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**Abstract**

Background
In line with many countries worldwide, the Department of Health mandate to Health Education England seeks to promote the diversity of applicants by widening participation in nurse education. A number of studies have explored the experience of non-traditional students undertaking nursing courses.

Objectives
This study aimed to explore and understand the experiences of student nurses undertaking their nurse education whilst caring for dependant family.

Design
The study used an applied qualitative research approached based on methods developed for applied social policy research.

Settings
The study was undertaken in an institution of higher education in the North East of England.

Participants
The study population consisted of a convenience sample of 14 respondents, 13 female and 1 male. Ten respondents lived with partners and 3 had disabled dependants within the family. The age range of dependent children ranged from 3 months to 19 years.

Methods
Data was collected through focus groups and telephone interviews using a semi-structured interview schedule. Framework analysis was used to analyse the data.

Results
Three superordinate themes were identified, Altruism and Commitment, Maturity and Family and Social Mobility, that best encapsulate the characteristics that enable this group to function well and complete their nurse education. Analysis identified a highly motivated group of students who's' individual accounts showed that their lives, whilst in nurse education, were a constant series of compromises and 'juggling' between the demands of the course and the demands of their families.

Conclusions
This group of students do not need an adapted course, but instead wish for a realistic nursing course where expectations are managed in an honest way. Basic common sense and good management of nursing courses will help ensure that this motivated group of people achieve their goals with minimum hardship or difficulties.

Keywords

Higher education; mature students; non-traditional students, nurse education; preregistration; qualitative research; Health Education; Social Mobility; Altruism

## Introduction

Since the end of the 20th century greater numbers of older or non-traditional students have entered higher education worldwide, with notable increases in Australia, and the United States (NCES 2014; Jeffreys, 2012).  The requirement for expanded entry pathways into nurse education programmes and the need to attract and maintain high calibre students on health care courses is an international phenomenon that is receiving increased attention (Bednarz et al., 2010; Jacob et al., 2011; Jeffreys, 2012). This requirement is reflected in  the current Department of Health (2014) mandate to Health Education England. The mandate also requires that unnecessary attrition from healthcare courses is reduced by a third over the next three years, but also seeks to promote the diversity of applicants by widening participation in nurse education. From the perspective of one institution of higher education in the North East of England this study aimed to explore and understand the experiences of student nurses undertaking their nurse education whilst caring for dependant family.

## Background

A small number of studies have explored the experience of non-traditional students undertaking nursing courses. Early studies evaluated tailor made, part time nursing courses for students with dependants (Bond, 1993; Hooper, 1975). With the introduction of Project 2000 these courses were discontinued and the literature began to examine the problems faced by non-traditional students in nurse education. Glackin and Glackin (1998) argued that the Project 2000 programme was not adequately meeting the needs of non-traditional students, and Fleming and McKee (2005) concluded that if non-traditional students are to be recruited to nursing programme, additional support, both before and during the programme, is required. Kevern and Webb (2004) recommended that changes should be made to the philosophy and organisation of future programmes to improve their appropriateness and acceptability to non-traditional women nursing students. Hussain et al (2011) undertook a mixed methods study of radiography and radiotherapy students who were carers and suggested a range of actions to improve the student experience such as flexible arrangements for placements, care-givers leave and targeted advice regarding child care.

Against the call for specific changes to the nursing curriculum for non-traditional students with dependants, is a body of knowledge which suggests non-traditional students 'stay the course' (Mulholland et al., 2008; Pryjmachuk et al., 2009; Wray et al., 2012) and were more likely to complete the programme than younger students or students with minimal qualifications. Urwin et al (2010: 206) warned caution in considering the differences for leaving and reasons for staying: '*Factors that contribute to retention are not simply the opposite or absence of the factors that are thought to contribute to attrition'.*

The debate on the most appropriate educational pathway for this student group is confused, at times unclear, and arguably gender biased. Very little is known or clearly understood about this sub-population of students and the experiences of their studentship.  As the faculty considered its curriculum in response to the recommendations of the Francis Commission (2013) it was concluded that there was a lack of clarity or understanding about how caring for dependants whilst undertaking nurse education

impacted on the experience and engagement of nursing students. Before any changes to the curriculum were considered for this sub-population of students the faculty needed to better understand the experiences of this student group and ensure that change would not be planned or undertaken on flawed arguments.

## Aim

The aim of this study was to explore and understand the experiences of student nurses who have dependants and ascertain the impact that caring for dependants has on their study, clinical practice and education outcome.

## Methods

The exploration of the students' experiences required a qualitative method able to elicit specific information requirements. It was important that the impact that being a care-giver had on clinical practice and educational outcome was truly understood. Applied research concentrates on finding solutions to an immediate practical problem (Ritchie and Spencer, 2002), and has a key role to play in providing insight, explanations and theories of social behaviour (Ritchie and Spencer, 2002). The study used an applied qualitative research approached based on Ritchie and Spencer's (2002) methods for applied social policy research. Ritchie et al (2013) argue that applied qualitative research has a crucial role in providing the knowledge that is required for understanding complex concerns around social policy. Applied social policy research was selected for this study as it is underpinned by the requirement to understand the complex experiences, behaviours and needs of this group of students. Ethical approval for this study was obtained from the University Ethics Committee.

## Sample and Data Collection

Data was collected through focus groups and telephone interviews with students. To be included in the study, nursing students had to be responsible, or have a shared responsibility for a dependant, either a child or relative.

A semi-structured interview schedule based on Flanagan's (1954) Critical Incident Technique (CIT) was used to guide the interview process. This is a valuable tool for studying events that are important to people and those that would be difficult to observe. Respondents were asked two questions:

1. Think of a situation where caring for your dependant and working on clinical placement or in University was difficult for you?
2. Think of a situation where caring for your dependant while working and studying turned out well?

## Analysis

At the heart of this project was the need to understand the students' stories and interpret them in such a way that policy guidance could be drawn from the conclusions. Framework

analysis was chosen for this project as it was developed to help researchers achieve specified aims and outputs as well as to facilitate systematic analysis of data (Ritchie and Spencer, 2002). The framework approach was developed in the UK specifically for applied or policy relevant qualitative research (Pope et al., 2000) and consists of five phases: familiarisation, constructing an initial thematic framework, indexing and sorting, reviewing data extracts and data summary and display.  As described by Kiernan et al (2013) a systematic approach was taken to organize the qualitative data for analysis using the NViVO software package.  The familiarisation stage involved immersion in a selection of the data to identify topics, themes and subjects of interest to produce an initial thematic framework and index. This step ensures that whatever labels or themes that are developed are grounded in and supported by the data (Ritchie, 2013). The framework was then applied to each transcript dynamically to allow the thematic framework to evolve as new phenomena were identified in the text. This allowed text to be added and new themes to emerge.  Once all the text had been indexed the thematic framework was finalised and the data extracts reviewed. The reviewing of the data extracts allowed further data reduction and the formation of more coherent data groups (Ritchie, 2013).  By this stage of the process the data had been sifted and sorted into core themes and guided by the original research aims the reviewed data extracts were used to map and interpret the findings.  The systematic process of theory construction in framework analysis clearly builds on evidence (within the data), and shows the development of links and relationships (within the data) that build up to theories.

**Results**

The study population consisted of 14 respondents, 13 female and 1 male. Ten respondents lived with partners and 3 had disabled dependants within the family. The age range of dependent children ranged from 3 months to 19 years. Nine respondents took part in a focus group, while 5 agreed to a telephone interview for convenience.

The individual accounts of each participant and the stories that they shared showed that their lives, whilst in nurse education, was a constant series of compromises and 'juggling' between the demands of the course and the demands of their families. Within these stories the thematic analysis identified multiple personal characteristics that enable the study participants to manage this demanding and hectic period of their lives. Analysis identified three superordinate themes, Altruism and Commitment, Maturity and Family and Social Mobility. The superordinate themes best encapsulate the characteristics that enable this group to function well, and complete their nurse education, despite the demands placed on their time by the dependants that they cared for. Figure 1 shows the reduction of the data into the three themes and demonstrates the characteristics which enable the students to manage the conflict of priorities between their nurse education and there caring responsibilities.

**Insert figure 1 near here**

*Altruism and Commitment*

What is evident, within the study population, is that participants had a clear overarching drive to be a nurse. This career choice was clearly a carefully planned life choice. To achieve this they acknowledged that their time at university would bring hardship, however, although all participants reported a high level of commitment and identification with nursing as a profession and career, not all respondents had the same level of insight into the expectations of the course. The data suggested a pre-conceived expectation of the course, which at times did not match the realities of their experience. There appeared to be an assumption amongst some respondents that the course was adaptive and that clinical placements were flexible and that flexible working hours could be used to fit around childcare. This was especially evident on community placements or placements where they were working regular office hours (9am -5pm). Also, there appeared to be a lack of expectation or understanding in some respondents of the intensity of the academic element of the course and the workload of registrants in practice,

'*I've found my Uni year starts in March. And we're very, very heavy with coursework at Christmas. And I just think juggling… The children have Christmas plays and all the things that you should be getting excited about. And then our exams have both been in December, along with assignments. And I've found that a really, really tough time. ......'*
(Respondent 6)

'*My day-times were half 8 in the morning until 5, but I had asked the nurse I was working with could I come in half an hour later every day to get my children to school – and I wouldn't have my half a day. I was still prepared to do my 35 hours – and she*

*said, outright, no. Now I missed my little boy's first day at school, and I've been there…
I don't know if any of the other parents understand – I've been there for all my
children's first day at school and I asked if I could come in late that day and I got told
no'. (Respondent 1)*

It is understandable why respondent 1 felt upset, if this was a one off event compromise
could have been achieved. However, what is interesting is that there appears to be no
acknowledgment of the difficulties that late starting would have caused to the community
team by respondent 1. It was probably very difficult for the registered nurse to offer that
level of flexibility as the options for her would have been starting her visits late, which
would have impacted on the patients. What is of significant note is that respondent 1 had
an expectation of flexibility, felt aggrieved by the reality, but, even though she felt that this
denial of her request was unjust she still chose to attend her placement rather than phone
in sick or just be absent. It demonstrates their commitment to the course and even when
faced with such an emotionally difficult situation she has prioritised her commitment to her
course and those goals.

There is evidence that there was a psychological toll attached to poor management of
expectation, and students like respondent 1 were left feeling as if they were just about
coping with the division of their time, but not really managing anything to a good standard,

*'I don't feel like I did any of it particularly well. I feel like I managed my way through it
all. But I wasn't a good mum, I wasn't a good wife, I wasn't a good student. I just did it.'*
(Respondent 1)

*'You go home and you're straight in your room and studying. And if the kids come in,
it's "Get out of my room." And you feel like you're putting this lovely face on for work,
but when you go home you're like a different person. I feel like Jekyll and Hyde with my
husband,... why am I wanting to be a nurse when sometimes I can't even be bothered
with my own kids'.* (Respondent 4)

This lack of insight into the conflict between work and family life generates a great deal of
stress as it appears that they are clearly not expecting this level of conflict between the
two aspects of their lives, family and study.


*Maturity*

It is argued that maturity is a key factor in the study participant's ability to be resilient to
the multiple life stressors they experience during training and is closely linked with their
strong identification to the profession and their commitment to completion of their course.
Their maturity allows them to see beyond the immediate stressors and remain focused on
the ultimate goal of qualification. Although expectations of nurse education did not match
the reality of the course at times, the respondents clearly demonstrated an adaptability
and resilience to the reality that they found themselves in. Respondent 3 is a clear
example of this:

*'..so while I was at the University, there was one day where she [wife] had an
appointment with the midwife and she was admitted into hospital. And it was, kind of,*

*the two days which were, like, crucial to being at University. I phone up my tutor… and said, "I'm going to be in late." ……..I did come in…… but I was upset. But it was a struggle. You know, and it was hard. Because then I had to, like, leave early as well to, like, pick the kids up from school".* (Respondent 3)

Although distressed by the situation, Respondent 3 was aware of the importance of sessions on these two days, and although it was going to be difficult to attend university, he had clearly prioritised the situation which in turn determined his decision making and behaviour. Although he was upset at being away from his wife when she was unwell it was potentially one of many sacrifices that he would undertake to achieve his overall goal of qualifying.

Respondents 4 and 10 clearly acknowledge the hardships of the course, but this also explains the maturity, personal drive that underpins there adaptability and resilience. The reason for accepting the hardship encountered is the personal desire to qualify as a nurse,

*"I think we knew how hard it would be, so we never whinged that it's hard because it is hard. ...And I just think, personally, I'm doing it for me so if I can just get on with it".*(Respondent 4)

*"I chose to have children and study so I accept my lot to some extent". (Respondent 10)*

'Juggling' featured highly in the theme of meeting the unexpected. Participants talked about '*physically juggling'* their time and also the '*emotional juggling'* of studying and caring. When asked when they studied, students talked about *'Night time'* (Respondent 1), *'After 10pm when the kids are asleep'* (Respondent 6), *'All weekend'* (Respondent 2). '*When the kids are playing around'* (Respondent 5), *'I take my laptop to the pool when they have lessons'* (Respondent 2).

In between caring for their dependants and studying, a number of students reported that they also had part time work to consider.

*"I work 16 hours a week just so I can get my tax credits. I don't know if anybody else does that because it doesn't count that you're a full-time student on placement. So I couldn't financially live if I didn't work and get my tax credits".* (Respondent 4)

The findings suggest that there is a lack of consistency among the course and placement providers which causes a degree of tension between the expectations of the students, the treatment they receive on placement, the treatment that they receive in university, and the expectations of their families. The lack of consistency within the differing organisations placed the respondents in a situation of stressful discomfort. They have to make priority judgments and suffer the emotional consequences of any decision they make. They have to show a high degree of emotional resilience not only to juggle their multiple responsibilities but also deal with the negativity and lack of understanding that they experience at times.

*'My son attends school through the Tyne Tunnel. So I try and get him to school and then get back through that traffic and it is, like, horrendous. People might turn in late to University – I sometimes do. ...and I get funny little comments from people. The lecturer said, you know, "What should I expect from you?" And someone from the other group said, you know, "Punctuality." I find it really difficult. '* (Respondent 2)

Alternatively, some respondents clearly expressed feelings of guilt in the way that they were neglecting their families and the turmoil that they have caused the family home.

*'I feel really guilty. I forget Xs' reading book and things. Like little things – his homework and… And I remember it in the morning, or he remembers it, and we try to, like, rush through it. And I feel so guilty because… I sort of… I put myself first in that sense. I find that hard to juggle. But that's not the University's fault.'* (Respondent 2)

*"My oldest son he's 17 and he's just sat his first part of his A-Levels and he's done really bad on them. And he's a bright kid...And I'm thinking, it sounds awful, but I didn't even give his exams a second thought because I've been too interested in my own. And it's his A-Levels, it's really important. But I haven't been there for him".* (Respondent 8)

The findings suggest that the maturity that they have developed from caring for their dependants prior to the course makes them a resilient group and no matter what situation they find themselves in, it would appear that their desire to qualify mitigates the hardship that they have to go through and they have the ability to see beyond the immediate problem they are faced with and keep a focus on the overall goal at the end of their course.

*Family & Social Mobility*

It cannot be underestimated the role the family has in the resilience that the study participants displayed. The data suggests that there was a great deal of emotional investment by the whole family unit in the study participants' success. It would also appear that the investment was not only emotional, but also financial, resulting in the whole family experiencing some level of hardship. This level of investment, both emotional and financial, is a key element of the study participants resilience and drive to complete their nursing course. What is of real interest is that none of the respondents suggested that they should have any dispensation for having dependants or that they should have a nursing course tailored to meet their specific needs. On the contrary, it appears that this is the last thing that they want as this would only prolong the financial burden of their time as a student nurse,

*"...so there was only like, you know, my income only……I emailed the university. … The advice I got was that if you want you can step off the course and get yourself a job. And that was the only option I was given. Step off for 6 months and come back on.'* (Respondent 3)

*'Not necessarily what you would want to do? ".* (Interviewer)

*'No because, as I say, there was light at the end of the tunnel in that course, you know. …Just get through this and that's it, you know. You're so far and yet so near, and then*

*you get an email saying, "Oh well, you could have, you know, deferred and come off the course and, you know, step off and then step back on."* (Respondent 3)

*So you're saying that that would almost prolong the agony…?* (Interviewer)

*I mentioned it to my wife and… "We'll just get on with it. We'll cope the best we can……..me, personally, I felt like that from the first day I started. When they gave you the talk of, like, how many hours, like, for your NMC. For how much time off. I'm taking it on the chin because I know this is what I want to be. This is where my career is. You muddle through.* (Respondent 3)

The notion of a career and the ability to improve their family circumstances was not obvious across all the data but Respondent 3 clearly demonstrates that the notion of career was at the forefront of his mind when faced with the hardships of studentship, *'this is what I want to be. This is where my career is'.* The concept of social mobility is drawn from respondent's beliefs that their situation as a whole would get better once they qualified; this belief was usually related to their financial situation. What was clear was that they did not appear to want to step off the course as this would have just made the financial hardship last longer. They appear to have set their sights on course completion, determined not to waiver or increase the time needed to qualify, as once qualified the situation for them personally and the family would improve.

## **Discussion**

This study has provided an insight into the challenges and experience of undertaking a nursing course when caring for dependants. The findings have resonance with previous studies (Cuthbertson et al., 2004; Glackin and Glakin, 1998; Hussain et al., 2011; Kevern and Webb, 2004) and show a highly motivated group of students who, similar to the students described by Cappleman-Morgan (2005) are prepared to go to extreme lengths to overcome the 'obstacles' of the course. The student experience reflects the analysis of Edwards (1993), who describes students as struggling to compete with the demands of two 'greedy' institutions – the public (education) and the private (family).

However, the data from this study suggests that although there is a well-recognised struggle between the needs of the family and the needs of their education, this group of students (those with dependent families) appear to cope very well with the balance between their nurse education and their family responsibilities, demonstrating a high level of resilience. This is not to say that by any means their studentship is easy, on the contrary, this study argues that these are a very capable student group whose life is probably made more difficult by the actions and behaviours of the institution.

Within the study population it is clear that no matter what obstacle is put in their way they appear determined to succeed. It is argued that the participants of this study had a strong and favourable view of nursing and a belief that being a nurse would be a good thing. Ashforth and Mael (1989) argue that if an individual identifies with an organisation or profession they begin to internalise the values and beliefs of the organisation into their own, which in turn leads to greater affiliation and commitment. Subsequently, the belief

that nursing is good and worthy promotes a strong identification with the profession which manifests itself in a strong commitment to succeeding in nurse education no matter the hardship. The combination of an altruistic commitment and maturity would appear to reduce the likelihood of those students with dependant's leaving the nursing programme, especially if associated with family support and the belief that the situation of the family (social mobility) will improve on qualification. Ross's (2013) opinion piece on social mobility and nurse education highlights the high number of students entering nursing with access qualifications and their positive success rate in relation to progression and employability and Wray et al (2012) identified that non-traditional students and those with dependants where more likely to complete their nurse education.

If the analysis of this study had focused only on the hardships of these students and ignored the resilience and the outcomes of their training an argument could be made that non-traditional students with dependants should be provided with, and encouraged to, follow a part time work based learning course. However, this study argues the contrary and suggests that a bespoke programme is against the needs of this group of students, the needs of the profession and the younger students that they interact with. Dacre Pool and Sewell's (2007) model of employability demonstrates the importance of maturity and emotional intelligence for employability. However, these attributes must also be supplemented with discipline knowledge and critical thinking skills to produce a self-confidant and effective graduate. The authors argue that guiding this group of students towards an 'apprentice style learning' programme could effectively deny the full development of what Dacre Pool and Sewell describe as the *3 'S's* – self efficacy, self-confidence and self-esteem – the crucial key for graduate level effectiveness. As Bandura (Bandura, 1995:17) noted: '*A major goal of formal education should be to equip students with the intellectual tools, efficacy beliefs and intrinsic interests to educate themselves throughout their lifetime.* The introduction of a work based learning model may be perceived as an attractive option for non-traditional students with dependants, but is potentially a backward step introduced to fix a problem that arguably might not exist'.
.
The challenge of a full time course for students with dependants cannot be minimised but the personal growth of the participants must also be acknowledged. Kevern and Webb (2004) highlighted the positive experience for non-traditional students and the strength of the friendships made. Roberts (2009) described this as developing a *'community of students'* where each other's support is invaluable.

## Limitations

It is acknowledged that this is a small scale qualitative study of volunteers at one University in the North East of England. However, it is argued that the transparency of the framework method provides a good degree of trustworthiness and would support the potential transferability of the findings. One limitation does lie in the fact that the participating students did not engage in any member checking, however, literature from other sources would indicate similar findings to those presented here. Subsequent to this study, a group of this studies participants worked together to produce a leaflet to offer advice for other students with dependants studying at university. The leaflet shares the findings of this study and therefore, it could be argued that this study demonstrates a degree of face validity.

All the students remained in the study for its duration and completed their nursing courses and secured posts as registered nurses locally. It would be valuable to carry out a further study looking at the transition into employment for these students.

## <u>Conclusion</u>

This study would suggest that the institution needs to be mindful of the needs of this group of students. They do not need an adapted course, but instead they wish for a realistic nursing course where expectations are managed in an honest way. This involves being up-front about the expectations of placement, the money, parking and travel costs. If students know what to expect, they will manage their *own* families and their *own* learning time. That is not to say these students do not need support, they do. The institution needs to be consistent with care-givers leave and considerate with regard to placements and there distance from home or schools. Minimum changes to timetables means that child care can be organised well in advance. Basic common sense and good management of nursing courses will help ensure that this motivated group of people achieve their goals with minimum hardship or difficulties.

**REFERENCES**

Ashforth, B., Mael, F., 1989. Social identity theory and the organisation. Academy of Management Review 14, 20-39.

Bandura, A., 1995. Exercise of personal and collective efficacy in changing societies, in: Bandura, A. (Ed.), Self-Efficacy in Changing Societies. Cambridge University Press, Cambridge, pp. 1-45.

Bednarz, H., Schim, S., Doorenbos, A., 2010. Cultural diversity in nursing education: perils, pitfalls, and pearls. The Journal of nursing education 49, 253-260.

Bond, M., 1993. With mothers in mind. Senior Nurse 13, 50-52.

Cappleman-Morgan, J., 2005. Obstacle Courses?: Mature students' experience of combining higher education with caring responsibilities. , in: 5, C.-S.P.-. (Ed.), Project reference PG04-16 HEA.

Cuthbertson, P., Lauder, W., Steele, R., Cleary, S., Bradshaw, J., 2004. A comparative study of the course-related family and financial problems of mature nursing students in Scotland and Australia. Nurse Education Today 24, 373-381.

Dacre Pool , L., Sewell, P., 2007. The key to employability: developing a practical model of graduate employability. Education and Training 49, 277-289.

Department-of-Health, 2014. Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health education England, in: Department-of-Health (Ed.). Stationery Office England.

Edwards, R., 1993. Mature women students: Separating or connecting family and education, London.

Flanagan, J.C., 1954. The Critical Incident Technique. Psychological Bulletin 51, 327-358.

Fleming, S., McKee, G., 2005. The mature student question. Nurse Education Today 25, 230-237.

Francis, R., 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. The Stationery office, London.

Glackin, M., D., Glakin, M., 1998. Investigation into experiences of older students undertaking a pre-registration Diploma in Nursing. Nurse Education Today 18, 576-582.

Hooper, J.E., 1975. Training for mature entrants; progress report on an experimental scheme. Nursing Times 71, 101-104.

Hussain, Z., Pickering, V., Percy, D., Crane, J., Bogg, J., 2011. An analysis of the experiences of radiography and radiotherapy students who are carers at one UK university. Radiography 17.

Jacob, E., Chapman, Y., Birks, M., 2011. Entry criteria versus success in undergraduate nursing programmes. Journal of Institutional Research 16.

Jeffreys, M.R., 2012. Nursing student retention : understanding the process and making a difference, 2nd ed. Springer Pub., New York, NY.

Kevern, J., Webb, C., 2004. Mature women's experiences of preregistration nurse education. Journal of Advanced Nursing 45, 297-306.

Kiernan, M.D., Finnegan, A., Farrell, D., 2013. Role of the military community mental health nurse. Nursing standard 27, 35-41.

Mulholland, J., Anionwu, E.N., Atkins, R., Tappern, M., Franks, P.J., 2008. Diversity, attrition and transition into nursing. Journal of Advanced Nursing 64, 49-59.

Pope, C., Ziebland, S., Mays, N., 2000. Qualitative research in health care: Analysing qualitative data. British Medical Journal 320, 114-116.

Pryjmachuk, S., Easton, K., Littlewood, A., 2009. Nurse education: factors associated with attrition. Journal of Advanced Nursing 65, 149-160.

Ritchie, J., 2013. Qualitative research practice : a guide for social science students and researchers, 2nd edition. ed. SAGE Publications, Thousand Oaks, CA.

Ritchie, J., Spencer, L., 2002. Qualitative Data Analysis for Applied Policy Research, in: HUBERMAN, M.A., MILES, M.B. (Eds.), The Qualitative Research Companion. Sage Publications, London, pp. 305-329.

Roberts, D., 2009. Friendship fosters learning: The importance of friendship in clinical practice. Nurse Education in Practice 9, 367-371.

Ross, F., 2013. Social mobility - what does it mean in nursing education? . British Journal of Nursing 22, 787.

Urwin, S., Stanley, R., Jones, M., Gallagher, A., Wainwright, P., Perkins, A., 2010. Understanding student nurse attrition: Learning from the literature. Nurse Education Today 30, 202-207.

Wray, J., Barrett, D., Aspland, J., Gardiner, E., 2012. Staying the course: Factors influencing pre registration nursing student progression into year 2 - a retrospective cohort study. International Journal of Nursing Studies 49, 1432-1442.