursing were “to help people”. Features of professionalism were missing according to the findings of these qualitative studies. Nurse training is so ephemeral that it is vital to understand how new recruits entering the profession are able to function. Words of caution were offered during this study by students who indicated their dilemma when attempting to gain information about nursing courses prior to embarking on nursing as a career. They insisted the University kept moving them from department to department. This is concerning considering the department is part of a strategic marketing operation with people employed to do the specific job of marketing our courses and presumably marketing them well. The available information and dissemination of that information appears to be two entirely different things. Ways must be found to make updated factual realistic information readily available.

The department needs to consider the possibility of more focused recruitment drives to the correct age groups, ie. 16 years onwards. Schools should have specific focus to the 4th, 5th & 6th year pupils interested in nurse education, but ways have got to be found to target other interested age groups along with the ACCESS students which we, as a department, already target in Further Education establishments. Also worthy of note is the finding that academic perceptions of what the course is about conflict with reality of clinical placements.

Recruits, it would appear, have a vision of what a student's life is like but soon find that life for the student nurse is entirely different than for other students studying at the University. The information gathered from students would indicate that very soon this disillusionment is replaced by the reality of what nursing is and some leave because it is entirely different from what they perceived it to be. This perception is aided and abetted by the general public who still have a limited idea of what nurses do clinically, and students have stated they come with these same ideas because they are the general public and the available careers literature has not really educated them differently. The lesson one can learn from the findings of the study is that when preparing recruitment/marketing information, nurses have to be portrayed in real life situations where hard work, not only involves physical activity, but is also knowledge building. Traditionally nurses have been seen in a subservient role but now they also need to be seen as decision makers and people who take leadership roles.

The difficulties experienced by Mental Health Students on the course was stated by both students and lecturers who expressed concern that the Mental Health component of the CFP had nothing to do with Mental Health but related almost entirely to Adult Nursing. Soon we will be given the opportunity to correct this deficit both locally and nationally in the new curriculum which will provide students with a 1 year instead of an 18 month CFP. We owe it to the students to grasp this challenge and ensure the total Mental Health training is a meaningful experience. During the study both lecturers and students criticised the current recruitment selection process used at present within the department. Concerns were voiced at the lack of selection and comments made that the process was merely recruitment with little or no selection apart from on the grounds of the candidates possessing a minimum of 5 standard grades or training attained Access entry. Mental Health lecturers, in particular, criticised the calibre and quality of some of the individuals commencing Mental Health Nursing courses. Alongside this was the criticism related to the apparent difference in recruitment/selection processes within the department and especially between Mental Health and Adult Nursing courses.

The latter being reported to be generally better organised. What was even more disconcerting to the researcher were the inconsistencies between the two teams and therefore the organisation of these programme, continued well into the Branch programmes and indeed in how students were dealt with regarding professional and disciplinary matters.

The Adult Nursing Team over the past year has, through the form of a sub-committee, attempted to firstly review the available literature on selection and secondly recruitment and has prepared a report proposing appropriate changes to a more selective type interview. This group has requested that these changes be implemented within the Adult Nursing Team to begin with and, following an evaluative process that changes be implemented across the department. The group have also requested that this be a research project and as a result of this study any changes made would therefore be grounded in research evidence.

Way back in 1975, Kilcross & Bates gave advice worthy of note today:-

“The trainee should be regarded as a long term investment, time and trouble at the recruitment stage promises a worthwhile pay off”.

The findings of this study agrees with studies carried out by Melia (1987) and Treacy (1987) who have shown that wastage rates are deterred by adopting commonly held values. The many nursing values which students are exposed to day after day cause confusion and so they require help, guidance and support, at various times during their careers, to become critical thinkers who possess deep understanding, creativity and who are encouraged by experienced nurses and educationalists to retain their individuality.

A further question asked at the commencement of the study related to the most likely time students wasted during the course. From the data gained the most likely wastage times were during Year 1 (25%) and during Year 2 (39%) (p128). This finding indicates that 64% of the wastage/potential wastage occurred in Years 1 and 2 of the Course and requires further investigation as to why this should be so. The study also attempted to distinguish between preventable and non-preventable barriers to completing the course and in doing so answer the question related to what are the proposed solution to the existing problems.

In highlighting the perceived reasons for wastage and the many varied experiences from students it has been possible to identify the barriers but as to whether they are preventable or non-preventable lies with the Trust executives, the School and with the clinicians who take the day to day responsibilities of ensuring a meaningful experience to students participating in nursing course.

The data provided insight into the reasons for student nurse wastage and will be valuable alongside the personal experience of someone working in the situation, when developing the action plan.

In conclusion the study has both confirmed and disagreed with the findings of other studies. The study has also raised new issues and questions concerning the experiences of student nurses and their lecturers to the problem of attrition. Some issues raised by the study have been actively addressed by the department as they have come to light within the context of the research.

The data gleaned from the study will be further scrutinised and issues hopefully addressed by the appropriate personnel. The researcher has been encouraged to observe how management and lecturers have reacted to the findings of the study. The recognition of the need to work more closely ie. students lecturers clinicians and management is paramount because we must learn to work well together in order to be effective.

“Snowflakes are one of nature’s most fragile things, but just look at what they can do when they stick together”.

Unknown

The Action Plan

The author throughout this study has recognised her own involvement due to working with the sample groups. In her professional role she could not fail to be influenced and affected by the experiences of the students in her care. It therefore became imperative that the information gained from the study should not sit on a shelf gathering dust, while the lives of the student continued unchanged but rather be used by the people, who could, if willing, make a difference.

The main barriers from the research data have, therefore, been identified and presented in the form of an Action Plan (P187-193) for use when presenting the research finding to the Trusts, School and clinicians. It should be noted that as the study has progressed and the researcher using action research, has shared the knowledge gained and so the lecturers have already sought to address some of the issues identified ie. flexible programme to allow student parents to spend school holidays with their children. The Action Plan indicates the problem, the suggested action and the date the action took place leaving a path of the researchers' thinking and action processes so that others can clearly follow the logic and manner in which the knowledge/required actions were developed. By presenting the information in this way it can be used as an audit tool, yet it allows others to agree or disagree with each section and to confirm, refute or modify the ways in which the problems are to be were addressed. It is hoped that in the future the Department will continue to re-evaluate the use of the tool and make appropriate changes as and when necessary in collaboration with colleagues from the NHS Trusts. This Action Plan would not have been created without the research findings and yet the information is needed to attempt to address the many issues highlighted by the study. The Action Plan is presented in various sections dealing with the identified issues.

EVIDENCE						
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUP	PLANNED ACTION	ACTION TAKEN/DATE	STILL TO BE ACHIEVED
Lack of opportunity for lecturers to discuss and debate.	GORIN, (1981) P175	School/Professional Initiative	↑	("Away Day" 4 yearly) – out of the department to allow lecturers time out to discuss, plan and debate necessary changes.	September 1999	
Poor communication/ liaison between Trusts and School Staff.	CAMPBELL & DAVIES (1990) P46	"trained staff appear unaware of what is expected at each level" p144 "clinical staff are really busy --- but there's a big deficit. P144	"they appear to be unaware of what's expected at each level". P145	Facilitating effective flow of communication between Trusts and School staff.	August 2000	
Lack of updating on wastage statistics.	Programming data & records – categories of wastage from nursing courses.	Campus/gender/ course wastage. P123. (Table 7). School/Professional Initiative.	↑	Wastage information from Programming Office on a monthly basis to Divisional Heads to be shared with lecturers at monthly team meetings.	June 2000	
Need for specific guidance training for lecturers		Students guidance approach. (Table 8) p125	"--- or is it the philosophy we operate, we pick up on those things". P150	Appropriate staff development:- - to drive forward initiative. - to identify relevant areas for research		
Lack of opportunity for Mental Health and Adult Lecturers to communicate.	↓	School/Professional Initiative	↑	Joint team meetings between Adult & Mental Health lecturers across campus to ensure a good level of communication and discussion. Head of Department to attend above meetings.	January 2000 Agreed August 2000	


EVIDENCE		PLANNED ACTION			ACTION TAKEN/DATE		STILL TO BE ACHIEVED	
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUPS	PLANNED ACTION	ACTION TAKEN/DATE	STILL TO BE ACHIEVED		
Marketing Issues.	KALISHCH & KALISCH (1984) p32 CHILD et al (1987) p44	"I found it difficult to actually get information". P152	"--- then the students know exactly where they stand---"	Quality communication from recruitment to exit – providing realistic information.				
Marketing Issues	FIRBY (1989) p34 GLICK et al (1986) p 38	"--- then a lot of what you finally get doesn't really mean anything---" p152	"the reality shock of not knowing what it's al about". P 153	Specific, planned marketing for nursing course.				
Need for clinical staff to be involved in interviewing	9CROAKLEY, (1999) (p45 & 153) TAYLOR and SACKHEIM (1988) p155	"I left because it was an entirely different job to what I thought or perceived it to be initially". P152	Inconsistency when dealing with students. P154	Establish protocols to encourage clinicians (especially mentors) to participate in recruitment and selection.	September 1998			
Need for selection Protocols within the School.	LAND, (1994) p44 PHILIPS-BHARJ (1996) p45	"Nothing anyone says or does can actually prepare you for what it's really like". P152	Course selection procedures still unreliable. P155	Research study looking at selection and recruitment prior to agreeing protocols for the school.	February 1999 →	Ongoing		
Identify ways in which mature students can be targeted for nursing	ALLEN et al (1988) p35. HOULTRAM (1996) p36	School/Professional Initiative	↑	Identification of "target" groups ie. mature students other than through access agreement.				
Need for Recruitment Protocols.	↓	School/Professional Initiative	"Previously there was a better mix (of students)". P 179	Recruit for specific areas ie. Greenock) to facilitate Paisley) placement Dumbarton) allocation	September 2000			

EVIDENCE				PLANNED ACTION			ACTION TAKEN/DATE		STILL TO BE ACHIEVED
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUPS	PLANNED ACTION			ACTION TAKEN/DATE	STILL TO BE ACHIEVED	
Lack of Information to Clinical Staff.	RCN (1998) p39 MABEN, (1998) p141	"We are neither proper nurses nor proper students" p 39 "Sometimes I really hated having to go in each day. P140	"There was an awful lack of support". P 140	Symposia and workshops to facilitate clinical staff updating and provide a feedback mechanisms.			May 1999		
Lack of Practice of Core Skills by Students	RUNCIMAN (1990) p173	"They have different priorities". P142	"There was an awful lack of support". P140	Attention to essential core skills – revise students 1 st year programmes to facilitate skills laboratory work. Practice of skills for skills mastery.			April 2000		
Lack of appropriate Clinical Placing of Students.	MASHABA & PHLONGO (1995) p39. JOWETT et al (1994) p142	Student responses to clinical staff attitudes. (table 13) p133 "Programming just stuck you where there was a space" p141	Lecture cover. P139 – 140	Planned progression of students development throughout the course/taking account of attitude of staff to students.					
Need for a student Evaluation System related to Practice Areas.	LOVING (1993) p173	"There are far too many students in each placement --- anyone can see it's ridiculous but they don't seem to". P 142	"They appear unaware of what is expected at each level". P144	Prepare and implement an evaluation system for students in placement.			Prepared Oct 1999 August 2000	Not yet implemented.	
Need to acquire clinical perception on wastage.	ERICKSON (1983) BARKER, et al (1993) p143	School/Professional Initiative. ←	↔	Further research initiative specifically to look at students/mentors role & relationships within clinical areas.			September 1998 – ongoing	Await findings.	
Need for a Mentorship Programme which rewards clinicians.	STEPHENSON (1984) p32	School/Professional Initiative. ←	↔	Mentorship education and with reward systems built in ie. training given free of charge with a credit rating of 15 CATS points towards BSc Nursing/Health Studies Programme.			Proposed programme prepared and to be presented in Glasgow & Dundee. Oct 2000	Still to be implemented.	

EVIDENCE		PLANNED ACTION			STILL TO BE ACHIEVED	
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUPS	PLANNED ACTION	ACTION TAKEN/DATE	STILL TO BE ACHIEVED
Poor communication between Trusts, School & Clinicians.	BRAITHWAITE et al (1994) p 146. CUTHBERTSON (1999) p147	"I thought it was a caring profession but I've been badly disillusioned". P147	"--- if it (clinical placement) was welcoming --- the students would feel differently". P144	Increase communication channels to enhance the idea of partnership. School - Trusts. - Students. - Lecturers. - Clinicians.	May 1999 August	
Poor child – minding facilities for students especially over holiday periods.		"Trying to juggle everything and keep work, home & family & the tutors all happy is an impossible task". P 147 School/Professional Initiative.		Creche facilities over school and university holidays when nursing students are in theory/practice.	August	
Students having to work most school holidays.		School/Professional Initiative.		Flexible programme to allow students/parents to spend school holidays with their children/partner.	August 2000	
School Protocol for guidance/support of students.	FIRBY (1989) p46 CAMPBELL & DAVIES (1990) p46	Where students seek guidance/support (table 15) p137	"--- and to be told just keep out of the road and wait til' tomorrow when your preceptor comes on". P139	Support, guidance, appraisal systems for students to involve:- Head of Subject Division. Course leaders. Year leaders. Personal tutors/mentors.	September 2000	

EVIDENCE						
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUPS	PLANNED ACTION	ACTION TAKEN/DATE	STILL TO BE ACHIEVED
Students having to pay parking fees.	BRAITHWAITE et al (1994) p156	"It was so difficult fitting the hours into family routine --- always paying baby sitters --- it just becomes a vicious circle". P147	"If they didn't have the bills to pay---". P148	Free parking facilities for students.		
Policy which does not allow students to work 12 hour shifts in clinical placement.	THURBER et al (1989) p156	"The course caused a lot of strain on my family---". P 149	"--- you wonder how they get through with all the personal problems". P150	Review policy on 12 hour shifts to reduce travel costs from 5 - 3 days and possibly reduce child minding costs.		
Guidelines for travel allowance to meet with Personal Tutors.	CROAKLEY (1999) p156	"Three yaers of hardship - we've got to get something out of it". P159	"Some of the students --- carrying thousands of pounds worth of debt". P156	Guidelines to ensure students do not have to travel to the University during study days without payment of travel costs.	June 1999	
Students who cannot financially afford to travel everyday to University or Placement.	RCN (1998) p156	"It was hard, I kept two jobs going - as well as the course2. P159. "I have not had one days holiday since I started the course - I work 7 days every week". P 159	"The majority of students I'm involved with having financial or financially related problems". P156	Revise recruitment policy to prevent students who do not live or have accommodation in the local areas from commencing the course at Paisley University.		
Poor child mining facilities within the University.	School/Professional Initiative.	"Being a single parent I find it hard to cope with the bursary". P157	"Most of them have to take on part time jobs". P158	Provision of faculty creche.		
Lack of interest in government guildeines and how this affect students.	School/Professional Initiative.	"My family have had to make a lot of sacrifices --- some I'm ashamed of --- to let me do this course". P147	"You wonder how some of them actually get through" p150	Play an active part in new government initiatives regarding supplementing mortgage and rents - make sure it applies to scottish students.		

ACTION PLAN FOR THEORY

EVIDENCE		PLANNED ACTION			STILL TO BE ACHIEVED	
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUPS	PLANNED ACTION	ACTION TAKEN/DATE	STILL TO BE ACHIEVED
High workload for lecturers at present time.	MASHABA & MHLONGO (1995) p166 WATSON & HARRIS (1999) p166	Student responses to academic staff (table 14) p135. "Some lecturers were unsupportive and unapproachable --- they were never there". P164	"--- you don't get to know the students". P163	Revise lecturer workload/attitudes in relation to:- - Lecturing. - Mentoring. - Personal Tutoring. - Skills Teaching.		
Lack of skills programme within the present curriculum.	ABRAHAM (1982) HUCKABAY (1996)	"The life sciences was very complicated there were certain lecturers who made the subject incomprehensible". P162	"We cram an awful lot into the timetable & quite frankly a lot of it I haven't a Scoobie about never mind the student". P162	Plan a programme of skills development and evaluation within the curriculum.	April 1999	
Lack of specific teaching of skills related to nursing.	BRAITHWAITE et al (1994) p185	"I enjoy nursing although a lot of the training is irrelevant". P185	"We need to get back to teaching what's important ie. nursing skills p185.	Implementation of skills teams for teaching practice related skills in the skills laboratory.	July 1999	
Lack of a problem solving approach within the present curriculum.	CROAKLEY (1999) p 186		"I don't think the students appreciate the academic content". P161	Practice problem solving skills in the classroom environment.	April 1998	
Policy which allows discontinuation of students in 1 st year of the course due to academic failure.	JOWET et al (1994) p39	School/Professional Initiative. 		Review of 1 st year assessment policy which at present can lead to discontinuation of students due to academic failure.		

ACTION PLAN FOR THEORY

EVIDENCE						
PROBLEM	LITERATURE	INTERVIEWS/ QUESTIONNAIRE	FOCUS GROUPS	PLANNED ACTION	ACTION TAKEN/DATE	STILL TO BE ACHIEVED
High level of modular assessment	RICHARDSON (1996)	"Most of the time I found it really difficult". P161	"I think it's too deep". P163	Review of all modular content and related assignment levels.	August 2000	
Need for core lectures within curriculum	HOGSTON (1993) p187	"Some of the lectures are taken straight out of the book". P161	"some of the topics we're teaching to degree level". P163	Core lectures/seminars introduced more widely across the programme to encourage student participation.		

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APPENDIX 1

SEMI STRUCTURED INTERVIEW SCHEDULE

SEMI STRUCTURED INTERVIEW SCHEDULE

GROUP/COHORT

Reasons you may have thought about leaving the course.

YES NO

Q1. Have you ever considered leaving the course?

--	--

Q2. Age Group.

20 – 25 years

26 – 30 years

31 – 35 years

36 – 40 years

41 – 50 years

Q3. Reasons why you may have considered leaving the course.

Financial

Personal

- family sickness

- marriage.

- bereavement.

- children related.

Theoretical course content.

Practice Placements.

- too few.
- poor quality.
- inappropriate.

Environment.

- accommodation

Poor Relationships.

- teaching staff.
- clinical staff.

Lack of Personal Support

Lack of academical support.

Lack of clinical support.

Others. (Please explain).

NOTES:

APPENDIX 2

LETTER ACCOMPANYING QUESTIONNAIRE

Our Ref NRF/MHF

If telephoning, please ask for: 0141 580 4792 (Day Time)
01505 703535 (Evenings)

Date: 13 July 2000

Dear

I am a Senior Lecturer in the Department of Nursing, Midwifery & Health Care, University of Paisley, currently involved in a Doctoral Research study aimed at examining what evidence supports the argument that student nurse wastage could be reduced.

I intend to obtain a representative sample of the experiences and views of past and present students and lecturers. The nursing profession is well aware of the major problems related to student nurse drop out and the associated reasons for this wastage is not necessarily always under the students control. I am sensitive to the fact that some of the questions you are requested to answer may be considered personal, however, it is vitally important that you answer the questions as openly and honestly as possible.

Please return the completed questionnaire in the attached stamped addressed envelope by _____. The information received will be held in strict confidence and will not be disclosed or published except in statistical form.

You may remain anonymous, however, I do plan to interview a limited number of respondents and should you be interested in participating, please indicate your name and contact number at the end of the questionnaire.

May I take this opportunity of thanking you in anticipation of your response.

Yours sincerely

Noleen R Finlay (Mrs)

School of Nursing, Midwifery and Health
Tel: 0141 580 4752 Fax: 0141 887 9391

Associate Head of School: Agnes E Stalker, BA, PgDNEd, RGN, RCNT, RNT, ONC

APPENDIX 3

QUESTIONNAIRE

QUESTIONNAIRE

AIM To examine students reasons for considering leaving Higher Diploma in Nursing Course prior to completion.

Please provide the following personal information.

	Date	Month	Year
Q1. Date of Birth.			

Tick as Appropriate.

	Male	Female
Q2. Gender		

Q3. Ethnic Origin.	White	
	Black-Caribbean	
	Indian	
	Pakistan	
	Bangladeshi	
	Chinese	
	Other	

Q4. Which course are/were you involved in:	P2000 Higher Diploma in:
	Adult Nursing
	Mental Health Nursing.
	Other – please specify.
	Please state your present cohort/commencement date:-

Tick as Appropriate.

Q5. **Have you ever considered leaving the course?**

Yes

No

Tick as Appropriate.

Q6. **If yes, was this:-**

a) A Fleeting thought (ie. considered for less than 24 hours)

b) Serious enough to seek guidance from:-

Personal Tutor

Course Leader

Preceptors

Q7. **How often have you had serious concerns about leaving the course?**

Please state number of times.

Tick as Appropriate.

Q8a. **When did you consider leaving the course?**

a) Within the first year.

b) Within the second year.

c) Within the third year.

Q8b. **What are your reasons for remaining in nurse training?**
(Please be as specific & honest as possible).

Q10. If one of your reasons for considering leaving/leaving the course was related to clinical staff attitudes, please indicate the strength of your agreement or disagreement with the following statements by ticking the appropriate response box. SA = Strongly Agree, A = Agree, N = Neither Agree or Disagree, D = Disagree, SD = Strongly Disagree.

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1	Clinical staff don't really want students in their areas.					
2.	Clinical staff were unhelpful and unsupportive.					
3.	Clinical staff were unapproachable.					
4.	Clinical staff were too busy to teach students.					
5.	Clinical staff lacked interest in students.					
6.	Clinical staff were at times very rude.					
7.	Clinical staff treated students like children.					
8.	Clinical staff belittled students.					
9.	Clinical staff don't plan for the students experience.					
10.	Clinical staff treat students as "just a pair of hands".					
11.	Clinical staff fail to motivate/encourage students.					

Comments:-

Q11. If one of your reasons for considering leaving/leaving the course was related to academic staff attitudes, please indicate the strength of your agreement or disagreement with the following statements by ticking the appropriate response box. SA = Strongly Agree, A = Agree, N = Neither Agree or Disagree, D = Disagree, SD = Strongly Disagree.

		Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1.	Academic staff were unhelpful and unsupportive.					
2.	Academic staff were unapproachable.					
3.	Academic staff did not fulfil the role of personal tutor.					
4.	Academic staff did not fulfil the role of lecturer preceptor.					
5.	Academic staff lacked interest in the students.					
6.	Academic staff treated students like children.					
7.	Academic staff belittled students.					
8.	Academic staff lectures are boring.					
9.	Academic staff lectures are not clinically / patient related.					
10.	Academic staff fail to motivate / encourage students.					

Q12. Prior to leaving what kind of help/support/guidance did you receive?

(eg. relatives, friends, academic staff, clinical staff).

Thank you for taking the time to complete this questionnaire.

Should you wish to be involved in a follow up interview, please indicate your name and telephone number.

Name

Telephone Number

APPENDIX 4

LETTER SENT TO FOCUS GROUP PARTICIPANTS

Our Ref NRF/MHF

If telephoning, please ask for: 0141 580 4792 (Day Time)
01505 703535 (Evenings)

Date: 13 July 2000

Dear

I am currently involved in a Doctoral Research study aimed at examining the evidence supporting the argument that student nurse wastage could be reduced.

The nursing profession is well aware of the major problems related to student nurse drop out and the associated reasons for this wastage, which is not necessarily always under the students control.

I intend to obtain a representative sample of the experiences and views of past and present students and lecturers. With this in mind, I am inviting you to participate in a focus group to discuss student wastage related to the Department of Nursing, Midwifery and Health Care.

I would be extremely grateful if you could give me 30 – 45 minutes of your time for discussion over a lunch time period. I will provide the lunch!

I intend to record the discussion but information received will be held in strict confidence and will not be disclosed or published using your identity.

Please let me know as soon as possible if you can participate and which date suits you best, by returning the attached form to myself.

May I take this opportunity of thanking you in anticipation of a positive response.

Yours sincerely

Noeleen R Finlay (Mrs)

FOCUS GROUP PARTICIPATION

I do / do not wish to participate in a Focus Group.

The date and time which suites best is:-

(please tick appropriate date).

Monday	29th March / 12.30pm – 1.30pm
Tuesday	30th March / 12.30pm – 1.30pm
Wednesday	14th April / 12.30pm – 1.30pm

(A venue will be notified at a later date).

- **Please return this form to my tray in the General Office – RAH Campus.**

Thank you.

APPENDIX 5

FOCUS SAMPLE OF GROUP TRANSCRIPT

TRANSCRIPT 1

Focus Group

29th March 1999 - 12.30pm

PARTICIPANTS : **Jean McGowan (Observer)**
: **Noeleen Finlay (Moderator).**
: **6 Lecturers.**

TIME : **33 Minutes.**

“I’m going to ask the first question”.

The first question then is, Why do student nurses leave the course and we’re talking about pre-registration nurses, adult and mental health branch”.

“There are a great number of students that have emotional problems and financial problems (*general agreement*) em ___ and there are others who come into the course who are not perhaps coming in with the full insight into what the course is about or if they’re sure what they want to do. What do you think”?

“I think there’s an element that have the expectations of what students think a nurse does or doesn’t fulfil itself early enough on when they come onto the course and they can’t really see the relevance of some of the tangible material that we give them and therefore leave because they think its entirely a different job from what they think or perceived it to be initially”.

“I would definitely – cause the first thing jumps into my mind is that we’ve had the arguments down the line before whether we’ve got a nurse course or an “ology” course and I think that in the CFP we loose people because they think this is not what I came into it for – especially our mental health students, they think what has this got to do with Mental Health Nursing. Granted, if you ask them at the very end,” “Can you now see the bigger picture? Can you now see why a lot of the stuff we gave you was relevant” they will say we can see that we began to see that late in the branch programme how it was all coming together and, I suspect, within that first 18 months, first year we are losing people for these reasons”.

“And I think the expectations are more practical they don’t realise there’s as much theory in the course and they come in thinking it’s going to be “hands on” right from day 1”.

“So, do you think they have a vision then of what nursing was?” “Ah ha” I say twenty years ago when we did it”.

“I think the expectations of University life plays a big part in it because they have the letter from Paisley University which says you have been accepted as a student at Paisley University and they’ve got a vision of what a students life is like. They come along to this course and life for a student nurse is entirely different for a student of other subject matters and I think they find it very hard to begin with the time before they actually get to see patients and the time span is extended now tremendously so therefore in that time they quickly lose faith in the system they’ve come into”. (consensus from the rest of group).

“Yes I think so”.

“I think there’s another issue here as well and I’m sure I have mentioned it at staff meetings more than once and that is, that we have been in the danger of losing and indeed maybe have lost our specific identity as student nurses and I think that identifies the feeling of belonging to a select group. I don’t mean to be ___ what’s the word I’m looking for here? Em – ah – but this idea of belonging and of being brought up as it were, as we were brought up within a kind of socialisation process that nursing had and nursing gave to us”.

“Protection”.

“Yes a certain protection – a certain strength, there was the feeling you were developing professionally belonging to a very important group”.

“Yes it was almost elitist wasn’t it?”.

“That’s the word I was looking for – I don’t mean to be elitist but in the sense that they could actually feel very early on the benefits of “I am a student nurse”. I think a lot of this has been diluted and they’re not quite sure what it is they’re in”.

“I think that’s very true K – because they’re actually there is no affinity to any one hospital now and or any of them in their placements its” like three different hospitals having to fit in and get socialised and a lot of them say they feel as if they’ve made it when --- never mind the outcomes --- they get invited to the staff night out. I think there’s also the thing about they misjudge just the amount of work they’re going to have to put in because it is a higher academic course than any of us did and I think for a lot of them they think University --- lots of weeks holiday and it just is not the same. I think their expectations of possible amount of work they may have to do on their own and the reality of how much work they need to do on their own are very different”.

“I think sometimes its ah --- in relation to the guidance they get from school and careers guidance in that I don’t think these people fully appreciate the academic content of the course and how it changes and it’s still “Well your not clever enough to be this or this but you could always be a nurse” and when you read at interview some of the references, academically they’re not great but they still seem to home in on this caring person and therefore will be able I’m sure to master the course of nursing with no problem”.

“I wonder if looking at what I mentioned earlier about the emotion and financial just how many other courses have those problems or is it because of the philosophy we operate we pick up on those things I don’t know how many of you have had personal students who have left a course due to emotional problems like that not just the academical or misperceptions of what the course is about but a number of things”.

“The majority that I’ve been involved in it has been financial or financially related. The financial restraints on them are enormous and they don’t realise that when they hear what the bursary pays it seems a lot but the realities of working on the bursary are entirely different especially for students with commitments and lots of them have real commitments”.

“Most of them are having to take on part time jobs which takes from the time to study”.

“And then when they’re on practice they’re almost doing three things – job, theory and practice”.

“I think that problematic because we don’t have the normal semesters and if they could work the whole summer season in a full time job and make money to last you for the next academic year but they’re having to do that along with clinical placements or at weekends or whenever because they don’t have that long break”.

“If you relate to your personal students and some live at home with their parents and so they’re supported at home and they don’t have the problem that the students in residence do have”.

“And yet that’s discussed at interview and explained and yet still there are problems with it”.

“I think the cost of living though is so varied and so high --- also priorities I mean they need to socialise as well so they’ve to play a juggling act and accommodation is dear”.

“I think there’s a reality shock as well because no matter what – we all have our own ideas about what nursing is about – there’s an intensely personal thing about nursing, an intensely -- - still hands on to an extent where I don’t think of any other faculty where your going to have to go out and do personal hygiene for people and I think for many of them coming in this is quite a shock to their systems – a reality shock”.

“Yes – a culture shock”.

“The fact that we have quite a few mature students – quite a high percentage of mature students in the pre-registration courses – do you think that that has any effect on the reasons why they leave”?

“The majority of the mature students have already had some preparation before they come with being on Wider Access courses so I think of lots of incidences they are well prepared”.

“And their motivation is usually higher because they’ve waited a long time – maybe had a family or whatever”.

“And they’ve usually got more to lose”.

“And they’ve usually thought out the financial situation and the majority of them have support from their spouse or partner”.

“It would be interesting to see whether in fact they add to keeping the students there and some of the young ones because they do tend to take them under their wing as well”.

“I think as the group enlarges – our intake has increased the mature students stick together more and the young students stick together so previously there was a better mix – I think that mix is lost in lots of groups – there’s enough of them to have separate groups whereas, before, if you look back to the modular scheme and if they were mature students then they had an influence on younger students and they all had nights out together – that doesn’t seem to happen now”.

“I wonder am --- it would be interesting --- thinking these numbers you quoted to us Noeleen – I must admit they fazed me a bit. I wonder --- it could be interesting if we could look and see if there were any peaks cause I do wonder if there’s the link between those groups who have appeared to be particularly problematical in terms of their attitudes and their disciplinary problems which must clearly be a major irritant to those students who are committed to the course but who after a period of attrition shall we say are being absolutely fed up with all the goings on --- and I know there have been some nasty goings on in some cohorts how much that would discourage people who may already be thinking about some of the other things we’ve mentioned and that this could be “the straw that broke the camels’ back”. If we know and this is a war cry all the time and up to the present day”. Why do all these people get away with what they’re getting away with – its not fair. Here are we working our butts right off trying to be honest and open and you know should we? – these people are getting away with literally murder”. I wonder if they get discouraged and to that extent then they say – “are these the people I want to share my professional career with”. I don’t think so”.

“It would be interesting to see if the attrition rates between February and September cohorts and what stage like do we have more younger ones in the February intake, straight from school or had work experience, life experience”.

“I wonder how many of them for the first time they’re out in the clinical placement and they realise they don’t want to do this and it’s the wrong choice of career”.

“I’m sure there’s a lot of them feel that they’re stuck in it and they think well --- some of them though will go on to finish thinking I might as well get the qualification – laugh – but that’s another question again!”.

“That certainly brings in the factor as to how they get treated out there and we know it fluctuates greatly the kind of treatment they get from trained staff”.

“Yes I think that’s a big part of it as well”.

“Yes I’m sure it is”.

“And untrained staff”.

“And it’s not just the University ---“.

“Yes indeed untrained staff”.

“I wonder if that will change because they’re in longer placements now”.

“I went yesterday to see a student in her very first day in the ward, she’d had the theory – she’d come and spoke to me before she went to the ward and she’d no experience at all and never dealt with anyone who had been ill – it was her very first day and by the time I met her at lunchtime she was frazzled – she was ready for going home because of the way she had been treated all morning – the way she felt – the emotions that she was experiencing – undervalued”.

“Undervalued – nobody knew she was coming – nobody was there to meet her – she was told her preceptor (clinical) wasn’t on till lunchtime today so if you work a back shift you’ll meet your preceptor em --- we’ve really got nothing for you to do today – first keep out of the road and wait til’ tomorrow, til’ somebody comes”.

“It’s soul destroying”.

“But perhaps that could have been helped in a way with sort of the role of the clinical teacher which was resolved. If there was a clinical teacher out there whose focus was support for student within a specialised area it might be a bit more easy for somebody when you’re young to go into a strange environment – especially – when you’ve had the theory which you can’t really see as being relevant to the job that you’re here to do and your going out wanting to do things but you’ve not had the instruction on this and can’t really do anything”.

“Taking that a step further – a step back from it if J hadn’t been and if we didn’t have educational preceptors – you know if we didn’t have that – the value – I mean – she couldn’t even have had that but at least she had you to see at lunchtime”.

“Yes to make sure that staff did recognise her and make sure they did say to her your entitled to a lunch break and she was coming up to see me yesterday afternoon and I said to them that I had asked her to do that and they told her not to come back – you know just go home that’s your day over so this was somebody that wants to be a nurse but was frightened because they’d never worked as a care assistant or anything but then we should have students that are valued for that as well that are coming in and are going to learn the way they’re meant to learn rather than have pre-conceived ideas”.

“Well I think that having experience as a care assistant doesn’t always stand you in good stead”.

“No”. (Consensus).

“Sometimes there is very bad practice and that’s more difficult to unlearn”.

“That’s not how they see it – they see it (garble) – as just a pair of hands – she can be left to get on with A, B, C or D – we see it differently well – you know”.

“Well that’s someone on their first day thinking – as J says thinking about leaving but when do you find that most of your students start to think about leaving --- if they ever think ---”.

“In my experience of the new course em --- a lot of my personal students have been disillusioned by --- when they have that initial big 13 week block in college”.

“Before they get to wards”?

“and even going to community first of all seemed to ---“ Well this isn’t what I wanted to do – I didn’t want to work in the community from the beginning”. “They don’t realise what goes on in the community ah – and I think their first community experience is not always particularly great especially like in the Dimension of Health when we had that, because they didn’t know what to do and couldn’t understand the intrication and delicacies of what health visitors actually did – just going into someone’s house and have a cup of tea and coming back out. And then I think by the time you get down that road your sort of 6 months down the line and your going to a ward – maybe the perception of some of the clinical staff is that you’re a student whose been here for 6 months and should be able to do more and what they actually could do because you haven’t had the experience of doing things like oral hygiene or stuff because ---“.

“Those are things that really mean something to the students and you know --- if they get the chance they measure it on how many skills they’ve done while they’ve been out there and community although it is a valuable experience they don’t see it at that stage. Even the media coverage – are the things on television whether they’re accurate or not wards and hospitals and nurses they don’t see the community side of it – I think – your right, there’s a switch off almost”. My experience has been that the CFP is a real testing ground for them usually any student I’ve been involved with that have dropped out of the course have been due to they’re just not suitable academically or they couldn’t cope with the branch transition”.

“Well one of mine has left because again just what’s been said about the community placement they don’t see the relevance of it and they didn’t feel that this was it and the other one is actually on maternity leave”.

“Another area in community that hasn’t been looked at as such is the reception of clients and I know in my areas although they have been very reluctant to document this in writing for me health visitors and some of the district nurses are saying that now the long term patient that maybe have quite a lot of care over the years, some of them are now saying “in the past 2 years I’ve had 25 different folk coming to do my care and I would like you to not send so many different people” and I think some of the students are feeling then that clients don’t want them in their homes as well as the health visitor and district nurses don’t particularly want them. Our job is within the constraints of what we’ve got to do and we can’t always get out to see them as often as we would like and therefore they must feel pretty along at times”.

“I think trained staff have taken a long while to accept this system of education and they felt very threatened initially when they had diploma students in their ward and some of them still have the same attitudes that they had in 1992 and they haven’t moved forward. Others have changed their ideas totally about the way of educating nurses, but there is still the big majority out there that haven’t moved forward in relation to placement areas that students go to. The majority of them that’s saying the job is getting on top of them is usually to do with attitudes and behaviours in the ward”.

“Yes it is”. (Consensus).

“And I only work in the wards so I can only speak for hospital areas but I don’t think its much different elsewhere”.

“Well I think there’s an element that the preceptor is very into nursing and very into the disease processes and knows it all inside out. But I think that some of the clinical preceptors struggle with some of the other themes within the course and therefore that devalues the relevance of that to a student then they can turn round and tell you but that sister knows nothing about --- but is still funding, as a sister doing a very good job and I think therefore they switch off from certain topics – don’t value the necessity for that educational input”.

“This comes back to what we mentioned earlier – in a sense – this is an ology course with nursing attached – this has always been my feeling since 1992 – I think we have lost – I think there were casualties in terms of the theory/practice gulf between ourselves and our clinical colleagues and why we’re teaching all this stuff here and the students then become the casualties of that”.

“I think a problem was when we got rid of the enrolled nurse as such and the old enrolled nurse course because I’m sure we’ve all come across students who, it sounds terrible to say but would make excellent enrolled nurses but just don’t have the academic ability to perform as registered nurses and so getting away from that and trying to make everyone an RGN we have just really created another EN system but we call them care assistants now or auxiliaries or whatever because they’re extending – in their role and doing different things and I think the students can’t see why they need all this educational input to do these tasks when they’re seeing auxiliaries doing these tasks with minimal educational input”.

“I passed someone in the supermarket last week who was a supervisor care assistant and I didn’t know they had that grade and I just wondered how far up the tree she was compared to our students and just as your saying the students probably think why am I bothering doing all this work and all this academic study when all I want to do is nurse”.

“We’ve heard lots of different opinions on what makes student nurses leave the course and also, a little about when they might leave and there’s a consensus of opinion that they definitely are leaving so is there anything we can be doing about it. Departmentally do you feel there’s anything that clinical staff could be doing – that educational staff could be doing em --- to cut down the numbers that are walking out the door”.

“I think the clinical staff are extremely busy and stretched to the limit, the same as we are ourselves but there’s a big deficit there if it was welcoming and they knew the stages the students were at, then the students would feel different. Fair enough, the educational preceptors know that but often they’re not available to go and speak to every single person in every area. The difference seems to be a priority in relation to the ward area, everybody’s involved in what’s happening and where the student nurse is an if someone sees a student nurse – they say – oh there’s the student I’ll get the student to do this”.

“Yes and what can you do, what can’t you do”.

“Okay, but they haven’t thought through the stage they’re at and they’re asking them to do lots of things beyond their level of competence of the student when they answer and say I haven’t done that, is then branded in lots of ways depending on the area”.

“What is the reason then for them behaving like that? Because that didn’t always use to be the case”.

“I think more of the staff were much more aware in the modular scheme – first, second and third year – it was much more clearly defined”.

“Are we talking about stripes on their caps”?

“It was obviously something important to them”.

“It was as basic as that”?

“Ah ha”.

“I think it has to be said that I think a lot of people had really just started to get a handle on the 1992 course with its life cycle and I’m include ourselves. (laughter) and staff out there were able to say right – yea this is an ageing unit student. The ageing until student can do this at the end of the CFP and now we’re back to year 1, 2 & 3 and nobody knows where the milestones are and what they should be doing. In an effort to address this problem its one of the reasons why I did what I did about the levels”.

“ah ha. Well I think that’s a good point because we ourselves are at times unsure, so where are these clinical folk” “exactly” “I mean semester might not mean a thing to them but to some of them it does”.

“It doesn’t!”

“I think it’s a problem because we sit a semester but it’s not really a semester we’re trimester and I think that initially its’ the wrong terminology that’s being used and it does confuse people”.

“I think in fact what your probably seeing and all this is that, God help us, these figures that you’ve mentioned area dreadful but I think you may see over the next couple of years an increase in that partly because both the students and the staff out there are even struggling with what am I supposed to be doing at this point. Because you’ve now got students for at least then in the 1982 scheme and the 1992 scheme we had people who were doing blocks of theory which were at least in some ways related to what they were going to do when they went out there. We’ve now got – I’ve got students in acute admission psychiatry – first ward starting out – right – and you know it would be bad enough sending them out to these areas when they had some related theory before they went out, but now they’re going out cold turkey as it were – completely alien situation and that will increase the stress for everyone concerned”.

“And your depending on the clinical preceptor to teach them and if there’s not enough of them which we know there’s not enough of them out there em – the student’s the one that’s the casualty”.

“I think a lot of the problem with the community – the areas I’d worked in was that these people are so stressed with their own job and the responsibility that they carry”.

“They have other priorities”.

“Well an element – an example would be ---“.

“They have different priorities” (heated).

“Some of the health visitors would not sign or do student outcomes until I had signed that page and that was as if ratifying – because they were frightened to say that this student is competent at the level in case there was any comebacks on it and much as I quite like the system, its’ very difficult and I know your only responsible for the educational part or the theoretical component but you don’t have any, you never have any say to actually watch your own preceptors, clinical preceptors performance that may not be as --- as good as it could be”.

“No but to a certain extent their registration given them that power and your never there is a position to be supervising them”.

“I appreciate that but the health visitors are certainly very worried about their registration and they hold it very dear to them and they don’t want anything – like the rostered service problem – what can we do with rostered service students now I would absolutely hate it in my area. A student coming up for rostered service or going on rostered service and the only thing the Health Visitor lets me do for 7 weeks is safety talks in the home or dietary needs of the child at some of the clinics and they don’t let them do anything else and I think that devalues the work of the health visitor and switches the students off because they are not wanted and therefore, you know, that’s maybe students that some of them fall ways as they get later on in the course”.

“Ah ha ah ha”.

“But they’re (students) are thinking is this what my job’s all about now”.

“I think they also deal with greater social pressures, in their own lives now than what there were in the past – I don’t remember ever having half the problems from personal students in the modular scheme”.

“There’s definitely greater numbers”.

“Ah ha – the odd students had problems but I would say it’s reversing and its now the majority against the minority that have social pressures”.

“You wonder how some of them actually get through with all these personal problems”.

“The other thing that’s worth mentioning is that it must be at least a couple of years ago now, I was in the car listening to the radio and it was a new problem about current research and it was in Strathclyde or was it Glasgow and Strathclyde (Universities) showing that this was that the female student population identified about 50% of these women were showing signs of clinical depression em – I meant to try and follow this up and I never did – it’s just come back to my mind just now and you’d think that if there was this picture of a depressed student population to the extent because of social pressures, personal problems, academic pressures, whatever it’s likely to be mirrored at least in some ways in this course. So if we talk about emotional problems and we can talk about those if you like but it might well be that a research study here if I did the shortened Beck --- Depression Inventory on the students I might find some interesting facts about their mental health”.

“I think you should try it out on the staff as well”. (laughter and general agreement).

“I don’t have to try it out there, I can see with my own eyes --- laughter”.

“If the promotion prospects of a “D” grade staff nurse because it seems to be that much as the grading system came about supposed to be widening the entry gate for people to get ahead. You very rarely hear of these high graded posts becoming available now. The health visitors are up in arms and don’t particularly want “D” grade staff nurses which we are technically producing at the end of the day. They don’t want “D” grade staff nurses in the community and therefore you might feel at the end of the day what am I actually qualified to do because they don’t want me and its very difficult to go on a Health Visiting course or a district nursing course unless your there – initially I know my areas were very reluctant to employ “D” grades at all although they’ll take you on the bank and then that makes you feel that you’re a bit of a used registered nurse – suitable to do it when they’ve got nobody else but your not suitable to be a full time employee”.

“I think some of our students are finding it more and more difficult to actually get support from their personal tutors because we’re out and about so much down at the University, at Craigie (Campus) and out preceptoring – we’re dealing with students ad hoc and they’re not always yours – they’re somebody elses I think they’re missing out because we’re now so busy”.

“But then that role has just grown and grown and grown because of the personal problems and different things so therefore your going to be a machine to be able to cope with it (general agreement).

“Because we’ve got priorities as well”.

“I’ve got a student that’s out on 6 months leave (time out) and I’m sure he’s been here every week since he went out – 6 months out the course and to turn round and say I” not speaking to you, your off the course is not gonna work because if he comes back in I’m gonna have him anyway so you still have to keep that relationship but your having to think I don’t really have time for this”.

“Personally the one way I’ve got round this and I don’t say that everyone else should do it by any manner of means it’s easier for me. I make one date 3 – 5.30pm each week for my students so they can either come up and see me or phone me as I’ll be in the office just so they’ve got a contact and I send them out a letter every month saying these are the times you can contact me”.

“I do that as well – I tell them a set time they can get me”.

“That works okay in theory but the if all lecturers were doing that then we would have to organise some rota – type thing – but because there maybe one afternoon, a Wednesday afternoon say between, you know, 2 & 4 that there’s not one lecturer available for teaching because they’ve all got personal students arranged. (heated retort). – “No I look at my diary and see what I’ve got”.

“But then may some teachers --- heated --- “I’m not saying that everyone should use --- (garbled as everyone is talking at once). “It would be a different day every week”.

“We’re one of the few colleges apparently that actually, in the UK, provide this service. I don’t know how the rest of them manage. (agreement). I was going to say – it seems to me that there’s lots of different reasons why we think students are leaving and I think that last point looking at the career prospects em – and you know that’s not a rosy picture – point taken. I think the whole thing is underlined by the stuff that’s been coming across in the media in the last few years about just the problems that the nursing profession has got”.

“Well I was thinking to this week on the telly when they announced this wage rise and any of the nurses that were interviewed were going on about the finances and the rewards that they were gained and even then she said “It’s not all about money its about giving nurses a good place to work and where patients are treated well” and all this and I’m sure that’s part of it. But at the end of the day – people – you can’t phone the gas man and say I can’t pay my phone bill or gas bill or whatever as I’m a nurse – it is about money and when you see things like the police doing accelerated graduate courses – if you do a degree they will accelerate you up the line much quicker – now I’m sure that has inherent problems in it as well from the other police that don’t have these things”.

“We’re asking students to do a Higher Advanced Diploma for a “D” grade salary (at the end of 3 years) then pay for the privilege of becoming a graduate with NO potential for their more financial rewards or more promotion prospects”.

“We also take in students with minimal qualifications and in some ways we try to make square pegs fit into round holes and we use the personal tutor system and lots of students have been very successful because we’ve done that but there’s a tremendous input that has to go into lots of students. Other students it’s the opportunity of a life time and they take off but there’s a big variance in what we’re doing”.

“And you almost do remedial work to get them up to a base level where you can start the proper course work”.

“And is that not because you’ve got to liaise more with people who run access courses because --- (general disagreement with the group for the speakers comments) access students seem to be under the impression there’s an automatic place”.

“No there is set criteria”.

“It’s not always the access students”.

“I think they’re actually not our problem”.

“It’s the ones that come in with “O” level/standard grades”.

“I’m sorry folks but I’m going to have to stop you there but thank you very much” – general laughter and expressions of having enjoyed the session”.