

Addressing student nursing attrition in England

A research report for the
Royal College of Nursing

May 2024



Bringing the voices of communities into the heart of organisations



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1. Executive summary

1.1 Introduction

The Royal College of Nursing (RCN) is concerned about student attrition from pre-registration nursing degrees in England, and wants to better understand the causes and influences of attrition. To this end, they commissioned research to explore why nursing students might permanently withdraw from their pre-registration degrees and to look at recommendations to address the identified causes of attrition.

Between November 2023 and January 2024 Community Research undertook a series of interviews and focus groups with current students on pre-registration nursing degrees; students who had withdrawn from their pre-registration nursing degree in the last 3 years; and academic and practice-based education professionals involved in the delivery of pre-registration nursing degree programmes. This was a qualitative study that aimed to gain a deeper understanding from a variety of perspectives of the various factors contributing to nursing student attrition. Qualitative interviews were selected as a method for understanding individual experiences of attrition, amongst education professionals and people who had withdrawn from their pre-registration nursing degree. Focus groups were chosen to enable current students to share views and to reflect on possible causes of attrition.

1.2 Key findings

Factors leading to attrition

The research identified three broad categories of factors contributing to attrition: contextual and environmental factors, educational factors and individual factors. In any one case of attrition, there could be several of these factors at play, with an interplay between them.

We expand on the categories of attrition factors below.

Contextual and environmental factors include things that make nursing degrees challenging in general (often beyond the control of those involved in nursing education). They relate to some of the broader challenges facing the NHS, such as increased staffing pressures within the NHS and the consequent low morale and burnout among staff. They also link to issues that higher education institutions are facing, such as operating under a business model where students see themselves as 'paying customers', and having difficulties recruiting staff.

Wider contextual factors include generational shifts in attitudes towards work/study-life balance and the impacts of sharp increases in the cost of living (in the period leading up to the research).

Educational factors relate to what higher education institutions and clinical placements delivered (or didn't deliver) that created, contributed to or perpetuated



negative experiences that could lead to attrition. In part, this related to the structure and coordination of the different components of courses. Difficulties caused by overlapping academic deadlines and clinical placements (which demanded long hours) were frequently raised.

Some people who had withdrawn from their nursing degrees found too little flexibility in the response to failed assignments or a lack of clinical hours. Consequently, they felt they were left with few options but to withdraw from their course. Participants, more broadly, also gave examples of strict systems requiring students to withdraw after two failed attempts at academic assignments; no flexibility in the allocation of placements; and, in some cases, little or no exploration of alternative options to enable a student to complete their studies and qualify (such as alternative routes to registration, deferring a year, or claiming extenuating circumstances).

A further factor was education providers' response to students facing difficulties. While many participants said there was a good structure of support (mental health, pastoral, academic, financial) for students, it was also recognised that this was not always apparent to (or accessed by) students.

Individual factors are characteristics and circumstances specific to individual students that could make it hard for them to complete their studies. Financial hardship was frequently mentioned as a reason for students withdrawing from pre-registration nursing degrees. Some nursing students were particularly financially vulnerable, such as those with households and families to support. Financial pressures were thought to have been exacerbated by rising living costs, and high petrol and childcare costs were mentioned particularly as negatively affecting nursing students on placement.

Participants also talked about adverse life events – including illness, housing problems and bereavement – as a factor in attrition. They believed that the intensity of a nursing degree makes it particularly challenging to deal with such events.

Many participants said that poor mental health is a key factor in people not completing nursing degrees, citing this as either as the chief cause, or as a consequence of other stressors.

Other individual factors mentioned as contributing to difficulties on nursing degrees include academic confidence and ability; neurodiversity; and prior experience and expectations of what nursing involves.

However, it was also apparent that levels of drive, motivation and investment in becoming a nurse played some role in whether an individual could overcome these challenges and continue on to qualification.



Recommendations from participants

Some education professionals shared some of the approaches they were taking (or had seen elsewhere) to address attrition; current students talked about suggestions for easing some of the difficulties they experienced; and people who had withdrawn from nursing degrees talked about what might have made a difference and led to them completing their degrees. All ideas were put forward by research participants themselves and it is important to recognise that neither Community Research nor the RCN are making any judgement on the validity of the ideas and/or the impact they could have on nursing student attrition. The ideas put forward by participants to address attrition can be summarised as follows:

- **Better prepare students and manage expectations** – for example by:
 - Making greater use of taster days, sample lectures, and the interview process for nursing degree applicants.
 - Explicitly setting out some of the harsher realities of a pre-registration nursing degree (shift patterns, travel, administering personal care).
 - Considering 'experience of healthcare' as a pre-requisite to the course.
- **Improve and promote financial support** to ease the burden on students, by:
 - Ensuring that the bursary reflects the current cost of living.
 - Better promoting additional financial support available, such as the allowance for dependents and the Disabled Students' Allowance.
 - Expanding the range of expenses students can claim back and improving the ease and timeliness of reclaiming and receiving expenses.
 - Enabling students to access free childcare hours while on placement, in the same way that paid employees can.
 - Reviewing the starting salaries for nurses, consider a 'golden handshake' from employers, or ensure registered nurses' student loans are written off four years after they qualify. Some thought that the comparatively low salary of a newly registered Band 5 nurse plus the level of student debt could be a further disincentive to continue with a degree when difficulties hit. Participants suggested financial incentives could help.
- **Consider addressing some of the perceived frictions within the implementation of pre-registration degree programmes**, more specifically:
 - Building in more discretion and support around failed assignments to take account of extenuating circumstances and give students the best chance of passing retakes.
 - More systematic and frequent cross-referencing between theory and practice (during both academic and clinical modules), so students can readily link the two.
 - Provide more notice of clinical placements and greater flexibility so that students can plan ahead and more easily integrate placements into their lives;



- present students with options about how to proceed/resolve the issue if a placement, for any reason, is not working out.
- Consider setting geographical boundaries for placements/travel times based on public transport links (and outlining these to potential applicants).
 - **Get the first placement right** to ensure that nursing students are given the best possible introduction to the clinical workplace.
 - Consider the timing of the placement to avoid winter pressures/allow more time to prepare students.
 - Consider increasing support for students on a first placement/offering more proactive support.
 - Consider a more gradual introduction to the first placement (e.g. using more simulation, going in one day a week in the weeks prior to the placement starting).
 - **Provide more support/coaching for clinical educators** (supervisors and assessors) so they feel better equipped to accommodate nursing students, and recognise the importance of the role they have in educating the workforce of the future. Look at innovative ways to provide students with learning opportunities that can help address an over-reliance on shadowing (to ease the burden on registered nurses).
 - **Improve the availability and promotion of emotional and pastoral support** – offering support more proactively, for example by:
 - Establishing weekly student forums run by practice educators in clinical placements which count towards a student's practice hours.
 - Establishing stronger links in pastoral and emotional support systems between universities and clinical placements to ensure continuity of pastoral care and that the need for support is picked up quickly (e.g. after difficult experiences on clinical placement).
 - Setting up a system of early warning signs and following up quickly if, for example, a student does not attend placement.
 - Including details and contacts for support teams in the Practice Assessment Document (PAD) checklist.
 - Establishing peer support groups run by second- and third-year students.
 - Deploy (more) staff in clinical workplaces dedicated to supporting cohorts of nursing students.
 - **Bring study support into the classroom**, rather than relying on students to seek it out separately. Ensuring study support is more readily available at the point of delivery would proactively support students who might otherwise experience difficulties with some of the academic requirements. Currently additional study support appears to be available via dedicated teams based in the university and students need to actively seek it out.



- **Encourage greater integration into team/culture and foster belonging within clinical placements**, ranging from inviting nursing students to take part in Secret Santa through to providing organised sports/recreational activities.

Finally, two practice-based education professionals viewed attrition in the wider context and were looking towards how nursing apprenticeships and the Nursing Associate role could be better utilised in the face of attrition within the pre-registration nursing degree. They suggested promoting these alternative routes to nursing to retain students with experience and commitment in the workforce but for whom an alternative format might be better.



2. Background

In 2018 the RePAIR report¹ (produced by the Reducing Pre-registration Attrition and Improving Retention programme) laid bare some of the key challenges associated with nursing student attrition including financial hardship, the sometimes fractious nature of the student–mentor relationship, the demands on the clinical service (impacting staff morale), poor communication between programme leaders and clinical placement teams, and students being unprepared for their first clinical placement.

The Royal College of Nursing (RCN) remains concerned about attrition from nursing degrees, and wants to build on its understanding of the causes of attrition. To this end, the RCN commissioned Community Research to undertake qualitative research amongst academic and practice-based education professionals, current students, and students who have withdrawn from nursing degrees.

3. Research objectives

The research aimed to explore why nursing students might permanently withdraw from their pre-registration degrees to allow the RCN to develop clear recommendations for stakeholders in the health and care system.

The RCN wanted to hear from academic and practice-based education professionals, current students and students who had withdrawn from nursing degrees on:

1. Factors that contribute to attrition in pre-registration nursing programmes
2. Whether there is a relationship between a poor learning experience, including on clinical placements, and students' decisions to leave their nursing degrees.
3. Their suggestions for ways to address the identified causes of attrition.

¹ [Digital Team - RePAIR Report 2018_FINAL.pdf - All Documents \(sharepoint.com\)](#)



4. Research methodology and sample

4.1 Rationale for methodology

This research used semi-structured interviews and focus groups. Semi-structured interviews were conducted with academic and practice-based education professionals. These interviews aimed to establish a view of nursing student attrition based on the different vantage points and to explore what, if any, measures different organisations had in place to try and address any of the issues associated with nursing student attrition.

Semi-structured individual interviews were also conducted with students who had withdrawn from a pre-registration nursing degree programme in the past three years. They were included in the research to highlight the specific issues faced by those who had withdrawn from their pre-registration nursing degree, to identify any patterns and to understand what, if anything, might have helped these students complete their pre-registration nursing degree.

In addition, the research involved online focus groups with students currently on pre-registration nursing degrees. The purpose of including these focus groups was to build a deeper understanding of the issues faced by nursing students that could lead to attrition. By including current students, we were able to gain a current perspective on any issues associated with pre-registration nursing degrees to complement the retrospective view offered by students who had already withdrawn from their studies. Current students in the research may or may not themselves have contemplated withdrawing from their pre-registration nursing degree. Focus groups were held online to account for the geographic dispersal of participants, who had opted in to take part and were not geographically grouped. Additionally, focus groups allow participants to reflect on their own and others' experiences and views, leading to richer insights and ideas for improvement.

4.2 Methodology

Interviews with education professionals

11 x 45-60 minute online/telephone interviews were conducted with education professionals. These educational professionals were a mix of academic education professionals and practice-based education professionals working within the NHS.

To ensure the anonymity of those who took part, individual job titles are not shared in this report but a general overview of the responsibilities of each education professional is set out in [Section 4.3](#).

Interviews with nursing students who had withdrawn from their pre-registration nursing degree

8 x 45–60 minute online/telephone interviews were conducted with students who had withdrawn from their nursing degrees in the three years prior to September



2023. Participants were recruited to represent the broadest possible range of higher education institutions, regions, demographics (gender, ethnicity, age) and fields of nursing from a limited sample source (see [Section 4.3](#)).

Some of these students had made an active choice to withdraw from their pre-registration nursing education; several had initially deferred their studies due to failed assignments or clinical placements and had struggled to return to the course, ultimately feeling that they had no choice but to withdraw.

Focus groups with current nursing students

3 x 90 minute online focus groups were conducted, each with between four and seven current nursing students. Each focus group represented a particular academic year group, meaning that there were separate focus groups for nursing students in Years 1, 2 and 3 of their pre-registration nursing degree course. Participants were recruited to represent different higher education institutions, regions, demographics (gender, ethnicity, age) and fields of nursing (see [Section 4.3](#)). It was not the intention of the research to exclude those from Children's Nursing and Learning Disability Nursing, however, only a very small number of individuals from these fields opted in to the research, and, ultimately, none had the necessary availability to participate in a focus group.

4.3 Sample

A full sample breakdown is given in the tables below.

Education professionals (x 11)

Interview No.	Type of education professional	Area of England	Overview of role/responsibilities
SH1	Academic	Midlands	Senior leadership team for nursing
SH2	Academic	Midlands	Senior lecturer/personal tutor in adult nursing
SH3	Academic	Various	Visiting professor in adult nursing
SH4	Academic	North	Senior leadership team for nursing
SH5	Practice-based	North	Clinical educator/supervisory role in adult nursing
SH6	Practice-based	Midlands	Practice lead for nursing team
SH7	Practice-based	Midlands	Senior leadership team for nursing education
SH8	Practice-based	South	Education lead in adult/mental health nursing
SH9	Practice-based	South	Clinical educator in general practice nursing
SH10	Academic	South	Lecturer/personal tutor/academic assessor in adult nursing
SH11	Academic	North	Senior leadership team for nursing



Current students (x 15)

Group No.	Academic Year	Nursing field across all groups	Demographics across all groups
1	First year students	Adult x 10 Adult and Mental health x 2 Mental health x 3	11 x female; 4 x male 20–29 years x 6 30–39 years x 3 40–49 years x 2 50–54 years x 4
2	Second year students		White British x 9 Black African x 4 Black Caribbean x 1 British Asian x 1 London & South East x 2
3	Third year students		Midlands x 2 North East x 3 North West x 5 South West x 3

Students who had withdrawn from their nursing degree (x 8)

Interview No.	Nursing field	Academic year in which they withdrew	Gender	Age	Area of England
WS1	Adult	3 rd year	Female	27	North
WS2	Adult	2 nd year	Female	21	North
WS3	Mental health	2 nd year	Male	22	South
WS4	Adult	1 st year	Female	23	South
WS5	Mental health	2 nd year	Female	22	South
WS6	Adult	3 rd year	Male	40	North
WS7	Adult	3 rd year	Female	36	North
WS8	Children	1 st year	Female	45	Midlands

4.4 Recruitment approach

The RCN was responsible for promoting the research to education professionals, current students and students who had withdrawn from their pre-registration nursing degree via their established communication channels. The communications sent out by RCN about the research contained a link to an online registration form hosted in [SmartSurvey](#). This was managed by – and only accessible by – Community



Research, who screened potential participants for their eligibility and invited them to take part.

Individuals who registered to take part in the research were purposively selected for their characteristics and experience – this was a non-random selection technique. We also relied on people who had the time and interest in taking part. While measures were taken to encourage participation and reduce barriers, it is worth noting that those who participated in this research exercise could be different in some way (in terms of their approach or attitudes) to the general population of individuals who were eligible to participate.

All current nursing students and students who had withdrawn from their degree were offered an incentive for their participation. This is common practice in market research, and an important principle to demonstrate the value we place on the time and effort people give to take part in research. This approach ensured we reached and included individuals who would not otherwise have been able or willing to take part in research. The incentive was set at £50 for those taking part in a depth interview and £70 for those taking part in a focus group. This reflects the greater time commitment involved in taking part in a focus group.

Education professionals were not incentivised to take part. This is because all interviews took place during their working hours and participants would have regarded their participation as part of their professional role.

4.5 Fieldwork

All fieldwork took place between 10th November 2023 and 22nd January 2024 and was carried out by three senior and experienced researchers working for Community Research. These researchers have no direct interests in nursing or higher education.

All discussions followed a semi-structured guide in order to allow participants to elaborate on and discuss their views and perceptions freely. The discussion guides used for both the interviews and focus groups are provided in the Technical Appendices to this report.

Interviews with education professionals and nursing students who had withdrawn from their degree lasted up to 60 minutes. All interviews took place over Microsoft Teams, Zoom or telephone and were audio recorded, with the individual's permission, and transcribed. Focus groups with current students lasted 90 minutes and took place over Zoom; again, these were audio recorded and transcribed, with participants' permission.

4.6 Ethical considerations

Community Research is bound by the MRS Code of Conduct, which specifies standards in relation to research ethics. Central to this is that participation in research is based on voluntary and informed consent: this requires that participants



must freely agree to take part in research, and that their consent must be informed. To this end we adopted a three-point consent process that provided potential participants with information about the research aims and sought consent at:

- Point of recruitment (via the initial sign-up form)
- Prior to commencing the interview/focus group
- Retrospectively at the end of the fieldwork period (to provide an opportunity for participants to change their mind).

Alongside the communication sent out at the end of the fieldwork period, those participants who had chosen to withdraw from their nursing degrees were sent additional information with links to support organisations (relating to mental health, finance etc.).

4.7 Data capture and analysis

All focus groups and interviews were audio recorded and then transcribed (with participants' full knowledge and permission). Transcripts are relied upon during analysis. We do not use AI for transcription. Participants' identifiable data is removed during transcription and, to ensure the transparency of our analysis, anonymised transcripts are shared.

While we do not code our data on a line-by-line basis, the transcripts are used to develop an analysis grid, with the themes as columns, and participants as rows. This allows us to draw out the key themes emerging across the research, and to pull out and analyse differences between types of participants as far as possible. The interviewing team then hold an extended meeting during which findings emerging from the fieldwork and relevance in relation to the project objectives are assessed, before reporting commences. We adopt a grounded approach to analysis and reporting: our findings are rooted in the views of participants, and we use key quotes and examples to illustrate and amplify the general findings that we draw out.

We report thematically, rather than by sample segment, and discussions were not specifically designed to draw out differences by academic year groups.

4.8 Notes on reading the report

This research was qualitative in nature and, for reasons of budget and timescales, the sample sizes in this study are relatively small, particularly within the different subgroups (type of education professional; student year group; students who had withdrawn from their degrees). As such, this research does not claim to be a fully comprehensive account of attrition, but rather to provide an indication of some of the themes people have observed and experienced. Within these themes, it is possible to gain a deeper understanding of some of the drivers of attrition and the environmental and structural factors that may contribute to or mitigate attrition.

In the case of students who had withdrawn from their pre-registration nursing degree, it should be noted that we only have testimonies of their experiences, and



the research did not include others' perspectives on what happened and why (for example, what measures higher education institutions and/or education professionals may have tried to put in place; or why they may not have tried to persuade a student to stay). Furthermore, at the time of the research, participants were not at the point of making decisions about whether to withdraw from their degree or not: those who had withdrawn from their studies were relying on their memory of events in the last two to three years; current students relied on their own experiences and observations of their fellow students; education professionals reflected on the broader picture of attrition and some of their experiences of working with students in the process of withdrawing from their degrees. Experiences and memories are always subjective and may alter over time.

These caveats do not negate the value of the research but should be borne in mind when considering the findings.

Throughout the report, quotes have been included to illustrate particular viewpoints. It is important to remember that the views expressed do not represent the views of all participants. In general, though, quotes have been included to reflect a particular strength of feeling about a topic or as a means of bringing to life an individual's views or circumstances.

The report also includes pen portraits. These are anonymised stories of people's experiences. Names and minor details have been changed to protect participants' identities, but the central facts are taken directly from the words of that individual.



5. An overview of attrition

Education professionals offered an overview of attrition from nursing degrees based on their experiences, whether from a practice-based or academic perspective. Most had trained as nurses themselves, often decades ago. Others came from outside of nursing and so brought an 'outsider' view.

There was recognition that attrition from pre-registration nursing degrees was an issue; however, amongst the education professionals interviewed there were varying experiences of attrition levels within their own organisations.

Amongst current students and students who had withdrawn from their nursing degrees, attrition was a familiar phenomenon. Current students in their second and third years could readily talk about people they knew who had withdrawn, and participants who had withdrawn also talked about some quite considerable withdrawal rates amongst their peers on nursing degrees.

"Now, interestingly, out of the 14 of us that started [on a children's nursing degree], two are going to qualify in January. That's the dropout rate."

Student who withdrew from their nursing degree; Woman aged 45 (WS8)

"As soon as they start placement, we had a massive drop in our first year. I think it was 560 in the total cohort and I think about a third dropped out in the first placement, in January, which apparently, is pretty on par for things."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Education professionals agreed that attrition was a complex issue. They felt that it was hard to attribute this to a specific cause and, hence, it was difficult to address. Few academic education professionals spontaneously referred to holding any internal data that set out students' reasons for withdrawing from their degree course. However, education professionals often recognised the first clinical placement as a 'pinch point'.

The stories from students who had withdrawn from their nursing degrees bring to life some of the complexities associated with attrition. They also suggest some missed opportunities for facilitating nursing students to finish their degrees and qualify. Some expressed deep regret at not being able to complete their studies and become registered nurses, and they felt frustrated in their attempts to find a solution to their issues.

"I loved nursing. I loved everything that I did. I loved just going in and chatting with some of the patients or chatting with them and singing with them while they were having their hands stitched up. It was brilliant; I absolutely



loved it. It was everything that I wanted to do, you know; all I wanted was just to be qualified."

Student who withdrew from their nursing degree; Woman aged 21 (WS2)

The report details some of the factors in attrition, illustrating these with the personal experiences of people witnessing and experiencing it.



6. Factors contributing to attrition

In reflecting on the factors that contribute to attrition, education professionals stressed that – in their experience – attrition was rarely attributable to a single factor: different people withdrew from their nursing degrees for different reasons, and it was often a combination of adverse experiences that pushed them to withdraw. This was also apparent from the experiences of students who had withdrawn from their nursing degrees, and from the reflections of current students.

The factors identified in the research can be grouped into three broad categories:

- Contextual/environmental factors – things that make nursing degrees challenging in general (and are beyond the control of those involved in nursing education)
- Educational factors – relating to what higher education institutions and clinical placements deliver (or do not deliver) that creates, contributes to, or perpetuates negative experiences that can lead to attrition.
- Individual factors – characteristics and circumstances specific to each student that can make it hard for them to complete their studies.

These are summarised in Figure 1 below.

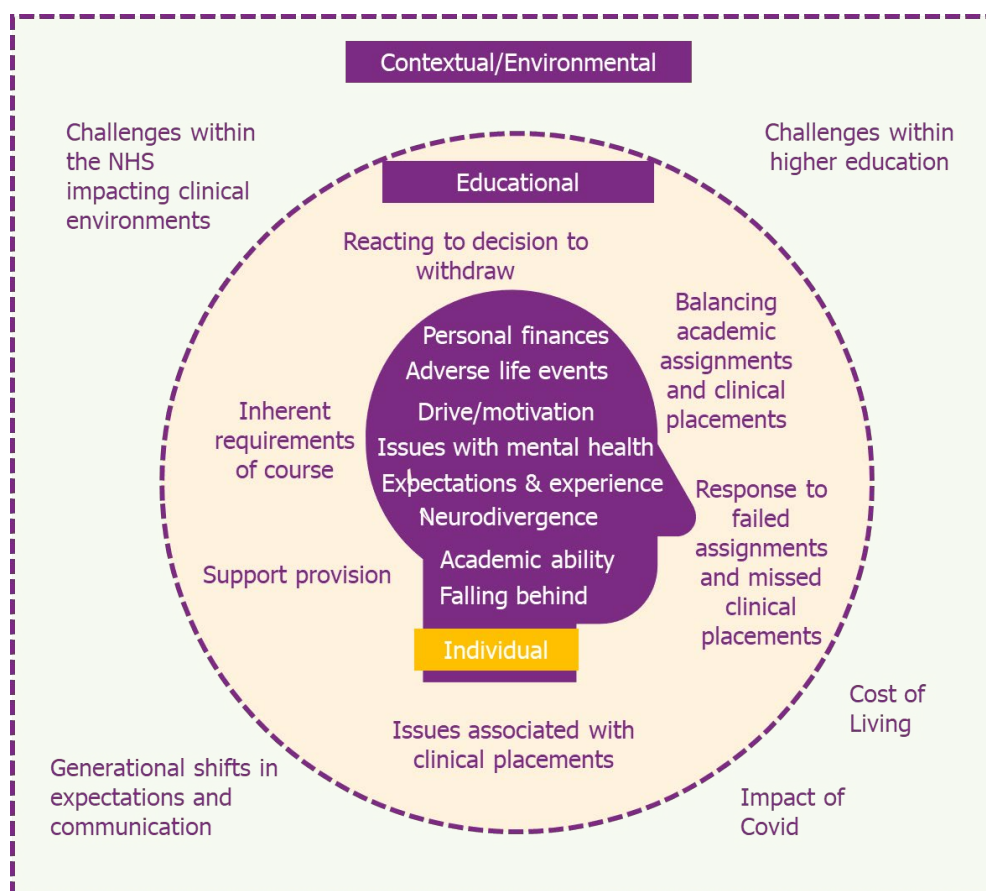


Figure 1: Factors contributing to attrition



In any one case of withdrawal, there could be several of these factors at play, with an interplay between individual, educational and contextual/environmental factors. For example, a student may experience an adverse life event, which is exacerbated by a lack of support offered to them; in turn, the lack of support available may be impacted by the broader demands and pressures on the higher education institution. A student's mental health may be negatively impacted by a clinical placement but, in turn, the delivery of that clinical placement may be affected by challenges within the NHS impacting clinical environments.

The following section sets out the three categories of attrition factors in greater detail.

6.1 Contextual and environmental factors

In discussing the subject of nursing student attrition, participants discussed some of the contextual factors that they believed can add friction or make the completion of a pre-registration nursing degree harder.

Challenges within the NHS impacting the clinical environment

Academic and practice-based education professionals – particularly those who had trained as nurses – felt that today's nursing students face a more challenging clinical environment than they themselves had done. A key factor contributing to this is staffing pressures within the NHS. This meant that stress levels can be high in clinical environments, with nurses being overloaded and struggling to meet their own workloads.

Education professionals – particularly practice-based professionals – reported that students expressed reluctance to ask busy staff for what they needed, or that students sometimes experienced disheartened and dissatisfied staff.

Education professionals and students also believed that staffing pressures meant that registered nurses had less time for nursing students, and that some clinical areas struggled to provide nursing students with consistent supervision, support and opportunities for teaching and learning.

"The challenges, I would say, that come out all the time are staffing, the fact that most organisations are experiencing short-staffing. And that comes out in all our student evaluations. And the students try and be really positive, on the whole, and they'll say, 'We saw how hard the staff are working, but they didn't really have enough time for me.' That's an issue."

Practice-based education professional; Senior leadership team for nursing education (SH7)

"We're so short-staffed, in terms of registered nurses, that lots of clinical areas limp on with skeleton permanent staff and agency nurses, which, to create a learning environment, isn't great if you are a student and you're turning up day



after day and you don't know who is going to be supervising you. And if it's an agency nurse, what will they know about your programme, what will they know about your needs? And invariably, in a placement like that, you end up being a pair of hands and there's not a great deal of learning going on. I think that can add to the stress of being a student in placement: that eagerness to learn, but lack of opportunity, because you've got to do other stuff."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH3)

Others referenced difficulties with particular wards having insufficient staffing levels to support students, which placed pressures on other clinical areas to take more nursing students, potentially affecting the quality of experience for those students.

"If you've got a team that's taking extra students, because that other ward is now closed, you get burnout and fatigue from the staff there. Then the students come back and say: 'They're not very nice, they don't have time to bother, they don't speak to me, they don't explain things.' Well, the reason for that is because they're saturated with students, because every day they're having to go through everything."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

Education professionals expressed concerns that students, witnessing the pressures experienced by qualified nurses, might be deterred from a career in nursing. Some of those who had withdrawn from pre-registration nursing degrees did cite over-stretched staff as one of the factors contributing to poor experiences during clinical placements, which ultimately played into their decision to withdraw from the course. This perhaps reflects some of the findings of the global 2023 Elsevier research into attrition amongst medical and nursing students².

Challenges within higher education

Education professionals – both practice-based and academic – also discussed the pressures and demands that universities face in operating a business model.

Most commonly, they noted that – in contrast to when they trained – students were now **paying 'customers'**. This was seen as affecting their expectations of universities and clinical placements. Some education professionals mentioned that this could, in turn, contribute to greater dissatisfaction with aspects of courses such

² [Elsevier: Clinician of the Future 2023 Education Edition](#). The study reports that students are committed to healthcare and positive about their education, but with concerns about mental health, study-life balance and the volume of information they need to absorb, combined with external worries such as the rise of misinformation and looming clinician shortages, many are already considering leaving patient-facing roles or leaving healthcare altogether.



as the quality of teaching and how it is delivered; the quality of placements; and choice (or lack of it) of placements.

"If somebody goes from being paid or having their fees paid, then they're seen as they have a certain commitment to the people paying their fees for them; whereas now, they will view themselves, quite rightly, as customers: they're paying us £9,250 a year to do their nurse education, so their expectations of what the university provides have changed."

Academic education professional; Senior leadership team for nursing (SH4)

"They're fee paying, they're paying for a service; they're expecting and demanding quite a bit... I hear anecdotally, from university colleagues, there's been a shift in attitudes and expectations."

Practice-based education professional; Education lead in adult/mental health nursing (SH8)

These sentiments were reflected in focus groups with current students.

"I feel quite grumpy about the fact that I'm paying so much money to go and work in the NHS for free and then, I'm not getting the best experiences. That's quite frustrating, because it's a huge undertaking now. You're coming out with a lot of debt for a fairly small wage in a really stressful environment."

Online focus group participant; Third year nursing student

Academic education professionals also reflected on the pressures they are under to **deliver on or increase student numbers**. Two academic education professionals referenced that the need to deliver student numbers (in one case linked to a drop in applications for nursing degrees) meant that, sometimes, students who are less well suited to nursing degrees (due, for example, to expectations of what nursing entails, levels of commitment or academic ability) are recruited, may subsequently struggle, and then withdraw from their degree. Another academic education professional talked about having to fill places through clearing, leading to lower (than desirable) tariff requirements.

"So nationwide, we saw an 18 per cent decrease in student nurse applications last year. Locally, we [are] 30-odd per cent down; a number of other institutions were the same as well... A number of areas – again, including us – have said: 'Well, do we need to just lower our thresholds for bringing people into the profession a little bit?' And I can argue, in one way, that's widening participation and bringing more people in and supporting the nursing profession and building the workforce. But what might happen is, you might see one of those little upticks in attrition, because we're bringing people in who aren't absolutely the right fit for the profession, and they also may not quite have the academic ability to get to where they need to get to."



Academic education professional; Senior leadership team for nursing (SH4)

*"Interestingly, we started [with] a tariff of 120, which is 2Bs and a C, and we were taking a tariff of 64 by the end of clearing, which is too easy."*³

Academic education professional; Senior leadership team for nursing (SH1)

"My opinion – and I know this is shared by other colleagues – is that the bar is quite low for getting on the course. They still have to meet the academic standards, they need their grades to get onto the course, but I feel we are encouraged to allow more students through than I would like to. And, potentially, they almost need to say in their interview, 'I would be happy to harm a patient,' and then I would be able to say: 'No, I don't think that person's appropriate.'"

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

The drive to increase nursing student numbers in some universities was also referenced by several education professionals in relation to difficulties in sourcing enough placements for students. One academic education professional described a constant tension between the demands of senior leadership and the constraints of sourcing placements.

"I think there's a pressure from the senior leadership team in the university to be increasing numbers, for example, [in] children's nursing. They look at the number of applicants and they're saying, 'So why are you only taking this many when you've got all these hundreds of applicants, let's take more.' And they don't have that contextual understanding [that]... I can get a big enough classroom, but I can't send them out in practice. And we work very closely with our practice partners, and we are working to try and increase placements as much as possible."

Academic education professional; Senior leadership team for nursing (SH11)

Finally, some universities also faced **difficulties recruiting staff** (one academic education professional said they had a 10% vacancy rate at their institution). The knock-on effect was the further pressure this placed on existing university staff and their capacity to support nursing students. Another academic education professional explained that difficulties with staff recruitment mean that some personal tutors now oversee very large numbers of students (50–60 in some cases), many of whom have

³ UCAS tariff points allocate a numerical value to post-16 qualifications in the UK. Some universities offer places based on a threshold of tariff points (see [here](#) for more detail). This participant is describing how they ended up dropping their thresholds to fill places.



high levels of need and complexity, particularly linked to poor mental health and neurodiversity.

Some current students and some of those who had withdrawn from their nursing degrees felt that some lecturers appeared to lack an aptitude and passion for teaching that impacted on the overall quality of their learning experience.

"Some of the staff were very inspirational: they would want to help you, give you practical examples of what they'd done and would very much engage with you and, if you had a problem, try and help. Or when they were teaching, they would find ways to bring it to life, so it wasn't just dry, academic work. Whereas the others, it was very much a case of, 'This is what I say, this is what we're doing.' If you asked questions, [they would say,] 'I've already told you the answers. You don't need a tutorial with me; I've told you what the answer is.' That sort of approach, which is hostile at best."

Student who withdrew from their nursing degree; Man aged 40 (WS6)

"The quality of lecturers, I really just think: 'How on earth are you a lecturer?' It shocks me."

Online focus group participant; third year nursing student

Generational shifts in expectations and communication

Some education professionals discussed what they saw as traits specific to the current generation of students leaving school and coming into universities. They felt there were differences in expectations, work ethic and communication/personal interaction styles.

"I think the culture has changed... If we were sent to the other end of wherever, you would just do it, because you were so grateful you'd got a placement. Now, the attitude's different and people are very much: 'Well, I'm not travelling.' They just say outright: 'Well, I'm not going there.' And, yes, that causes a lot of issues for us."

Practice-based education professional; Practice lead for nursing team (SH6)

"We see a big shift, and it's probably social media driven and just the way there's a lot more tech. They don't speak face to face, they do not like the phone; they want to email everybody and expect an immediate response, and when they don't get that they find that very, very difficult."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

This points to a mismatch between expectations of education professionals and those of some nursing students: some education professionals suggested that some nursing students from this newer generation are less willing to contend with the



challenging aspects of the course (particularly the shift patterns and travel involved in clinical placements) and have different values (or experience) regarding time-keeping and updating colleagues. One academic education professional with a role as a personal tutor explained how they have to spend time explaining to students on placement the importance of arriving on time and allowing sufficient travel time; contacting their supervisor if they are going to be late; phoning in if they are sick, rather than relying on busy staff to pick up emails.

Impact of Covid

Research participants talked about the impacts of Covid on nursing student experiences, albeit it was not a focus of this research. It is worth noting that, while some of these impacts are ongoing, some will be specific to the current (or recent past) cohorts of students and are less likely to affect future cohorts.

One academic education professional talked about the impact of growing up during Covid lockdowns on the generation now starting university.

"This cohort that's just started are incredibly anxious. They've had two or three years of Covid, sitting exams only when they did their A-levels... It's all quite overwhelming to be in a lecture theatre with 250 other students and things because they've not had that, you know, they've not made friends easily because of the impact of being home-educated during Covid."

Academic education professional; Senior leadership team for nursing (SH1)

Some current students said that a proportion of their lectures and seminars are still delivered online post-Covid, and one academic education professional said that 40% of their course is online. Several current students and students who had withdrawn from nursing degrees said they found online learning harder than in-person learning. This was because it could be difficult to motivate themselves and focus (though others felt it was easier in that they did not need to make travel and childcare arrangements).

"I wish we had lectures in person. I mean, it's not just Covid, though, because when we went back into second year, all the other courses were in person, but we carried on over Zoom. I understand that the classes would have been big, but we have lecture theatres for that, and I just think it would have been so much more engaging if we were getting up, not just rolling out of bed."

Student who withdrew from their nursing degree; Man aged 40 (WS6)

One practice-based education professional reported that it was harder to organise supervision in community-based placements with the shift to home-working since the pandemic.

"Since Covid, a lot of people are working from home now, so do you want to take a student back to your house? And what do you do with a student if



you're not on visits all the time? ... There is a big driver for [community-based staff] to work at home more than in an office... So I think space is an issue, definitely, and just the working culture since Covid. It's great that we can work from home, but... what do you do with a student?"

Practice-based education professional; Practice lead for nursing team (SH6)

Some of those who had withdrawn from their nursing degrees had, in part, been studying during the pandemic. Some felt that the experience of the NHS during this period had played into their decisions to leave. Some recounted a mixture of high stress and responsibility and lack of support and learning opportunities, as exemplified by the experience of this former nursing student:

Angela (WS1)

Angela was an adult nursing student who did not pass assignments in her third year and withdrew from her degree due to a combination of adverse life events, poor mental health, struggles with academic components, financial pressures and the impacts of Covid.

"I opted in twice [to work on Covid wards], on two separate occasions. The first one was, I was just in a ward of end-of-life Covid patients, so that was really rough. In all honesty, I didn't really do anything nurse-y; it was more just being a companion for someone while they were passing away and it was horrible because they couldn't have any visitors. It was just me and them and I was a stranger to them, so it was quite upsetting. I cried most days, when I got home, because I was just like, someone's just lost a relative that they couldn't even sit with and I'm a stranger, sat holding their hand..."

"Because I'd opted in [to work on Covid wards] and I was under the NHS, as staff, I didn't get any allocated study days and I missed... 60 per cent of my lectures because I was on shift. And I didn't have any say in the matter, I suppose, because that's the days they needed me and I'd signed a contract to opt in, so I was employed by the NHS."

"So, I missed a lot of my lectures and then I was doing a mixture of nights and days, and I was just trying to function, and I didn't really have a lot of time."

"...So I just thought, 'Right, I'll defer my assignments'... [But] I was really struggling mentally, and I'd not seen my family in months, so I'd spent a lot of time going home. And then I needed more money, because student loans only go so far, so I was working a lot in my normal [agency] job and then, time got past me, I suppose... I started my assignments really late, and I was just an idiot."



"And then, two weeks before my assignments were due, my partner's mum died... very suddenly.... so I had just a ridiculous amount of things going on..."

"And my partner lost his job during Covid, so I was trying to pay all of my bills on my own... it was just a lot going on in a short time..."

After a period of recovery, Angela contacted the university to see whether she would be able to retake her third year. They told her she would need to redo the entire three years. Another university said she could join their course in the second year, which she was prepared to do, but she could not access any student funding, so she could not afford to continue her studies.

"I was really upset, and it really did mess with my mental health a lot, because I felt as if there was some sort of... not personal reason, but just some sort of issue as to why nobody wanted me to finish my course, and I was just like: 'Why can't I just catch a break?' I suppose I was very defeated."

However, for others, clinical placements during the pandemic could be quiet, with fewer patients on the ward in some hospital-based placements. This meant few opportunities for learning. One student who had withdrawn from their nursing degree described having nothing to do, and being criticised for not doing anything.

"Bearing in mind, this was during Covid, so on the ward at a time, we probably had six patients, but we were being judged and criticised for not doing enough, or for not knowing enough... We were told we were just stood there, doing nothing; but there were three patients on the ward; there was nothing to do. The cleaning had been done and we just didn't know... I think a big part of why they couldn't really show us what to do was because there was such a lack of patients; but there was nothing that they had built around that, there's nothing they had to compensate for it."

Student who withdrew from their nursing degree; Man aged 22 (WS3)

Cost of living

Several education professionals referenced the current cost of living crisis as a factor in increasing the pressures on nursing students. The contribution of financial factors to attrition is explored in greater depth in [Section 6.3](#), but it is worth noting that these are more prominent due to the current strain on living costs.

"I think the cost of living has had a massive impact on [attrition] and I think a £5,000 bursary doesn't even pay a year's rent."

Academic education professional; Senior leadership team for nursing education (SH7)

The increased cost of living was also mentioned by third year students.



"£12,000 a year is what I'm paying on my childcare now and it started off at about [£9,000] ... The cost of living has just increased considerably, and the student maintenance and the student loan support funds haven't increased at all; they're all still the same."

Online focus group participant; Third year nursing student

6.2 Educational factors

There were a number of factors relating more directly to the education of nursing students that could affect individuals' decisions to withdraw from their degrees. These are discussed in turn below.

Inherent requirements of the course

One of the themes that emerged from all participants in the research was the inherently challenging nature of a pre-registration nursing degree. Some of the factors participants cited as contributing to this include: the number of practice hours required; the fact that it is like a full-time job (only 28 days' annual leave per year, in contrast to other undergraduate degrees); long shifts on placement; and competing demands of clinical practice and academic assignments.

"They did warn us in our very first week. They said: 'This course is known as the divorce course, because it can make or break a lot of marriages.' So they were up front; they said, 'It will consume your life,' and it definitely does; it's not an easy course. You're either on placement or you're thinking about nursing... it is something that will take over your life."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Some participants (amongst education professionals, current students and those who had withdrawn from nursing degrees) felt that the inherently challenging nature of the course may have been a key factor in some people's decisions to leave their nursing degrees (particularly in the first year). However, the course itself was not a determining factor in decisions to withdraw amongst those interviewed in this research.

Balancing academic assignments with clinical placements

That said, several current students along with some students who had withdrawn from their nursing degrees said that they struggled when placements and assignments coincided. They felt there should be better coordination to ensure assignments were not due when nursing students were in the middle of placement, which could be all-consuming.

"The assignment I had to do while on that placement was so focused on that placement, ... I was really struggling to find time and energy to write, while on placement... Because there was always something to be written, you know, go



through a few thousand words, while you're also working full time. Yes, it makes it a lot more difficult."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Response to failed assignments and missed clinical requirements

Students and education professionals talked about rigid rules about not passing assignments, and that two failed assignments meant students had to leave their degrees, reportedly regardless of any adverse personal events that could have contributed to not passing.

"They just kind of like left us to it and said: 'OK, if you've passed, you don't have to worry about anything, you'll just be on next year.'... [But] if you did fail something, you failed and you can't be a nurse anymore. I feel like they were really patronising with that sort of thing, and it did knock a lot of people, because we had a huge drop-off within the first few months, after we did our first assignment. There were so many people that left, just because they failed an assignment, so that was really nuts."

Student who withdrew from their nursing degree; Woman aged 21 (WS2)

Some current students and students who had withdrawn from their nursing degrees also felt there was little flexibility and understanding when students missed placement hours or did not achieve all their proficiencies on a placement for the hours to count. Some current students said they felt this was unfair when they had placements where they had not had the opportunity to demonstrate certain skills or a level of experience, which meant their placement hours were then disregarded.

"The whole pass and fail concept really needs to be taken away. If you've been on placement for four weeks, even if you've not hit all your proficiencies, you have still hit some and you should still be given the four-weeks' worth of hours. If you need to hit five out of your twenty proficiencies in another placement, then you've got other placements to hit those proficiencies... You might have had a fairly good placement, but because you've not hit two things, you've now, all of a sudden, lost four weeks of hours. I don't see how that's fair."

Online focus group participant; Third year nursing student

However, this approach did not appear to be the experience of all students.

"I don't know how well people's paperwork works, but mine, for example, we go up proficiencies. So even if I've not hit all my proficiencies for that placement or for the year, I don't have to hit them all in the placement; I shouldn't be passed or failed. Those four weeks of placement, those hours, the rest of mine, they can't be taken away from me. But not everyone does it like that."



Online focus group participant; Third year nursing student

Many of the participants who had failed assignments or not managed to complete the required number of placement hours talked about the lack of options offered to them. In particular, several said that they were not offered the choice of deferring a year, and some of them felt in hindsight that this could have enabled them to complete their degrees and qualify as a nurse.

"I just feel like it's taken away from me, really. I was very willing to do anything to pass, but obviously, after time, it was just like a build-up of grief and loss and probably a bit of PTSD from things that I saw on that course, like during A&E, it was quite a lot, and I just genuinely couldn't do it anymore. But if I'd had that year out in the first place, then I would have been fine, because I felt a lot better this September... But jumping straight into it, after all that, it was just way too much for me. But I didn't feel like I had much of a choice."

Student who withdrew from their nursing degree; Woman aged 27 (WS1)

"[My personal tutor] didn't offer me [deferral]. He said that if I wanted to transfer, but deferring... he didn't give me that option. Because if I could have deferred, then maybe I could have got everything together and just worked through this year, to save up everything and then gone back; but he didn't give me that option, which, yes, thinking back, I probably would have done that."

Student who withdrew from their nursing degree; Woman aged 21 (WS2)

It should be noted, though, that not all participants cited deferral as the best solution. Some education professionals felt that students who deferred did not always return, and current students talked about the value of their cohort in offering support, which they would lose if they delayed a year. One student who withdrew during the second placement of their nursing degree said that they would have liked the option to defer for less than 12 months, but that was the only option.

"Why do you have to interrupt for 12 months? I've got emails from the course director, saying: 'You're an excellent student. There's just a process and you're not allowed back in July. If you interrupt, you have to interrupt for 12 months.'"

Student who withdrew from their nursing degree; Woman aged 45 (WS8)

A further challenge that several students who had withdrawn from their degree talked about was the **lack of transferability** of the modules and experience they had gained. Two explained that due to their unique circumstances they had tried to transfer to other universities but had found that they were unable to do so (or do so easily). They further felt that their existing experience did not count towards other routes to qualification. However, one practice-based education professional reported offering nursing students who had not met the requirements of their first year the



opportunity to transfer to their Training Nursing Associate (TNA) programme (see [Section 7.10](#) for more on this).

Zoë (WS2)

Zoë had always been interested in nursing and liked caring for people. She did the RCN nursing cadet scheme which led her to her nursing degree course. She loved all elements of the course and enjoyed being with like-minded people who were all passionate about nursing. She was very enthusiastic about her first year – she found the course really interesting and very much enjoyed her placements.

"I thought it was brilliant, I loved it. I was so fixated on nursing and developing myself to be the best person I could be, to then be the best for my patients for when I actually qualified, so it was the best thing I'd ever done. And the friends that I met in uni, they were all exactly the same as me; they were so driven to get the qualification... So I absolutely loved it, absolutely loved it. It was brilliant. Like all the content, it was fab."

At the start of the second year there was an issue with Zoë's accommodation, and she spent the first two months of the second year either sofa-surfing or paying to stay in a hotel. It was stressful and expensive, and she was not achieving to the best of her abilities on the course as a result.

The university informed her that they would arrange emergency accommodation, but this never came to fruition. Eventually she just decided she could not manage any more and drove home at 3 o'clock in the morning. Her course tutor rang to see what had happened and tried to help her get some accommodation but was not able to do anything.

She looked into transferring to a course nearer home, but the course was different, and she would have had to start from the beginning and would not have received any funding. She was not offered the option to defer (which, in retrospect, she thinks would have been best for her).

Issues associated with clinical placements

Participants raised a number of issues relating to clinical placements. Amongst students who had withdrawn from their nursing degrees, such issues often influenced the decision to withdraw.

A number of students talked about the **lack of flexibility** with placements. This meant that even if a placement was a considerable distance away, or not in a clinical area in which a student wanted to work post-registration, they had to take it. In several instances, the lack of flexibility in placements was a factor in students withdrawing from their courses, because they were told they had to return to



environments where they had previously had poor experiences. This is exemplified in Clare's experience below:

Clare (WS4)

Clare had always wanted to be a nurse growing up, and she had worked as a healthcare assistant for two years prior to starting an adult nursing degree. Her first placement took place in the second Covid lockdown and was far from where she lived. As a result, she stayed at a hotel on her own and lived on takeaway food.

She was enjoying her placement, but then a long-term patient she had become close to went into cardiac arrest and died while she was on shift. Staff on the ward were very supportive, but it negatively affected her mental health over the following weeks. She sought help from her personal tutor, who referred her to university mental health services. Her referral got lost. She felt unsupported by the university as a result and wished they had talked through her options with her. She only realised she could stop her placement and apply for extenuating circumstances when a peer support group suggested it.

Clare then found out that she was going to be sent back to the same hospital for her second placement, despite explaining that she felt unable to return due to the previous experience. She decided at that point to withdraw from her degree, as she could not contemplate struggling through three years of similar difficulties. She felt there was little empathy or support.

"I think for my tutor to have informed me of the other options I could take and for somebody from the university to have actually said, 'It's OK if you do this.' Because at no point did the uni seem like they wanted... they were like: 'Just keep going. Keep going to placement, keep going to [city]. I don't care how exhausted you are, just keep pushing,' kind of thing, and I needed somebody in that professional position to say: 'You need to stop.' Or just: 'You can stop.'"

"I really believe that one of the biggest causes of why I'd had a full-on breakdown... was I was exhausted from travelling to [city] and back all the time and living in a hotel room for half the time, when I was also paying for a flat and having to eat takeaway food. And I said to my tutor, and I said to the placement lead: 'Please do not send me back to [city]; I really do not believe I could cope with that again.'... And they were just very: 'Tough, we're not changing anything. We're not going to see if anybody's willing to swap. You go to [city] or you drop out.'"

"So that is the point where I turned around and said, 'Well, I can't continue. I can't not complete any placements in the first year; that's not a way to continue. And if it's going to be like this for three years, then I'm not going to sail through that.' So that's when I turned around and said to them: 'I'm not going to continue this degree.'"



"They just said, 'OK, we'll do your leaving interview.' I got, again, just no support from the School of Nursing here... they just didn't give any advice or support. It was just like: 'Goodbye, not our problem anymore. Do your leaving interview.'"

This is echoed in the experiences of others.

"I just said: 'I can't come back there.' They wanted me to retake the whole placement there and I said, 'I can't retake a 12-week placement in an atmosphere like that.' I wanted a fresh slate, rather than going to the same place again."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Some students regarded the distance they were required to travel to placements as a particular issue as they felt that it this (the strain of long journeys either side of shifts) added to the pressure they were already under, and it came as a shock to many in their first placement. Some students who had withdrawn from their nursing degrees talked about the exhaustion of shifts, coupled with long commutes, affecting their mental health.

"I'm South [City] and I'm constantly put in North [City on placement] and so it means that I have to wake up at about 5 [o'clock] to get the 5.50 bus, to get to work for 7.30 and... So my last placement was technically a shift that was supposed to end at 9.30 and it didn't, thankfully; but that would mean I wouldn't get home till about 10.30/11, which is obviously just ridiculous."

Online focus group participant; Second year nursing student

"I wish I would have known that travel was going to be so hard. I didn't realise how exhausting it is to travel that much [1.5 hours each direction] every day."

Student who withdrew from their nursing degree; Woman aged 22 (WS5)

Some current students said in focus groups that universities relied on Google maps to calculate distances and driving times, rather than looking at the reality of public transport and parking. This approach was not mentioned by any of the education professionals.

Both education professionals and students noted that some **placements (and shift patterns) were arranged with very little notice**. Practice-based education professionals attributed this to universities not giving placement providers sufficient notice of the number of placements required. While many students found this frustrating, those with childcare responsibilities found it particularly challenging. They explained that childcare providers demanded consistency and required notice if childcare days/hours needed to be changed.



"Managing childcare when, say, you're going to go and do a placement for a 12-hour shift, you do not necessarily know when your placements are going to be, where, how long your shifts are going to be, how long you're going to be away from home. Can you get childcare to cover 18 hours a day and the costs of that? It's a massive uncertainty..."

Online focus group participant; First year nursing student

"You never really know when your placement's coming up, if it's going to be a community placement, whether in for five days a week or whether it's going to be a hospital placement, where it's three days a week, then you're back at uni. And it goes up and down and nurseries don't work like that; you need to tell them, 'I need a place,' and you need to commit to it."

Online focus group participant; Third year nursing student

Charlotte (WS8)

Charlotte started her degree in children's nursing when she was in her late 30s, having previously worked in the police and as a healthcare assistant. Her first year took place in the wake of the Covid pandemic, so her patient contact time on her initial health visitor placement was limited and lectures were all online too. Her second placement was confirmed only two weeks before the start date, which made organising childcare very difficult. Then she discovered that the ward was not expecting her, and she had not been allocated any shifts. She did her best to find herself another placement, but the university rejected that option.

"Everybody was just, I'd say, obstructive in helping me to do a placement. The placements person was new, and she was like, 'I don't know, I don't know what to do.' Somebody was off sick, so they couldn't help me. People wouldn't reply to my emails. It was like banging my head against a brick wall."

Eventually she was allocated another placement, starting in two days' time. Nearly all her shifts were night shifts.

"I'm a mature student, I have children, I have a family. When I applied for the nursing degree, I actually spoke to the head of the course... she was really keen to get me on board, she said my application was excellent. She was like: 'We need you. We need your knowledge, your maturity, your experience.' Yet, when it actually came to placements, everything was designed for somebody who didn't have any kind of commitments."

Charlotte was unable to organise childcare with so little notice, and nor did she think it fair to do continuous night shifts when she had children. She felt forced to defer for a year and ultimately withdrew because when she tried to return there were still issues securing a placement.



Staff attitudes to students on clinical placements were a further issue.

Students and participants who had withdrawn from nursing degrees said that they had felt unwelcome on some placements. Several participants described experiences where they were simply called 'the student' rather than called by their name. Others talked about being placed with supervisors who resented having a student, and who made this clear. Although this was not necessarily a central driver of attrition of itself, participants felt that it could erode people's commitment to continuing their studies.

"People not knowing our names, although we've got a name badge on, and you get called 'the student'. And if you're having a bad day and you've got a placement and an assignment due in, you get just like, 'Oh, it's so upsetting; you could just read my name badge, it's not that hard.'"

Online focus group participant; Second year nursing student

"It doesn't cost to be kind... But a lot of places I went in my first two years, a lot of your mentors didn't have time for you, and it was like a hindrance that you were there. And it's not a nice feeling to come in willing to learn and willing to become a nurse and stuff and wanting that, and then just being treated not very nicely."

Student who withdrew from their nursing degree; Woman aged 27 (WS1)

Poor experiences on placements had particularly negative effects when they happened on first placements. One student who withdrew from their nursing degree at the start of their second year described the hostility and criticism they experienced in their first placement.

"The first placement is where I actually had most of my issues. Obviously, we had started nursing in the September and then this placement was the January, so we were very new to everything... and there would be nurses that would be just treating us like they didn't want us there, treating us like we should know more than we [did] and criticising us if we just didn't know what to do... Some of it was to our face. We even got shouted at... It wasn't all of them, some of the nurses were lovely, but overall, on that ward, in that placement, it felt very hostile, and I dreaded going."

Student who withdrew from their nursing degree; Man aged 22 (WS3)

Education professionals acknowledged that staff⁴ do not all welcome the role they have in supervising students due to the pressures they are working under (see [Section 6.1](#)).

⁴ All registered nurses, midwives and nursing associates can be practice supervisors. They no longer have to take an NMC-approved training programme.



Some students questioned the **quality of learning experience on placement**. In some placements, while the individuals, teams and culture were described as being pleasant to work with, there was reportedly little structure or few opportunities for the nursing student to learn and gain the clinical skills they needed.

"I would turn up in the morning and sometimes I was allocated a nurse to be with, and it was community so we'd go out [but] sometimes I would get there and the nurse I was allocated wouldn't even be there. He'd already be out, or he just wouldn't be in that day, no one would have told me. So they would give me a computer to just sit down and try and get some research done on I don't even know what; but it felt like a lot of the days, if we weren't going out, I was just sat with the computer."

Student who withdrew from their nursing degree; Man aged 22 (WS3)

"I arrived at 8 o'clock in the morning, we got the medications done certainly by 9.30 at the very latest and I was like: 'Right, what do we do now?' 'Oh, well, we'll just sit here till lunchtime.' She was playing on her phone. 'We'll do some more meds and then we'll just wait till teatime, do the third round of the day, then you can go home.'"

Student who withdrew from their nursing degree; Man aged 40 (WS6)

Some students also said that they had limited supervision while on placement.

"I didn't really have a mentor on that placement, because he worked nights a lot, so I didn't really have a point of contact... And I think if you're really confident in something, then you can float from place to place; but when you're not, it's better to have a base and have a point of contact: somebody you know that you can go to and ask the stupid questions that you desperately don't want to ask, but you have to."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

However, one practice-based education professional reported that they did everything they could to ensure that nursing students had sufficient contact with their supervisors and assessors.

"I'm having to say to teams: 'You need to roster them 24/7. You need to utilise your whole 24/7 workforce shift pattern to be able to accommodate them.' So, if you know that their assessor is working some nights and they need to work nights too and, actually, they don't have a choice. Because when you sign up to do your training, you're signing up that you are going to be expected to work shift patterns, as per any clinician who works full time."

Practice-based education professional; Practice lead for nursing team (SH6)



A further issue raised by participants was **experiencing difficult situations on placement**. Education professionals and current students acknowledged that sometimes experiencing difficult situations on placement can contribute to a student wanting to leave their degree course. These situations can be patient-related (like in the case of [Clare](#), who witnessed the sudden cardiac arrest and death of a patient they had become close to) or related to clashes or interpersonal issues with specific team members, supervisors or assessors. However, it was not solely the experience that determined the *outcome*, but the *response* of the university or employer in supporting the nursing student after the experience. This is discussed further in the section below.

Support provision

Support for nursing students was a central theme in all interviews and focus groups. Many education professionals and current students, along with several students who had withdrawn from their degree, agreed that there was a range of support available to nursing students within universities. Types of support mentioned included personal tutors, university-wide dedicated student wellbeing teams, occupational support, specialist mental health and learning disability support teams, and financial advice teams.

"I feel like I've had an abundance of support. I've had support from the university and my link lecturers when I'm out on placement, as well as the student association and the wider team within the university."

Online focus group participant; Third year nursing student

"Those two nurses that we have for clinical skills have always told us just to email them whenever. And we use those sessions as like a debrief and they get us to talk about our recent placements and we just really get to offload. And they do, even any random lecturers will do that, just the chance to debrief about bad placements or bad days or struggling with assignments. It just helps so much just to get that out."

Online focus group participant; Second year nursing student

"Unlike other courses I've done, from the very beginning you're set up to pass, not to fail. They're bending over backwards to ensure that we pass. There's Helpzone people to help us with any money problems, any housing problems; mental health teams to help us with any problems with that; there are teams to help us with any possible thing you could imagine. There's student achievement people there, so you can book appointments to help with your assignments. You've got your personal tutors to get in contact with. You've got your coach in practice. There are so many people around to help you; you just have to ask for it."

Online focus group participant; First year nursing student



Some academic education professionals also mentioned how the nature of support had changed within their institution and some had set up specialist support teams within the school of nursing for personal tutors to make referrals to, in an attempt to reduce the workload of personal tutors and improve support for students.

"We've also got a new team from this academic year: the Student Success and Engagement Team. So it's quite a new process, but it's actually one of the nursing lecturers that's the manager for them. And they will, if we highlight to them a student that is continually failing and repeating assessments, or they're not engaging in terms of their attendance, we can refer into them, and they can provide more informal support. We're [tutors] seen as a bit more, 'these are the rules, and you need to follow them'; they're [the new support team] a bit more about general support for the student. They'll probably still use [the] wellbeing [service] and things, but this is like an extra layer."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

One third year student shared a particularly positive experience of support when her daughter was unwell and going through chemotherapy. They believed that, without that support, they would not have completed their degree.

"I did miss just under 300 hours last year, because my daughter was extremely unwell, so I had to be with her, obviously... I was incredibly lucky that my academic tutor, last year, was extremely supportive... So I feel really strongly that the university needs to have a really robust system to be able to support the students at times when... because it is very inflexible... It was suggested to me, several times, that I might want to think about restarting the third year, but I was absolutely adamant that that wasn't going to be the case. I wanted to get through it... And they did support me. If that support hadn't been there, being the age that I am, I wouldn't have restarted; I think that would have been it, for me, even though I was halfway through my third year."

Online focus group participant; Third year nursing student

However, there were a number of identified issues relating to support.

Firstly, there were issues with the **take up of support**. Despite some positive reports about the availability of support, education professionals and current students felt that students did not always take advantage of the support offered, particularly in the early stages of difficulties.

"But the thing is, most people don't talk about these things. You go to placements, you bottle it up and then, when we are in the class, we just grumble amongst ourselves."

Online focus group participant; Second year nursing student



"Quite a few students that I've dealt with who have left ask for help too late. By the time they go to their university and go, 'I think I'm leaving', they've kind of made up their minds, which is really difficult to then try and undo. Whereas I think if students go to the university and say, 'I'm really struggling with it now', then that help might be more significant to them, whether they're overwhelmed by their academic work or by placement or by finances or by life."

Academic education professional; Visiting professor in adult nursing (SH3)

Secondly, participants felt there was a **lack of a consistent and co-ordinated approach** to support across all aspects of the learning experience. While participants felt support via university was often available and, in places, useful, most felt that a formal and effective structure of support was not apparent while students are on placement. Some participants talked about an empathetic caring response of team members when students had difficult experiences on placement, but this was rarely formalised or followed up. Some also noted that there is no system for notifying pastoral tutors or others with an overview of a student's pastoral care.

"There's all these support systems in place, where we have the education nurses in the hospital, where students are meant to be able to go to; but if something happens on a ward, they're not automatically notified. Anything particularly bad, nobody actually knows about it. The only person who knows about it is the one that you've had a brew with for five minutes and then it's straight back into the deep end."

Online focus group participant; Third year nursing student

"So we do loads for our apprentices, and then students that are on placement seem to come along and just have to get on with it really, with the support of their assessor and supervisor. But from a Trust perspective, we don't do anything higher level, in terms of how we can support them."

Practice-based education professional; Practice lead for nursing team (SH6)

Awareness of specific support was a further issue. Some current students said that, while support is promoted at their universities, it can come from many sources, so it can be hard to learn exactly what is available and from where. Some said it can take until the second year to understand what is available. This was particularly the case with academic and financial support.

"I've found that there is the support there; but it's normally not until the second or third year that you realise where you find it from."

Online focus group participant; Third year nursing student



"It would have been better if I'd had more academic support from the start, rather than leaving it until later. But I didn't know that any of these things were an option, really, until it got to that crisis point."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Finally, some participants questioned the **quality of support**. Students and those who had withdrawn from nursing degrees suggested that there was variation in the quality of support available, both between universities, and between different parts of the support network.

"Sometimes, if we email, we don't get responses back... So I think that's maybe putting people off, because people could be reaching out for help and then they're just getting ignored or not getting the signposting, if they don't know things are out there."

Online focus group participant; Second year nursing student

Many of those who had withdrawn from nursing degrees felt that they had had no support, often despite requesting it. Some students reported long waiting times for emotional support from university mental health teams. In some cases, it was the lack of support, rather than the initial issue, which meant participants withdrew from their studies. This is reflected in Kayley's experience:

Kayley (WS5)

Kayley had always been interested in healthcare and wanted to go into nursing inspired by her own experiences of receiving care growing up. A number of factors led to her withdrawing from her nursing degree, including a flare-up of a health condition, which meant she missed a few weeks of her placement.

She felt she received very little support and understanding from her assessor and pastoral tutor, who said she couldn't pass her first year because of the missed hours and because she had failed an academic assignment. She felt that they disregarded the impact of her poor health, in spite of her having documented physical and mental health needs.

"Basically, my eczema had a really big flare [up] and my mental health got really bad and stuff, and my nursing assessor really did not like the fact that I had to take some time off. She was very rude. She didn't want to help me fill anything out and you need your assessor to fill things out, to confirm you've done stuff. She was not interested in helping and she decided to get the uni involved. So, my course leader, she came and had an interview with me about how everything's going, and she screamed at me, and I cried my eyes out... I was offered nothing for mental health."



Kayley was told that she would need to retake her first year, which she started, but then she discovered she could not access any funding for that year, so she decided to switch to another subject instead.

Lack of support and empathy was also experienced by others who withdrew from their pre-registration nursing degree.

"[I received] zero support. I was a problem that had to be dealt with, not somebody in distress, who needed to be supported."

Student who withdrew from their nursing degree; Man aged 40 (WS6)

Reaction to the decision to withdraw

Some of the students who had withdrawn from their nursing degrees felt that little had been done to support them but also that, when the decision to withdraw had been made, little had been done to explore their reasons for leaving and to persuade them to stay. There was some mention of exit interviews, but these seemed more procedural than exploratory or supportive.

"When I contacted nursing and said: 'Look, this is how I'm feeling. I think I'm going to do this.' ...I wasn't asked if I wanted to come in and have a meeting or anything, or to talk about it. Yes, they didn't even ask why I wanted to leave... I don't think they asked if I was having any problems, or what had made up my mind. They were just like: 'Oh, are you sure? Is there anything we can say to change your mind?' and then it was done."

Student who withdrew from their nursing degree; Man aged 22 (WS3)

"And it's funny, because when you say you're going to withdraw, they're like, 'All right then.'... I think [for] somebody to say: 'Well, if you do have to withdraw, how can we support you to come back?' You know, that would have been helpful... [The exit interview was] basically a form. You fill in a form and you submit it. Again, that was really poor. I think if it had been a face-to-face meeting, that would have been better. But no, it was just a form."

Student who withdrew from their nursing degree; Woman aged 45 (WS8)

6.3 Individual factors

Individual factors include qualities or characteristics that are integral to students themselves or relate to their personal experiences and situations.

Personal finances

Education professionals and current students felt that financial pressures were one of the top causes of people withdrawing from nursing degrees. Several could recall people they knew who had left their studies due to issues with personal finances.



Education professionals and students believed financial pressures had become more salient for students generally in the context of a cost of living crisis, but they felt that some students were under greater pressure than others. This included students with households and families to support, and several current students and students who had withdrawn from nursing degrees talked about these pressures.

"I probably wouldn't do it. Not with a family and a mortgage. I honestly don't know how – they struggle, you know – they do it sometimes."

Practice-based education professional; Education lead in adult/mental health nursing (SH8)

"Being a mature student with bills and the household to do, it's quite difficult to balance. And, sometimes, it just comes down to the financials of: I don't know if I can carry this on next month."

Online focus group participant; Third year nursing student

Participants also felt that financial pressures were a particular issue for nursing students, for a number of reasons.

First, nursing students were believed to have **limited opportunity to earn a supplementary income**. Participants said that long shifts on placements, the intensity of the work, and the academic study made it challenging for nursing students to get jobs while studying. Some current students said their university discouraged or prohibited them from doing paid jobs alongside their studies; though several current students and students who had withdrawn from their studies had worked shifts as healthcare assistants while studying, which was encouraged from the second year.

"I work now, with my [sociology degree] course. [But] there is absolutely no way you can work alongside a nursing degree, because the work is the placement and, outside of that, you have so many exams and course work and clinical skills that I don't think it's possible; you'd be overworking yourself."

Student who withdrew from their nursing degree; Man aged 22 (WS3)

"There was no chance of having a part-time job; I don't know how people do that. You have three 12-hour shifts a week plus essays and assignments and, yes, there was absolutely no chance."

Student who withdrew from their nursing degree; Woman aged 22 (WS5)

Second, **petrol costs** added financial pressures. Many relied on cars to travel to placements (sometimes long distances), and petrol prices had substantially increased. In some cases, it was not easy (or even possible) for students to claim costs back.



Thirdly, **childcare costs** had also increased considerably, and this had really affected those who relied on childcare to be able to do placements.

Participants acknowledged that nursing students can receive financial support in the form of bursaries and student loans, but noted that this had not increased in line with the cost of living rises. Many thought the finance available was not sufficient to live on, particularly for students supporting families. This created a pressure to work alongside degrees, or to accrue greater debt.

"We also saw an impact from a cost of living perspective, when the [former nursing bursary] was taken away, so, obviously, that's been reinstated to an extent, with the Learning Support Fund, which has helped. But that did exacerbate some of the challenges around living costs and affordability of staying on the programme."

Academic education professional; Senior leadership team for nursing (SH4)

"I don't get much of a bursary; like, my bursary doesn't even cover my childcare."

Online focus group participant; Third year nursing student

"I mean, we're not really getting paid to do placements. Yes, we're getting the grant, yes, we might get student finance; but sometimes, it's not enough because of all of our bills and you feel like you have to work."

Online focus group participant; First year nursing student

One international student highlighted that, in comparison to home students, they paid higher tuition fees and received less, if any, government support, potentially making it more difficult for international students to complete their degree.

"You see the home students, they are struggling, despite they get some form of grant, like £5,000 grant, some of them. The international students, they don't get that at all, so you can imagine that they'll struggle more financially, and they have to pay as high as £14,500 at one instalment, or within a very short period, so it's a lot of struggle... I've seen international students drop out for not being able to cope with childcare, pay the bills and all of that, so there's so much inequality in the system already."

Online focus group participant; Third year nursing student

A number of students resented the fact that they were not paid on placement but were, in effect, often paying to be there through their fees and student loans. Students also expressed some concern about the debt they would have accrued by the end of their course, and the income they would earn once qualified.



"I suppose one of the concerns would be how many grants we get that we have to pay back, because as soon as you're on £25K, you have to start paying it back and you start off on £25K, so you're going through three years of this, struggling through with not very much money and everything going up so there's constant worries. And then, as soon as you qualify, you've got to be paying a certain amount back straight away, so that is another issue. So, you're paying to learn. You're borrowing money in order to pay to learn, to be a nurse and, as soon as you qualify, from the salary you get, you've got to be paying it back, so you're already on a reduced salary."

Online focus group participant; First year nursing student

Amongst students who had withdrawn from their nursing degrees, financial pressures were apparent. Financial challenges were rarely the sole or main driver of withdrawal, although they often contributed to the stresses and strains that led to the decision.

Sian (WS7)

Sian is in her late 30s and chose to go into nursing to give herself a stable profession and income as a single parent.

"I was on the bursary system when I first started and it was £6,000 a year, which, when I look back, I actually don't know how I managed. I was on child tax credits back then, which is about £60 a week, £20 a week child benefit. I got some rent paid at one point... I was trying to work as well, on the side, because I had no money. The financial aspect was really, really bad... I'm looking at what I earn now and I'm like, how did I manage to live? I had one pair of trainers, which had holes in, which let water in, you know; I was poor then and I did not realise it. My daughter was well kept, she was always well dressed, but I looked like some kind of homeless hobbit, I did not look OK."

She initially coped well with both the academic and clinical placement aspects of her course, although scheduling in overlapping assignments and placements was hard, particularly with managing childcare too. When she was in her third year, she experienced a problem on placement when she challenged something a healthcare assistant had done. Her mentor sided with the healthcare assistant, and she suddenly found she was the one being challenged.

"The next week, I was called into a meeting, with her sat across the table from me, with no warning, saying that they were concerned about my performance, after having no problems. The manager... the previous week had said: 'When the jobs come up in January, we'd really like you to apply for a job here, when you qualify.' So I'd gone from being a star student to persona non grata within a week."



She had no support from her mentor, the university or the professional education facilitator, and she failed her placement. She was told that, in order to complete her third year, she would have to retake that 12-week placement with the same team. She asked if they could find her somewhere else, but they did not. She felt she could not return, so she could not meet the requirements of her third year.

She took a year out to have a break and returned to retake her third year. She found it hard returning, particularly as an administrative delay meant she started late, so she had to catch up. She was also struggling financially, so having to work alongside her third year. She developed severe anxiety in trying to manage everything.

"I just got to the point where I got really bad anxiety. I was ringing the crisis team at six in the morning... I just couldn't leave the house; I was shaking, I was stood by the side of the road being sick, having to come off the buses and be sick. I was just constantly physically and mentally ill because of the pressure of the course, trying to keep up with the academic pace that I'd completely lost it by that point... I just got overwhelmed, basically, with an ever-mounting list of things that I had to do, on top of the placements as well, and feeling that my peers, I just wasn't at the same level they were all at. Certainly not confidence-wise, I didn't have the confidence."

Sian eventually dropped out six weeks before the course ended. The final straw was when she forgot to fill in a form to get an extension on an assignment. She was working throughout this as a healthcare assistant and realised she would be earning more doing that than she would when she qualified as a Band 5 nurse – another reason for her to question the point of it all.

"I just got to the point where I thought: 'I can't actually manage.' And I worked out that, as a Band 5, I would be earning £250 less a month than I was doing working three nights as a Band 3 healthcare [assistant] so, financially, I thought: 'How am I actually going to manage if I graduate? How am I going to manage to live, really?'"

While not a sole factor for withdrawing from or deferring a degree course, finances were a key factor in preventing some participants from *returning* to their studies after time out. Participants who had initially chosen to defer their nursing degrees talked about not being able to access finance to support them while they retook placements or repeated years, which was a decisive factor in ultimately withdrawing from the course.

As noted above, one of the specific financial stressors mentioned was **childcare costs**. Some current students felt they were further disadvantaged because their placements did not count as 'work' because it is not paid, which meant they were unable to claim free childcare hours.



"I can't work 16 hours a week to qualify for the free 30 hours a week to put my daughter in [child]care, even though I'm working 2,300 hours for free, and my husband works full time. We wouldn't qualify, so I have to find finance for that."

Online focus group participant; Second year nursing student

Restrictions on expenses claims was also mentioned as contributing to the costs of being a nursing student. Current students said they were often out-of-pocket due to travel costs for placements, and that it can be difficult and time-consuming to try to get reimbursed.

"I've heard people say, from the uni I'm at, that it's a fight to then get your money back, if you do go a little bit over and then you have to submit mileage, that they don't bother, because it's not worth the aggro for the small amount it is, trying to get it back."

Online focus group participant; Second year nursing student

Adverse life events

Education professionals noted that some students withdraw from the pre-registration degree course due to external events in their lives, such as relationship breakdown, injury/illness (themselves or a dependent), and bereavement. Some noted that the intensity of nursing degrees was such that it was hard for people to continue when external stressors came into play.

Amongst students who had withdrawn from nursing degrees, examples of adverse life events included homelessness and death of a relative. The events in these examples either determined or contributed to the decision to withdraw.

It is worth noting that effective support for students going through adverse life events was seen as making a difference.

Issues with mental health

Poor mental health was a dominant theme in discussions about attrition and decisions to withdraw from studies. Education professionals felt there had been an increase in the level and complexity of mental health issues they saw amongst their students, and they talked about a combination of factors underlying the prevalence of poor mental health:

- Higher levels of poor mental health in the population more widely (particularly amongst younger people)
- High intensity and high workload: nursing students face a lot of pressure from long hours, travel, stressful placements, academic demands



- For current cohorts of school-leavers, the impact of Covid, meaning a formative stage of their development was affected by isolation, interrupted schooling, and a lack of experience with exams/academic demands
- For those with experience of nursing during Covid: some students (including some withdrawn students in this research) faced the stress and pressures of having clinical placements during Covid.

"I think one of the things that has become much more obvious is the impact of mental health problems on students. And I think probably for two reasons. First, increased prevalence of mental health problems within the population. And then, also, because of the nature of healthcare... being exposed to healthcare practice can exacerbate those mental health issues in students. So, we see many more students leaving [withdrawing from their course] because of mental health issues than we probably did."

Academic education professional; Senior leadership team for nursing (SH4)

Most students who had withdrawn from their nursing degrees mentioned poor mental health as a factor. Some had started their degrees with existing mental health problems, which were then exacerbated by their experiences while on the course. In other cases, students who had withdrawn from nursing degrees felt that mental health struggles were triggered by negative experiences while studying (particularly on clinical placement). Notably, in some cases, lack of mental health support – or lack of empathy for their issues – was key to students withdrawing from degrees.

Education professionals confirmed that they see cases where poor mental health can be a factor in students struggling to attend placements and/or to complete assignments.

Academic ability

Education professionals noted that degree-level study requires a certain level of academic ability. They said – and some current students echoed this – that nursing often attracts people drawn to it as a vocation, including people with real commitment to caring and excellent practical skills, but who can struggle with academic study.

"Lots of people on this course... [are] all here for the same reason: the passion for people and caring, so that's their great focus... We have to do a degree now, to be a nurse, but lots of people that come to nursing don't have that academic mindset, so that's more of a barrier for us... The level of academic skills that are needed – or the way it's presented, or what is required of them – can be too high, I think, for lots of people. They've got the skills they need to be a nurse, and they'd be absolutely fantastic, but it's passing this course at this level."



Online focus group participant; First year nursing student

Falling behind

Some education professionals suggested that falling behind led to some students facing an insurmountable challenge of catching up. Education professionals and students said that there are various ways in which nursing students can fall behind in their education:

- They could fail academic assignments and have to retake them
- They could miss hours on placement
- They could not get proficiencies signed off, either because their assessor wasn't present; because they did not get the opportunity to practise and demonstrate competencies; or because their assessor failed them.

Some of the students who had withdrawn from their degrees had fallen behind in one or more of these ways due to adverse life events, academic difficulties or negative experiences on placement.

They and current students said that the pace of nursing degree courses means students only have a very small window to catch up if they fall behind. As a result, once a student fell behind with one aspect of their study, this could have a cascade effect and lead to them falling behind with subsequent assignments or placements.

"There's no room for mistakes, so to speak; but if you do fall at one of the hurdles – maybe you haven't passed an assignment or a placement isn't going quite so well, or you've had to have a long time off and you're falling behind on your hours – there's a very small window to catch up, because [of] the speed the course has to go at and the intensity [of] the course."

Online focus group participant; Second year nursing student

This was a common issue amongst students who had withdrawn from their nursing degrees. Some of them felt that the time and effort required of them to retake assignments or placements was too great, particularly in the context of the extra financial ramifications (not earning; taking on more debt; no access to finance) and requirements to repeat entire years, modules or placements.

Expectations and prior experience

Education professionals, current students and students who had withdrawn from their nursing degrees said that some people start nursing degrees with little experience and unrealistic expectations of what is involved with nursing.

In some cases, students said they had felt unprepared for some aspects of the course, including:

- The hours involved, particularly shift and travel times each side of shifts



- The year-round commitment – education professionals and some students say that new students may not have appreciated that nursing is different to other degrees and does not follow an academic calendar
- The reality of the clinical environment and the role – education professionals and students alike talked about the initial shock of the first placement
- The lack of choice over where they are sent for placement.

"They sometimes seem surprised that they actually have to wash somebody and handle bodily fluids."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

"A lot of people dropping out signed up during Covid, thinking it was going to be some superhero [job]... and they've realised that, actually, it's people throwing poo at you and telling you that you're useless. You know, it's not always sunshine and rainbows. I mean, I love it. I bounce into work every night [as a healthcare assistant]; I think it's brilliant, but I'm weird. You've got to be made for it."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

"I mean the complaints from students, if they have more than two healthcare of the older person placements, it's quite interesting... with adult [nursing] students, I want to say to them: 'What do you think adult nursing is? The majority of your patients are elderly patients, so when you say you don't want to do healthcare for the older person, but you're doing adult nursing, then that would be your career.'"

Practice-based education professional; Senior leadership team for nursing education (SH7)

Linked to expectations, some education professionals and students felt **inexperience** could be a factor in attrition. Education professionals noted the relative lack of work and life experience that school-leavers have, compared to more mature students. This could mean they were less well prepared to deal with a busy workplace, competing pressures and adverse experiences. Some current students talked about the expectation to be professional from the very start, with little appreciation that professionalism takes time to learn and develop.

Participants also spoke about the impact of different routes into nursing in helping people feel prepared. Many of the current students and people who had withdrawn from their nursing degrees who had some experience in caring and healthcare environments said they felt more confident and comfortable starting out in placements.



"I had a lot of pre-experience before I went into nursing. But for someone who's just left school, who's never had a job before, probably, I could imagine that it would be horrible, like daunting for them to go into nursing with no experience."

Student who withdrew from their nursing degree; Woman aged 27 (WS1)

"When I first attempted my nursing, as a young person, straight out of college, I definitely struggled... You're instantly, as a teenager, expected to act as a professional. I didn't even know what a professional was. I'm straight out of school, I've never worked a single day in my life; but the way you dress, the way you stand, the language you hear, there's just so much expectation, the moment you put that uniform on."

Online focus group participant; Third year nursing student

Some students felt that the difference in starting points was not recognised in nursing education, so that those with healthcare experience felt they were repeating a lot of what they knew, and those without experience faced a steep learning curve.

Several education professionals said that attrition in first placements is sometimes down to people not being prepared to face the reality of clinical settings or providing care.

Neurodivergence

Some education professionals raised the issue of neurodiversity, saying that increasingly, they need to accommodate students with neurodiverse conditions. They said that neurodiverse conditions can mean that students struggle with time-keeping, organisation and meeting academic and clinical requirements. Several felt that universities were reasonably well equipped to identify and accommodate neurodiversity. They talked about the adjustments that can be made to support people to study and achieve, such as changing the colour of paper, allowing extra time in tests, and providing specialist support. However, some felt that many clinical workplaces do not readily or easily accommodate diverse needs.

"I remember one girl... and I think she did have some level of a neurodiversity condition... And she was on a busy ward, it's a busy hospital and it is one of the busier wards that we had. And she said just the level of stimulation in terms of the bright lights, the physical presence of so many people in a small space – it's quite an old ward, so it's quite confined for how many beds and people – plus, then, all the equipment, you've got the nurses' buzzer going, you've got the phone ringing all the time, and just that level of stimulation was incredibly difficult for her."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)



"Where we've perhaps not done enough is around the practice area of mental health problems, but also, neurodiversity... there's always that tension between how much slack do you give people? Because, ultimately, being able to make relationships quite quickly is an important part of nursing care; but at the same time, we don't want to put any students in situations where we're going to put them at such pressure that they may consider leaving the programme... Things like travel time for neurodiverse students and travelling new routes that they don't know, things like that were highlighted as issues. So I think we've got some work to do around that, in terms of those adjustments."

Academic education professional; Senior leadership team for nursing (SH4)

One student who withdrew from their nursing degree only found out afterwards that they had attention deficit hyperactivity disorder (ADHD), and reflected on the difference it would have made to have had support with the associated difficulties they faced.

"I've actually, since, been diagnosed with ADHD and I'm currently undergoing an autism assessment for a diagnosis of that. So all the stuff that I'd struggled with would, if I'd got a bit more help in terms of ADHD, have been a lot more manageable in terms of time management, adjustments on placements and with assignments and things. More support in terms of note-taking and things like that, which is something that, when I go back – because I will be going back to finish my degree – obviously, with the diagnosis I've got in place now, I will be getting support, I will be getting that in place."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Drive, motivation and investment

Current students talked readily about the difficulties and adversity that seemed to be an inevitable part of a nursing degree for all nursing students. However, one education professional noted that, while some nursing students withdraw due to going through difficult times, others will continue in spite of them.

It was striking that several students who had withdrawn from nursing degrees had kept going through considerable adversity before they reached a tipping point or immovable barrier. Some had invested considerable effort and time into preparing to become nurses. This appeared to motivate them to continue through early difficulties in their degrees.

"I have been that kid that said, 'I'm going to be a nurse when I grow up,' forever. When I left sixth form, I got a job at my local hospital, as a healthcare assistant. I worked there for two years, before going on to study nursing... I started because it was what I'd always planned to do, and I wanted to progress on from being a healthcare assistant."



Student who withdrew from their nursing degree; Woman aged 23 (WS4)

"I worked [in a care home] for nearly five years and it was natural to me..., caring for people and looking after people... The only GCSE I passed at school was health and social care, which I got a distinction star in... So I got into college with that... alongside working full time, so I did both. And then, I had to do maths on a Monday night after college because, obviously, I didn't pass maths, so I passed my maths and English, and then I managed to get distinction, distinction merit in my health and social care, which got me more than into uni... I just really pushed myself and worked three 12-hour shifts a week and then I was in college four days."

Student who withdrew from their nursing degree; Woman aged 27 (WS1)

However, their experiences highlight that simply having the drive and motivation is not always enough to get students through a pre-registration degree course.



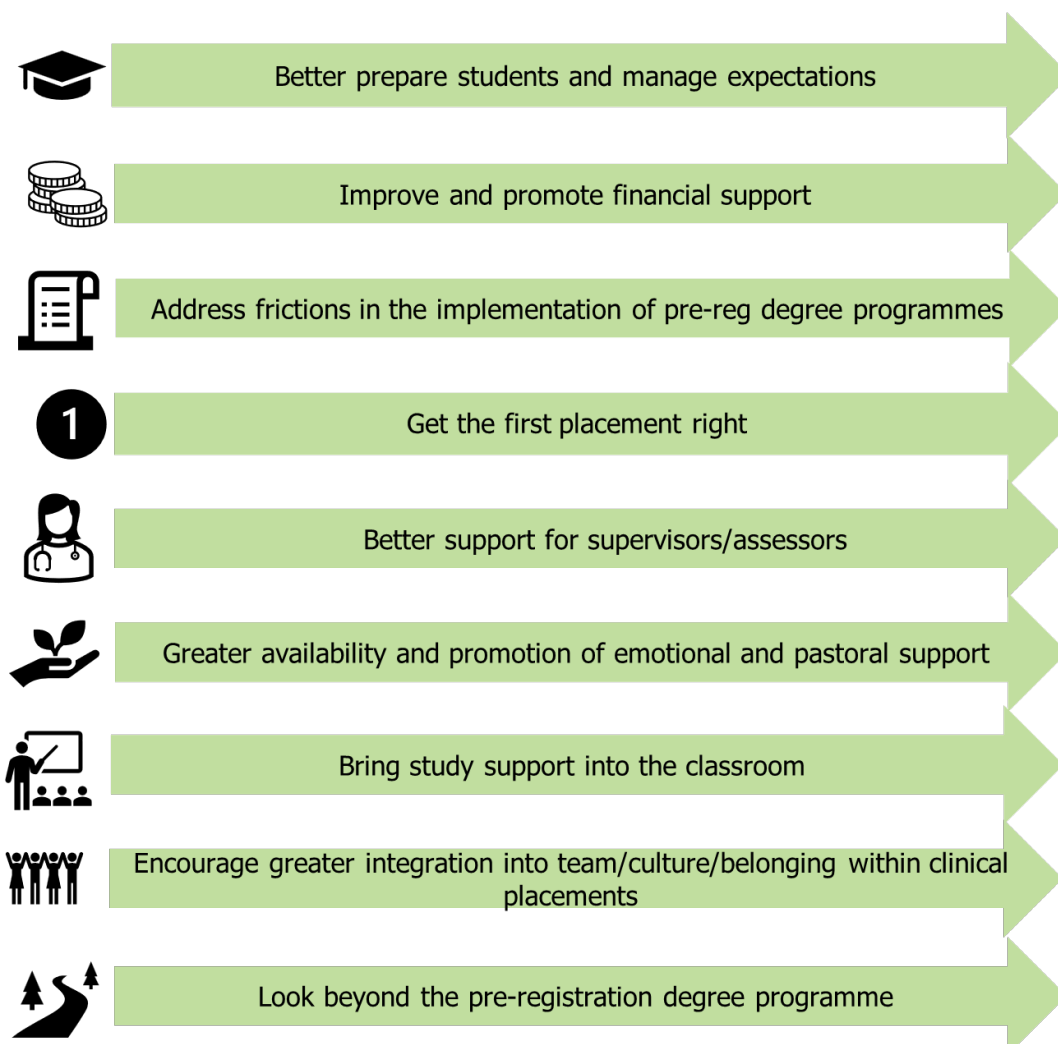
7. Ideas for addressing attrition

7.1 Overview

When asked about how to address attrition, some of the education professionals noted that this is a long-standing issue with complex roots with no easy solution. That said, education professionals shared some of the approaches they are taking (or had seen elsewhere) to try to address this issue; current students talked about suggestions for easing some of the difficulties they experienced; and students who had withdrawn from nursing degrees talked about what could have made a difference and led to them completing their degrees.

All ideas were put forward by research participants themselves and it is important to recognise that neither Community Research nor the RCN are making any judgement on the validity of the ideas and/or the impact they could have on nursing student attrition.

Their suggestions are summarised below under the following themes:



These themes are explored in turn below.

7.2 Better prepare students and manage expectations

Ideas focused on two aspects relating to understanding the commitment required to undertake a nursing degree and understanding the clinical environment.

Ensuring prospective students understand the commitment required given the intensity of a nursing degree

Academic education professionals reported that their institutions are already trying to explain to prospective students the level of commitment required for undertaking a nursing degree (during taster days, sample lectures, and the interview process itself) but they also recognised that there is a fine line between highlighting the realities of a nursing degree and deterring prospective students from pursuing nursing as a career. These academic education professionals also believed that 'eager' prospective students may initially overlook the challenges, even when highlighted.

However, while several current students and students who had withdrawn from their degree believed stark warnings had given them a sense of the commitment required, many wished they had been better alerted to the challenges of:

- Juggling long shifts with assignment deadlines and home life
- Likely shift patterns on placement (i.e. that they will be working shifts, and this could include night shifts).
- Potential travel required to attend placements, and the long days students can face if relying on public transport either side of a long shift on a placement far from home.

"I think even looking at something like a course before your degree, like a little introductory thing, to how things are going to be, because it's all very well and good being told in the first week, 'Oh, you know, this course is rough and you might get divorced by the end of it,' but there's nothing like being on that course: having the pressure of having to write an assignment while you're sleep deprived, doing night shifts, taking a bay of patients with a nurse that is annoyed that you're there, because the meds round's taking twice as long, you can't do IVs [intravenous line], because you're not trained to do IVs and things like that."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

"The way it was run here, I think, could have been improved by just them saying, in plenty of time in advance: 'You might get sent away and that might be it; you might be sent away for those whole three years.' Because at no point were we warned it could be like that. And there was no planning in advance,



really, for our placements, it felt. We were given them [placements] four weeks before they'd start."

Student who withdrew from their nursing degree; Woman aged 23 (WS4)

"[One university] had this student website, or pre-student website, so you could go on and have a nose about everything and delve into your course and every single thing that you'll be learning about, every single aspect, and I think that was really good."

Student who withdrew from their nursing degree; Woman aged 21 (WS2)

Several current students suggested that prospective students should be strongly encouraged to research the NHS trusts where they would be placed, as much as the higher education institutions they were applying to. This would help ensure they were making a fully informed decision about where to undertake their pre-registration nursing degree.

Ensuring students had some understanding (and ideally some experience) of clinical environments and providing care prior to starting their course

Current students and students who had withdrawn from their degrees said that prior experience of a clinical environment can be pivotal, particularly to the first placement. Some suggested requiring and enabling prior pre-application experience of clinical environments as a way of ensuring that nursing students know what they are committing to and reducing the shock of a first placement.

"You need some kind of healthcare experience before... My most recent job before nursing was in a nightclub, working on the door till. Transferable skills by the bucket load, but I didn't have that direct healthcare experience. I think unless you actually have that, you don't have a clue what it's going to be like."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

"Some people have the good intentions, that 'I want to help people and I want to look after people', but they just don't know what it entails. So I just think people need to just have a little experience before they go into... nursing."

Online focus group participant; Second year nursing student

Some education professionals agreed that there is more for them to do in preparing potential students for the reality of nursing. This includes addressing any preconceptions about what nursing involves and highlighting that it can include personal care, washing, and providing companionship in palliative care.

"Obviously, we advertise the profession and the courses and it's smart nurses smiling away and, actually, the reality is it's loud, it's dirty, it's messy, you don't sit down for 13 hours. And I think if we could set a requirement that they needed [some experience] – even if it was just at some level, just half a day



college release – I think that would at least remove that shock, because they do get reality shock.”

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

7.3 Improve and promote financial support

Many of the suggestions from participants related to easing the financial difficulties faced by nursing students. These concerned four main issues: the amount of financial support nursing students receive; expenses and childcare costs; the salary and student debt repayments for qualified nurses; and financial support for repeating study years.

Firstly, as mentioned earlier in the report, the finances available for nursing students were not thought to have increased in line with the rise in the costs of living, and this was felt to be an issue that could be addressed. Providing adequate financial support was identified as being particularly important given the limited capacity for nursing students to do paid work alongside their studies. Some participants also suggested better promotion of additional financial support available, such as the allowance for dependents and the Disabled Students' Allowance.

However, one academic education professional believed that their attempt to improve financial support had not significantly improved attrition.

"It's something that [university] did before I started there, but they put in place some really comprehensive cost of living package support, so money and support for students. The same with Covid and making sure that students were supported through that. All these things help, they just don't cause that absolute step change in attrition numbers.”

Academic education professional; Senior leadership team for nursing (SH4)

With regard to expenses, several participants suggested expanding the range of expenses students can claim back (e.g. car parking, petrol and vehicle wear and tear related to travel to placements, particularly for long journey times). Linked to this, there were suggestions that it should be easier to reclaim expenses.

"If you've got to pay £15 a day to park your car and you're already struggling to pay your rent and all your loans, etc, it's amazing how just... if somebody says, 'We're offering you free parking while on placement,' that actually sets the trigger for, 'Well, they actually think about me and they care about me.' And it's funny how the little things make a big difference, don't they?"

Academic education professional; Lecturer/personal tutor/academic assessor in adult nursing (SH10)



Some also felt that nursing students should be able to access free childcare hours while on placement, in the same way that paid employees can.

Several education professionals suggested that there should be a greater financial incentive for qualifying as a registered nurse. One suggested that starting salaries for nurses need reviewing, while another proposed a 'golden handshake' from employers, or writing off registered nurses' student loans four years after they qualify.

Several students who had withdrawn from their studies said they had been prevented from returning because student finance was no longer available to them, suggesting that this barrier warrants further consideration.

7.4 Address some of the perceived frictions in the implementation of pre-registration degree programmes

Participants reflected on some of the friction points within the pre-registration degree programme. Some of their ideas for improvement related to academic learning, and others to clinical placements. However, several related to the links between university and placements, and between theory and practice.

Showing more discretion around failed assignments and placement hours

In relation to academic requirements, some participants suggested that rules around the number of retakes need reviewing. One academic education professional said that students might struggle through difficulties without asking for help until they have failed an assignment once or twice, by which point the student might be required to withdraw. They spoke of an approach in which the department delayed a student leaving after failing an assignment twice in order to identify extenuating circumstances and offer appropriate support, with the aim of avoiding withdrawal from the course.

"The one thing I found most useful is that flexibility in academic regulations, that allows people to continue with their studies, whilst they are going through a sort of department-level appeals process... It's very much, 'You fail a second time, off you go,' whereas if you can say: 'You failed it a second time, but let's sit down, have a conversation. Is there anything going on? Why didn't you tell us that you'd had this bereavement three months ago? Now we know that, let's put in place the support you need, give you another go, stay on your programme.' And yes, I think that in my time at [university], that was the thing I'd say was the most successful at keeping students on the programme."

Academic education professional; Senior leadership team for nursing (SH4)

Some current students and students who had withdrawn from their nursing degrees also felt there should be more flexibility and understanding when students missed placement hours or did not achieve all their proficiencies on a placement. They felt any hours completed should still be counted, rather than being wholly disregarded.



Establishing stronger links between university and placement and between theory and practice

Several participants suggested there was an opportunity to establish stronger links between university and placement and between theory and practice, for example:

- Ensuring placement providers know what academic assignments students may need to deliver during a clinical placement
- Ensuring that educators and supervisors systematically and explicitly link practice to the theory students are learning about at that time
- Creating time for reflection and learning on placement: one practice-based education professional felt it was essential for nursing students to have protected time to reflect on what they were learning and to make the links between what they were learning in lectures and reading and what they were doing in practice.

"I think the other aspect is about helping us to apply what you're doing in practice to what's happening in theory. So, we have something called a recall day where they come back in, it's an opportunity to do a check-in, see how their placements are going but, also, we'll do activities, perhaps take things out of their portfolio, where we'll get them to look at what are they learning, how far have you come along in the journey? And I just think that the more experience I get, the more I value reinforcement, that positive reinforcement."

Academic education professional; Lecturer/personal tutor/academic assessor in adult nursing (SH10)

Primarily, these suggestions aimed to enhance students' confidence and experience of learning (so potentially improving satisfaction), rather than addressing a direct cause of attrition. However, better integration between universities and placement providers was seen as vital when it came to providing support to students at risk of withdrawal (see [Section 7.7](#)).

Providing more notice of clinical placements and greater flexibility

In terms of clinical placements, several suggestions related to the *first* placement, which warrants a separate focus and is covered in [Section 7.5](#). For placements generally, it was suggested that nursing students need more notice to enable better planning (e.g. childcare, travel) and integration of placements into their lives. Some also called for greater flexibility when allocating placements so that students were not required to return to workplaces where previous experience of a placement there had been extremely negative (e.g. for interpersonal reasons, or because of the experience of traumatic events).

"There needs to be flexibility with the placements because, for whatever reason, some people are not going to thrive in some environments. And that's not to say you should be allowed to pick every placement, because, obviously,



that wouldn't work either; but I think the placement system needs to work in some way that... [when] people aren't coping, or it's just not the right environment for them, they should be able to be moved without it becoming a three week circus, like it was for me."

Student who withdrew from their nursing degree; Man aged 40 (WS6)

However, it was acknowledged by education professionals that organising placements is highly challenging, and it is potentially difficult to accommodate greater flexibility. One practice-based education professional involved in organising clinical placements for two universities explained that they sometimes received very little notice from one university about the number of students requiring placements, which could potentially be a wider issue warranting further attention.

"Now, University X would give us their student names eight weeks in advance; University Y – they are massive, you know, they do have hundreds of students – would often be sending us a list of 75 names on a Friday afternoon at 5 o'clock, to start the placements Monday."

Practice-based education professional; Senior leadership team for nursing education (SH7)

A further suggestion for greater flexibility related to non-completion of a placement by a student. One education professional suggested that, rather than having to defer a year, a student should be able to add their placement onto the end of their three years, thus delaying their completion date by just six weeks instead of a full year.

Reviewing the geographical area for placements

One practice-based education professional working with a local NHS trust that covered an expansive area said they were considering reviewing where nursing students could be sent on placements to limit commute times and the impact on the student experience.

"There is talk of trying to create like a local area... So, if they're an X student, all their placements will all be within that X area. It keeps getting talked about – I'm not enough within that team to know how far that's getting – but I feel that would make a huge difference, specifically to our students, because we send them so far."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

7.5 Get the first placement right

While it was acknowledged that any placement could be difficult, participants identified the first placement as particularly likely to contribute to some nursing



students leaving their degrees. They made a number of suggestions, as described below.

The timing of first placement

Education professionals felt there was an opportunity to review the timing of the first placement. One academic education professional said that they had delayed the first placement until the easing of winter pressures in clinical areas. Another suggested delaying first placements until March (instead of December) to allow students to be better prepared.

Consider the amount of support available during first placement

Another academic education professional talked about the importance of a system of enhanced check-ins and support in the first placement that their institution had introduced.

"I think the first placement is absolutely vital. We've got to get that right, because it's about giving people a solid foundation and the confidence... it's about the welcome, it's about recognising where that person is, it's about those regular touch-ins, you know: 'This is where we are; let's keep reviewing it.' And that's why I think my colleague's view of, at the end of the first week, making sure the initial interviews are done, getting students to the student forums, really promoting their [the colleague's] role [as sources of support] within the organisation is absolutely vital."

Academic education professional; Lecturer/personal tutor/academic assessor in adult nursing (SH10)

Consider a gradual introduction to first placement

Another institution was looking at doing a gentler introduction to the first placement. One idea is for students attending one day a week for a number of weeks ahead of the start of the proper placement. Another idea was to use more simulation to enable a student to be better prepared for their first placement – for example, using virtual reality systems to acclimatise them to the sights and sounds of a ward.

"We are looking at maybe doing that even more softly, that for the weeks leading up to that – maybe the four weeks ahead of the start of the proper placement – they go in for one day a week, as a gentle introduction."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

One academic education professional took this a step further, suggesting that first year students have a slower transition into placement, focusing on academic study, and that by the third year the balance emphasis switches to (paid) clinical placements and less academic study.



"I wonder if there's an opportunity to think about a phased way into placement. Because at the minute, you go to university and then, somewhere between six and twelve weeks later, you're at a placement. And there's no transition for students in lots of these programmes... And I think one of the things we could seriously think about is a paid third year. So, to fulfil the hours the NMC [the Nursing & Midwifery Council] require, you could frontload some of the academic study and do a day a week in placement or something, and then have some kind of consolidation year, where the majority of the time would be in practice, and they would be paid as well. I think that would be really helpful in lots of different ways... And I think having that year at the end – or even six months at the end – where they were paid to be a student and to keep learning, but actually, be a full part of a team, would be really helpful."

Academic education professional; Visiting professor in adult nursing (SH3)

7.6 Better support for supervisors/assessors

The culture and attitude of some teams in clinical placements was seen as a key issue by all participants. Many – particularly education professionals – emphasised that workplace pressures and short-staffing are at the heart of some of the issues experienced by nursing students (such as an unwelcoming atmosphere, feeling like a burden, and staff lacking time to teach and supervise skills).

"I do think there's the underlying issues in terms of how they are received by staff in placement, but then, those things are really to do with burnout and staff shortages across the board really, because if those things were a bit better, then the staff wouldn't be so stressed."

Academic education professional; Senior lecturer/personal tutor in adult nursing (SH2)

Participants did have some suggestions about how to motivate and support those responsible for supervising and assessing nursing students. These included:

- Addressing the general culture and attitude within nursing, to ensure that educating nursing students is seen as a valuable 'part of the job'.

"I think nurses should be made more aware that a big part of their role is going to be educating other people, because a lot of people might go into it thinking: 'This isn't what I signed up for, I didn't want to be teaching these people, I just want to be a nurse.' So I think they need to know that."

Student who withdrew from their nursing degree; Man aged 22 (WS3)

"It should be that perception where it's part of the job, you know: in February, you get a student and in maybe in June you get a student. Those are the months you get a student, and you will have one regardless, and it's part of



your role, that teaching. I think that would go a long way to help the students, feeling welcome and feeling that the placements are valuable to their journey, to their learning."

Practice-based education professional; Clinical educator in general practice nursing (SH9)

- Providing or sharing practical ideas to support individuals and teams that have to accommodate nursing students; and offering coaching to ensure supervisors/assessors feel better equipped.

"And then, when we've been to talk to them and actually created that relationship and said: 'Look, they don't need to be your shadow; maybe they could spend half the time with one half of your team and another part with another part of the team and then come together and you can have conversations.' And when you talk around being more creative around placements, then they're more willing; they go: 'Oh, OK, yes, we get that. OK, yes, we can accommodate that.' So there's a lot of relationship building from our point of view, with those clinical teams, to try and help them think of a different way of having students, which hopefully will reduce the amount of burnout that they're having."

Practice-based education professional; Practice lead for nursing team (SH6)

One practice-based education professional worked for a trust where they had taken this one step further and introduced a student-led ward. This meant greater autonomy and responsibility for third year nursing students, and an atmosphere dedicated to learning. The registered nurses on student-led placements received extra funding and support from dedicated clinical educators. In this professional's experience, nursing students who had experienced student-led wards felt more confident and skilled on qualifying due to the autonomy they had. They also felt that it was a safe environment for people to feel able to make mistakes, and that it was easier to spot when a nursing student was struggling.

7.7 Greater availability and promotion of emotional and pastoral support

Many of the ideas for stemming attrition related to the provision of timely and effective emotional and pastoral support. There were several aspects to this:

Promotion and accessibility of support

While many students and education professionals felt there was good support on offer, they suggested that support needed to be better promoted. Education professionals (and students themselves) said that there is a reluctance to ask for support, and several talked about how it needs to be built into existing structures. Participants felt support needs to be offered more proactively, providing dedicated



space, time and staff for pastoral support so that nursing students can seek help as issues emerge, before they become overwhelming.

"I think the uni could actually be more open about what they can do for the students and really make it more ... like, say: 'This support is available for you.' And sometimes, even, create the time to just speak to the students about what they're going through, not letting the students always have to go to them for the support; you can come to the student and find out what's going on."

Online focus group participant; Second year nursing student

"I definitely think signposting from the beginning, you know, counselling, support, disability advice, things like that, rather than letting things reach crisis point. Because a lot of people won't reach out."

Student who withdrew from their nursing degree; Woman aged 36 (WS7)

Examples of current and suggested ways of proactively offering support include:

- Weekly student forums run by practice educators in clinical placements to provide an opportunity for students to raise issues and receive reassurance – attendance would count towards students' practice hours, but nursing students still need encouragement and 'permission' to leave their clinical work to attend.
- Including details and contacts for support teams in the checklist in the Practice Assessment Document (PAD) that students have to go through at the start of their placements.
- Setting up a system of early warning signs and following up quickly if, for example, a student does not attend placement or one of their assessment interviews or if a student has a particularly difficult experience on placement.
- Peer support groups run by second and third year students. These worked effectively in some areas, but in others they were not well attended.
- Staff in clinical workplaces dedicated to supporting nursing students who are finding placement (or their degrees more generally) difficult and are at risk of withdrawing.

"The practice education teams that I work with are phenomenal, and one of the trusts I work with, they run a forum, and they literally walk the wards and make the students come down to the student forum. And part of that forum is, yes, they're going to have an expert come and talk to them, but it's actually an opportunity for the practice education team to check in with them, find out how they're doing, so it's very much the pastoral element. But when you talk to the students, they often feel guilty and they almost take on that persona of, 'Oh, we're too busy to go.' So the practice education teams are really working hard to say: 'This student forum is part of your placement. It's about looking after you and supporting you.'"



Academic education professional; Lecturer/personal tutor/academic assessor in adult nursing (SH10)

"We need, as a team, to increase our connections with our students. We do loads for our apprentices and then, students that are on placement seem to come along and just have to get on with it really, with the support of their assessor and supervisor. But from a trust perspective, we don't do anything higher level, in terms of how can we support them? So that is something that we are looking at doing in 2024: trying to get a student voice, so they can be heard, and a forum for them."

Practice-based education professional; Practice lead for nursing team (SH6)

"I know now you have retention nurses and midwives, for newly qualified staff. They need retention nurses and midwives for students, who they've got somebody to go to... So somebody like me could have gone and gone: 'Help me.' And because they're at the hospital, they could have probably gone: 'Right, what can we do?' But there was no one. I didn't know anybody; there was nobody."

Student who withdrew from their nursing degree; Woman aged 45 (WS8)

A more empathetic approach

Some students who had withdrawn from nursing degrees felt that there needed to be a more caring, empathetic approach to their difficulties, rather than a mechanistic one. Some felt that they needed more encouragement and reassurance; one of the education professionals also believed that positive reinforcement and boosting confidence was vitally important.

"I think a bit more understanding and compassion [for] my personal circumstances would have been nice, having some sort of actual support and not just [being] given numbers to mental health crisis teams would have been nice."

Student who withdrew from their nursing degree; Woman aged 27 (WS1)

"Had there been better support then, more encouragement to stick with it, and I'd actually been told how I could stick with it and been supported in that, I probably would be a nurse today."

Student who withdrew from their nursing degree; Woman aged 23 (WS4)

Coordination of support across all parts of the learning experience

Finally, participants felt there needed to be better coordination of support between university and clinical placements, particularly with an emphasis on how students could access support when on placement. Some of the ideas suggested above seek



to address this (such as an early warning system and systems in placements for enabling students to share experiences).

One academic education professional referred specifically to link lecturers placed in trusts as the conduit between placements and universities but explained that this approach had been impacted by Covid restrictions and in some areas may not have been re-established.

"We say we're in partnership between universities and practice and I think a lot of that broke down and was lost during the pandemic because we couldn't go out, so we weren't as visible... I think really revitalising that link lecturer role in universities has been really important. So clinical areas get to know who their member of staff is that they can contact if they've got issues with students."

Academic education professional; Senior leadership team for nursing
(SH11)

7.8 Bring study support into the classroom

One academic education professional spoke of how they worked very closely with the academic skills and development team within the university and had a dedicated member within that team who supported nursing students specifically. They sometimes brought the team into the classroom so, for example, when covering drug calculations there was someone from the academic skills and development team explaining the maths skills required for the calculation and offering support. As with emotional and pastoral support, they felt it was about proactively offering support rather than relying on the student to seek it out.

7.9 Encourage greater integration into team/culture/belonging within clinical placements

Some education professionals emphasised the importance of the softer aspects of team culture, and involving students in those.

"Maybe them being included. Maybe, sometimes, they have little ward huddles and stuff. Them being included in those things, you know... maybe it's the season for Secret Santa, sometimes, them being informed [so] that they can feel a little bit uplifted to see one of the nice sides of nursing, where it's not always work, work, but togetherness in doing the work. So a bit more of the team-building side of nursing."

Practice-based education professional; Clinical educator/supervisory role in adult nursing (SH5)

"There's not really any clubs, societies, sports. I used to play rounders for the hospital; we don't really do that anymore. We used to play netball. So it's



interesting that they go from university, where they can do all these sports, and they come into this work environment, but there's no social side to it. And I think that's a next gen thing, you know, Gen Z is 'We want that work/lifestyle balance', but we don't offer any of the lifestyle."

Practice-based education professional; Senior leadership team for nursing education (SH7)

7.10 Look beyond the pre-registration degree programme

Several students who had withdrawn from their nursing degrees reported that their accumulated hours and experience (in some cases, two and a half years of degree-level study and achievements) were not transferrable across or within institutions.

None of the students who had withdrawn from their nursing course reported being presented with an alternative route to qualification such as a nursing apprenticeship, or the Nursing Associate role. While this was not explicitly identified as a method of addressing attrition, it does warrant further consideration. Certainly, one practice-based education professional working in the NHS recognised the value of keeping people who may have withdrawn from a pre-registration nursing degree within their organisation.

"When they got to the end of the first year, their head of school rang me and said: 'X, this is awful. You know, these are people who want to do nursing, but we can't get them through our curriculum. Will you come and speak to them?' So me and Y, who's my head of TNA, we went across and said: 'OK, so you've probably got a house that you're renting for your second year. Why don't you join our TNA programme? You can RPL [recognition of prior learning] out of some of it, it'll be an apprenticeship and we'll pay you as a Band 2.' And it completely lit up. So we took over 20 of them, straight onto our TNA programme."

Practice-based education professional; Senior leadership team for nursing education (SH7)

Another practice-based education professional working within the NHS also expressed a growing interest in developing 'home grown' nurses as a way of mitigating against some of the issues with pre-registration degree courses.

"People working within the organisation as healthcare assistants go on and get sent on our apprenticeship for a Nursing Associate and two years later, they're a registered Nursing Associate. And the trust is keen to replicate that by sending people on a degree apprenticeship, because that way they can do two things. They can grow their own nurses, from people working as healthcare assistants, and three years later, after an apprenticeship, they have registered nurses; but they can also offer, for those that want to, a route from Nursing



Associate into Registered Nurse status, because there's essentially an accelerated route we offer, which is 18 months. Because they've already done the Nursing Associate, they can become Registered Nurses in 18 months. So it is all about growing their own... And obviously, those students or learners... are embedded and they're salaried, which is why we see much, much lower attrition from our apprentices, compared to our fee-paying students."

Academic education professional; Senior leadership team for nursing (SH4)



8. Conclusions

Limitations to the study

This was a qualitative study exploring individuals' views and experiences of attrition in pre-registration nursing degree courses in England. The sample size – and the fact that participants were self-selecting to an extent – means there are limitations to this study: it does not claim to offer a comprehensive picture of attrition that is representative of all nursing students or education professionals.

That said, the research does bring together a wide range of perspectives (academic and practice-based education professionals, current students and people who have withdrawn from their nursing degrees; participants from across different year groups, nursing fields, academic institutions and demographic backgrounds). The format of semi-structured interviews and focus groups allowed participants to share their unique lived, personal and professional experiences of attrition which, in turn, sheds light and bring meaning to the issue of attrition. Ultimately, this helps to inform the debate and contribute to thinking on how to address attrition within pre-registration nursing degrees.

Implications of the research findings

The research findings suggest that student attrition is often entwined in complex contextual issues as well as the unique circumstances of individual students.

There were some key factors identified that exacerbated the difficulties nursing students experienced on degree courses, particularly around finances, experiences on clinical placements and support for those facing challenges. In several cases of people withdrawing from nursing degrees, it was not the initial incident that caused them to leave, but the response (or lack of it) from educators and placement providers to that incident and to the difficulties the nursing student faced as a result. This suggests there is room for improving some of the contextual and educational contributors to nursing student attrition.

There was general agreement from participants that more needs to be done to:

- Ease the financial burden on students given that the existing bursary has been increasingly devalued by the current cost of living crisis. Suggestions included: more support for childcare costs; more timely reimbursement of any expenses owed; more consideration given to cost of travel when arranging clinical placements.
- Ensure that pastoral and emotional support is promoted and available at the earliest opportunity for students in order to catch students before issues become overwhelming and they feel they have no option but to withdraw.
- Ensure stronger links between higher education institutions and clinical placements to ensure that support needs are not missed.



- Better prepare students for both the demanding nature of the course and, more specifically, the first clinical placement – don't hold back on the realities, and enable prospective students to experience the reality as much as possible.
- Better support all those who have day-to-day responsibility for educating nursing students in the clinical environment to ensure that they are fully engaged with their role and that any additional workload it may entail is minimised. Promote other ways of providing clinical education rather than relying on 'shadowing'.
- Be mindful that today's students feel that they are ultimately paying to work in the NHS and are looking to protect their mental health and study/life balance.
- Foster a sense of belonging amongst nursing students on clinical placements, at both overall trust level and individual team level. Ensure that nursing students feel valued, as well as supported, in an often difficult and pressurised healthcare climate.

