Underrepresented Students on BSc Nursing Programmes:

An exploration of the student experience

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Abstract

**Background:** Pre-registration nurse education has become established within higher education in Ireland. Concurrently, the Irish government commitment to widening participation in higher education impacted on the profile of students choosing to study nursing. A third of nursing students now access nurse education through routes specifically designed for those from underrepresented groups.

**Aim:** The aim of this study is to explore the experiences of students from underrepresented groups on BSc Nursing programmes.

**Methodology:** A qualitative descriptive study design provided an opportunity for the student voice to be heard. Ethical approval was sought and granted. A gatekeeper was invited potential students to volunteer to participate. Eleven students were interviewed near to /or on completion of a four year programme. Data analysis followed Burnard’s (1991) framework generating three themes and seven sub-themes.

**Findings:** Taking the First Steps illustrates the beginning of students experience choosing to study nursing, starting on their path. Students continue Finding a Way to balance and survive, juggling family, part time work and the clinical learning environment through the programme. Getting Through, the final theme represents students ability to do whatever it takes to reach their goal. These findings are in keeping with literature and research.

**Recommendations:** Enhancing early engagement between prospective students, centralised support services and faculty is recommended. Information sharing is critical, surrounding professional structures and the demanding requirements of nursing programmes. The importance of belongingness on placement emerged as important for students, critical to supporting a learner role. The study recommends further development and enhancement of individualised, enabling support structures for students. Strategies which enable students to navigate and complete the programme, become caring competent practitioners are suggested.
Declaration

This thesis is presented in fulfillment of the requirements for Research MSc (Nursing).

It is entirely my own work and has not been submitted to any other University or higher education institution, or for any other academic award in this University.

Where use has been made of the work of other people it has been fully acknowledged and fully referenced.

Signature: ______________________

Deirdre O’ Sullivan

Date: ________________
Acknowledgments

I would like to express my thanks to colleagues and friends in The Department of Nursing and Midwifery for their support while undertaking this research. To my supervisors, Brid and Margaret, thank you for your wisdom, friendship, unfailing drive and patience. To my friends who helped, listened and understood, thank you.

To Andy, Eoin, my parents and our families who made ‘mammy’s homework’ possible in all sorts of ways. While this work is a personal achievement it truly was a family affair. I couldn’t have done it without you all. Thank you.

I offer a sincere heartfelt thank you to the students who travelled this journey with me, for sharing your stories so willingly and selflessly, placing your trust in me to do them justice. You have shown extraordinary persistence and courage. Congratulations to you all.
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List of Abbreviations and Glossary of terms

ABA An Bord Altranais now Nursing and Midwifery Board of Ireland
CAO Central Applications Office CAO is an organisation which The HEIs have delegated to processing centrally applications for admission to their first year undergraduate courses dealing with them in an efficient and fair manner
DEAR Disability Access Route to Education
FETAC Further Education and Training Awards Council: Body associated with accreditation of pre nursing programmes prior to entry to higher education.
FYP Final Year Project completed by students during the final year of their programme, generally a research proposal
HEA Higher Education Authority
HEAR Higher Education Access Route
HEI Higher Education Institution
NMBI Nursing and Midwifery Board of Ireland formerly An Bord Altranais
1. Chapter 1: Introduction

This chapter offers a background, beginning with the rationale and context for a qualitative study which explored experiences of underrepresented students on pre-registration nursing programmes in an Irish setting. An introduction to the role of the researcher as allocation officer is outlined. At the outset the interest and commitment to the interface between a role as an allocation officer and as a researcher involved with undergraduate nursing students was acknowledged. This was important considering that a well-designed qualitative study begins with the researcher paying attention to their position and role and within every step of the process (Maxwell 2012). The structure of the thesis is outlined prior to proceeding to chapter 2 reviewing the literature.

1.1 Rationale and Context

Over the last decade, pre-registration nurse education has become established within higher education in Ireland. This transition involved a number of phases from a traditional hospital-based apprenticeship training to a three-year diploma. Finally, the current level 8 honours degree programme commenced in 2002. The impetus for the change was a recommendation from the Report of the Commission on Nursing (Government of Ireland 1998) responding to industrial unrest within nursing (Mc Namara 2010). Throughout this period, Ireland has witnessed significant changes in the social and economic climate of the country. Concurrently, the Government of Ireland through the Higher Education Authority developed and published several policy documents. These documents reaffirmed the commitment to widening participation, seeking to include students from groups traditionally underrepresented in higher education (Higher Education Authority 2004, 2008). These groups of students are described as socially, economically or culturally underrepresented, mature students and students with a disability (Higher Education Authority 2004, 2008). The Higher Education Authority aimed to direct policy towards a more explicit inclusive approach to making education accessible through the creation of defined routes of entry for these groups of students. Initially, the Higher Education Authority emphasis was concerned with identifying specific criteria as a foundation for eligibility for application to higher education in Ireland.

Recently, however the focus of widening educational participation policy has begun to move from accessing and entering education towards exploring the experiences of students who take up a place and commence programmes (Keane 2012). This study takes place as nurse
education in Ireland faces a crossroads. A national review of undergraduate curricula is underway by The Department of Health (Department of Health 2012). To date, little published research has been undertaken from an Irish perspective relating to underrepresented students in nursing in higher education. This study aims to contribute to an understanding of the experiences of students from underrepresented groups on nursing programmes in the Irish context. Such knowledge will contribute to discussions and influence decisions at local and national level. For the purpose of this study, focus is given to exploring current research in relation to these underrepresented groups within an Irish nurse education context, as a foreground and basis for generating the research aim and question.

1.2 Role of the Researcher

There are complexities to be negotiated when undertaking research with students in higher education, particularly within qualitative research approaches (Jones et al 2014). One such area to be considered is the critical interface between the research and the role of the researcher (Silverman 2013). Placing the researcher’s position at the beginning of the thesis acknowledges and recognises a commitment to, involvement and relationships with undergraduate nursing students. The study was undertaken where the researcher works as allocation officer within the Department of Nursing and Midwifery in a Higher Education Institution (HEI).

The researcher took up the position of allocations officer at the beginning of the BSc Nursing programmes and during this timeframe has been involved in and seen many changes. In Ireland, the newly created position was first established with the transition of pre-registration nurse education into HEI's in 2002. The functions within the role were laid out in The Nurse Education Forum (Government of Ireland 2000). Primary responsibilities of the allocations officer involve planning, organising, overseeing and supporting clinical placements. A core function of the role involves the strategic placement of nearly five hundred nursing students across one hundred and fifty clinical placement sites. Placement represents fifty percent of the BSc Nursing programmes, occurring over eighty-one weeks throughout the four-year programme duration.

Over the last twelve years, the role has evolved and extended. A significant amount of time and commitment is spent on supporting students through their programmes. This support
takes many forms both informal and formal. It includes membership of several committees where student challenges and difficulties are raised and discussed. One of these is the Student Status Committee, a formal university decision making forum, overseeing student progression from year to year of the programme. At this forum applications by students for leave of absence, exemptions or appeals are considered. It is within this and other fora that discussions surrounding support for students experiencing academic and practice challenges occur. These experiences and interactions provided a foundation for a broad area of interest.

So began an exploration and development process to identify a topic for research. Greater awareness of students’ stresses, struggles, successes and failures raised ideas surrounding student diversity of experiences of pre-registration nursing programmes. It would seem from my role as an allocation officer, that students experience a wide variety of challenges. These challenges for different student groups and how they experience them are worthy of further exploration within Irish pre-registration nurse education.

Subjectivity and potential for bias are always a possibility within qualitative research paradigms (Bridges and Higgs 2009). The relationship between the researcher role and practice influences the research process and is threaded throughout the study. Attention to this process aims to contribute to the integrity of the research, in keeping with Jones et al (2014), belief that an appreciation of the researcher’s position within the research requires constant attention and thoughtfulness. This is explored in more detail within Chapter 3, The Methodology.

1.3 Structure of Thesis

This thesis continues with Chapter 2, guiding the reader into the subject matter through a review of relevant literature and research. Published government policy documents are considered. Nursing and Midwifery Board of Ireland Requirements and Standards for Registration Nurse Education (An Bord Altranais 2005) provide background and context for the study. The unique and complex Irish nurse education environment is presented. The details of the research strategy are given, illuminating a paucity of relevant literature. Details of the recurrent themes which focus the review of the literature are presented. The background and context through reviewing relevant literature supports the justification for the study.
Chapter 3 considers the steps of the research process and decision making approach guiding this qualitative descriptive study design (Sandelowski 2010). The study aims and objectives are presented, supporting the design of this qualitative descriptive study. Further attention is paid to the position of the researcher early in this section informing decisions taken and ensuring consideration of this critical interface throughout the study. Ethical considerations are addressed. Potential students who had completed or were nearing completion of their nursing programme were invited to participate in this study via a gatekeeper. Eleven of the students who expressed an interest were individually interviewed. The approach to establishing the quality of the research is outlined. The process of data analysis using Burnard’s (1991) framework is detailed. Analysis of the data led to the emergence of three themes, and seven sub themes which are explored in the findings chapter.

Chapter 4 represents the findings of the study. The first theme, Taking the First Steps with sub themes of Making the Choice and Getting Started presents the student experience beginning their path towards becoming a nurse. The second theme Finding a Way shares how students navigate and sometimes go to extraordinary lengths as they move through their programme, Balancing and Surviving, Making Ends Meet and Understanding the Clinical Learning Environment. The final theme of Getting Through with sub themes of Whatever it Takes and Hanging in There students describe their individual determination and commitment in reaching towards the end of their path to success, for students from underrepresented groups.

Chapter 5 considers these themes in the context of the current literature, within the Irish and international perspective raising questions and bringing forward that which had been hidden from the perspective of underrepresented students. Remaining true to the research design and staying close to the data, the discussion was framed around the core themes described in the findings chapter. These themes; Taking the First Steps, Finding a Way and Getting Through, guide the discussion, which has been underpinned by current literature and research. Considering the broader context of the rich descriptions by students within this study, an implicit thread emerges with a sense of personal growth and development in meeting the professional demands of a BSc Nursing programme. This research will add to the body of knowledge related to pre-registration nurse education programme delivery.

Chapter 6 is structured around the implications for education, research and practice. Recognising student’s individual commitment and determination, recommendations are
suggested to improve individualised, enabling support for students. Increasing flexibility of the curricular structures whilst considering the professional requirements of nurse education is also recommended. Promoting strategies to nurture and support student's growth and development. Concluding thoughts on the role of the researcher are shared, continuing the reflective thread running throughout the study.
2. Chapter 2: Literature Review

2.1 Introduction

Initially, the historical context of policy development was explored through reviewing published policy reports related to widening participation in the Irish higher education system. Attention is paid to the implementation of the policy for access to education through designated routes of entry. The focus then turns to pre-registration nurse education and the structures underpinning the student programme of study. This was considered within the unique perspective of the Irish education system. Informed by the review of policy and context of Irish nurse education, a narrower focus was used when developing the search strategy. This approach aimed to ensure that literature was selected for its relevance to the case being made for this study. Furthermore, Sandelowski (2008) identified the importance of current and appropriate literature and research in guiding justification for a research study. Examining published research findings from an Irish perspective, emergent themes were identified as ‘student experience,’ ‘stressful experience’ and ‘supporting the experience’. Working through this process led to the identification of an emerging research aim. This research aims to explore the experiences of students from the underrepresented groups on nursing programmes in Ireland.

2.2 Higher Education Policy Review

At the outset a search of government policy documents and publications was undertaken, retrieved from the publications sections of the Irish Department of Health, Department of Education, Higher Education Authority and Nursing and Midwifery Board of Ireland websites. Review of these publications yielded several overarching themes worthy of consideration. The history and establishment of widening participation policy and delivering policy commitment through designated routes of entry inform the presentation of the emerging profile of pre-registration nursing students in Ireland. The development and structure of pre-registration nurse education in Ireland is the final theme considered in this section.

2.2.1 Widening Participation in Higher Education in Ireland

The concept for widening participation and broadening appreciation of diversity in higher education is enshrined in Irish legislation under the Universities Act 1997. Specifically,
Section 14 of the act acknowledges and promotes the traditional principles of academic freedom of universities while stating that and ‘in doing so it shall have regard to the promotion and preservation of equality of opportunity and access’ (Higher Education Authority 2004 pg17). Key policy documents establishing, reviewing and further realising equity of access to higher education have been published by the Higher Education Authority (2004: 2008: 2013). In addressing the aspirations within the legislation, supporting the realisation of policy commitment The National Office for Equity of Access to Higher Education (National Access Office) was established in 2003.

The purpose of the National Access Office is to facilitate educational access and opportunity for groups who are underrepresented in higher education. It offers the following guidance and clarity in relation to these groups which are prioritised by the National Office are those who are socially, economically or culturally underrepresented in higher education mature students and students with a disability.

(Higher Education Authority 2012b pg1)

While it may at first glance be easy to classify or ‘fit’ students into one group or another the reality shows a more complex picture. This is evident in the Higher Education Authority publication on part-time and flexible higher education in Ireland: In outlining policy, practice and recommendations for the future (Higher Education Authority Oct 2012a) for full-time mature students the publication presents the following statistics relating to mature students

Mature students are more likely to have a disability (9.5%) than the wider student body (5.9%) and are three times more likely to have a physical disability or a psychological condition. (In some colleges this is higher, with one institution advising that 30% of its mature students are registered as having a disability)……- It is estimated that there are a higher proportion of mature students from skilled, semi-skilled and unskilled manual worker background (36% compared to 22% of students from younger age groups), in particular in the institutes of technology. However, proportions of mature entrants from non-manual worker backgrounds are broadly similar to the wider student body (11-12%).

(Higher Education Authority 2012a pg12)

So in reality while students may access education from one of the routes specifically designated for the underrepresented groups, caution needs to be taken in labelling individuals as the real life experience is likely to be more complex. Nevertheless there still remains a valid need for definitions and criteria. Definitions and criteria are a critical element in
planning and implementing processes that are equitable and fair for all. However, it is acknowledged that this is far from a simple process. When viewed outside the jurisdiction, underrepresentation may have different understandings including ethnicity, gender or minority groupings.

This was identified by government policy planners. The National Access Office has been given the designated authority to oversee the development of systems to operationalize government policy stated in ‘Achieving Equity of Access to Higher Education in Ireland Action Plan 2005-2007’ (Higher Education Authority 2004). This national plan was drawn up in consultation with a range of education and social partners. The plan identified that participation in higher education had grown significantly over the past 40 years, while at the same time drawing attention to the fact that increased participation had not led to equal representation. The Irish government continued commitment was made explicit in ‘The National Plan for Equity of Access to Higher Education 2008-2013’ further developing commitment and policy position. Building on the previous plan it laid ambitious targets for the future. These include a national participation rate of 72 % of the relevant age cohort to be achieved by 2020. Also included is a commitment to developing Non-standard entry routes to higher education to account for 30 % of all entrants by 2013. Providing policy direction by stating that

by 2013, students with a disability, mature students and those from socio-economically disadvantaged backgrounds, including members of the Travelling Community and refugees, should have adequate opportunities to progress to higher education. Higher education institutions will pro-actively welcome and cater for a fully diverse student population.

(Higher Education Authority 2008 pg15)

Recognising that the current National Access Plan has reached the end of its implementation timeframe, the Higher Education Authority published ‘Action Plan – Towards the Next National Access Plan 2014-2016’ (Higher Education Authority 2013) in December 2013. The document identifies significant gains made over previous years, while recognising the changed economic profile of the country. Commitment to increasing participation is reaffirmed and described in the following statement

As a country, we are not yet in the position to which we aspire as a modern, democratic European nation. Gains made in creating a more inclusive education system can be gradually eroded as resources, both family and public, come under pressure and factors such as long-term unemployment and emigration take their
toll on families and communities. In times of economic difficulty, access and participation can be at risk of falling victim to the perspective that we can no longer afford to invest in it. As well as the democratic and social rationale, the converse economic argument remains very strong: that economic recovery will benefit substantially from pro-actively developing an education system that facilitates all our people, younger and older, to reach their full potential, not least for labour market participation in required skills areas. This imperative remains an urgent one and will continue to remain so for the foreseeable future.

(Higher Education Authority 2014a pg1)

Prior to detailed attention to the implementation of government policy in widening participation through designated routes of entry, the traditional school leavers’ routes of entry are briefly outlined. Traditionally Irish school leavers apply for higher education places through a standardised application system, the Central Applications Office (CAO). This system is based on students identifying a preference for a course that is then matched with their leaving certificate results. These are then ranked according to the number of places available (Central Applications Office 2014). Establishing structures and processes to support broadening participation in higher education aims to provide a foundation, enabling potential applicants from such underrepresented groups to come through the processes (Figure2.1)

2.3 Designated Routes of Entry

Government policy towards widening participation in higher education has been realised through the introduction of a range of alternative pathways in recent years. Initiatives include admission routes for mature students, Higher Education Access Route (HEAR) for students from a disadvantaged socio-economic background and the Disability Access Route to Education (DARE) for those potential students with a disability (Higher Education Authority 2014a: 2014b). These routes presented options for those potential students identified by the Higher Education Authority as being from underrepresented groups. However, while offering opportunities to access higher education, it must be remembered that individual applicants are likely to cross boundaries and fit in more than one designated entry route Higher Education Authority (2012a).

Both the HEAR and DARE access routes were first introduced in 2010. This offered students who are eligibility criteria, the opportunity to apply for a place in university with reduced leaving certificate points. The Higher Education Authority (2014) provides statistics showing an increase in interest and uptake of both these schemes since they were first introduced.
Completed application rates, that is students applying and submitting the entire range of paper work rose for HEAR by 30% and 31% for DARE applications between 2010 and 2012 (Higher Education Authority 2014b). The number of students entering college via HEAR has risen by 71% from 2010 to January 2012 and DARE admissions have risen by 190% in the same period. In total 6,365 students have entered college via HEAR and DARE since 2010 (4,111 HEAR and 2,254 DARE) (Higher Education Authority 2014b). Both schemes operate in a number of HEI's including the university in this study.

The 2008, Higher Education Authority National Plan for Equity of Access noted the significant progress made increasing the numbers of mature students entering full-time higher education from 1.6% of students in 1986 to 12.8% by 2006 (Higher Education Authority 2008). More recently a study undertaken by the statistical section of the HEA outlining trends in mature student participation, reported that the trend continued to increase between 2006 and 2010 with 18.8% of total applicants coming from mature students in 2010, before reducing slightly (Carroll and Patterson 2011). The report suggested that this was most likely a consequence of the introduction of more part-time educational opportunities being made available through government initiatives during this time (Carroll and Patterson 2011).

### 2.3.1 Impact for Pre-registration Nursing Entry

The current application to nursing programmes is a process far removed from the apprenticeship model of the 1960’s which was in operation until the 1990’s. Prospective students were then accepted by virtue of their social class or parent’s financial and/or family standing (Watson 2013). The selection process was administered by schools of nursing, based in hospitals where students undertook training (Fealy and McNamara 2007). Full integration of nursing education into higher education in 2002 led to changes in the admission process for nursing courses, centralising them. All applications are now through the national CAO including those from the underrepresented groups through the designated routes of entry, HEAR, DARE and mature students (Figure 2.1).
Figure 2.1: Routes of Entry to Pre-registration Nursing in Ireland
Currently in Ireland, there is a continued and sustained interest in pursuing a career in nursing (Central Applications Office 2014). In 2013, the CAO recorded an increase in students applying for nursing with 39,394 students listing nursing on their CAO application, 5,807 of who expressing it as a first choice preference (Central Applications Office 2014). The numbers of students that can be accepted on pre-registration nursing and midwifery programmes nationally is determined by the Department of Health (Nursing and Midwifery Board of Ireland 2014). From 2002 through to 2008, 1,640 places were offered on an annual basis for pre-registration nursing and midwifery programmes. However, following a government review there was a reduction in this number from the 2009 intake to where it now stands offering 1,570 places (Nursing and Midwifery Board of Ireland 2014). These are offered across thirteen higher education institutions (Nursing and Midwifery Board of Ireland 2014). These places are offered across five programmes, BSc Nursing (General), BSc Nursing (Mental Health), BSc Nursing (Intellectual Disability) BSc Midwifery and Children's and General Nursing (integrated) programme.

While the majority of students entering nursing programmes are school leavers, the extended designated routes of entry offer students from underrepresented groups access to pre-registration nurse education. Allocation of places from these routes is within nationally agreed targets. This is outlined in the following figures; Mature students account for 15% for general nursing; 35% for intellectual disability nursing, 35% for psychiatric nursing, 15% for children’s and general nursing (integrated) and 20% for midwifery student intakes. The impact of these targets can be seen through the profile of students from the university where this study was undertaken (An Bord Altranais 2012).

The nationally agreed student numbers for each annual intake in the university where the study took place are 50 students for the BSc Nursing (General) programme, 20 students for BSc Nursing (Mental Health) and 20 students for BSc Nursing (Intellectual Disability) programmes. Every year 32 students from the underrepresented groups access their nurse education programmes through what is broadly described as an underrepresented designated route, representing over a third of the total 110 places offered by this Department of Nursing and Midwifery (Nursing and Midwifery Board of Ireland 2014: Higher Education Authority 2014a). Figure 2.2 illustrates the impact of realising policy commitment towards widening participation on pre-registration nursing programmes.
### Percentages and actual student numbers on BSc Nursing programmes

(Nursing and Midwifery Board of Ireland 2014 & Higher Education Authority 2014a)

<table>
<thead>
<tr>
<th>Programme</th>
<th>National Targets</th>
<th>Number of students per intake</th>
<th>Mature Student Targets % per intake</th>
<th>Mature Targets student number</th>
<th>HEAR Targets % per intake</th>
<th>HEAR Targets student number</th>
<th>DARE Targets % per intake</th>
<th>HEAR Targets student number</th>
<th>Total underrepresented students per year</th>
</tr>
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<tbody>
<tr>
<td>BSc Nursing (General)</td>
<td>860</td>
<td>50</td>
<td>15%</td>
<td>7/8</td>
<td>5%</td>
<td>2/3</td>
<td>5%</td>
<td>2/3</td>
<td>14</td>
</tr>
<tr>
<td>BSc Nursing (Mental Health)</td>
<td>290</td>
<td>20</td>
<td>35%</td>
<td>7</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>BSc Nursing (Intellectual Disability)</td>
<td>180</td>
<td>20</td>
<td>35%</td>
<td>7</td>
<td>5%</td>
<td>1</td>
<td>5%</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>Totals per Year</strong></td>
<td><strong>1330</strong></td>
<td><strong>90</strong></td>
<td><strong>22</strong></td>
<td><strong>5</strong></td>
<td><strong>5</strong></td>
<td><strong>5</strong></td>
<td><strong>32</strong></td>
<td><strong>32</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

*140 BSc Midwifery and 100 Children's & General Nursing (integrated) places are also offered nationally but are not relevant for this study.*

Figure 2.2 Percentages and actual student numbers on BSc Nursing programmes
2.4 Irish Pre-registration Nurse Education

Until the early 2000’s the system of professional training of nurses in Ireland was based on the apprenticeship-training model (Fealy and McNamara, 2007). Nursing students were recruited by hospital based schools of nursing. Training was provided at certificate level whereby programmes were of three years duration. In the mid 1990’s a diploma programme was established with close links to higher education. Parallel to this development for traditional student entry was the introduction of places for mature students (Fealy 2006). At the end of the 1990’s The Commission on Nursing (Government of Ireland, 1998) laid a blueprint for the future of nursing in Ireland. One of the key recommendations from the commission was the establishment of a four year university based degree as the entry point for registration as a nurse in Ireland. Around this time tentative discussions began about widening participation for nursing, as can be seen through the series of circulars issued by the national registration body to schools of nursing and HEI’s, in keeping with HEA policy development at the time (An Bord Altranais 1997).

The first level 8 pre-registration BSc Nursing programmes commenced in 2002 as nurse education gained full entry to higher education. The challenges within such a transition and transfer arrangement have received attention within nursing literature through a number of editorials (Watson 2013: Timmins 2014). It has also been the basis for studies by Mc Namara (2010) and Brennan and Timmins (2012) which identified continuing challenges faced by both nurse educators and students in finding their ‘identity’ in this new landscape. It is against this background of uncertainty and challenging identities that current BSc Nursing programmes are structured. Appreciating the structure and schedule of these nursing programmes may be valuable in providing context to a research study seeking to understand the experience of students from underrepresented groups.

2.5 Programme Structure

This section is informed by a review of The Nursing and Midwifery Board of Ireland and Irish Department of Health publications relating to pre-registration education. These publications were reviewed parallel with university curricula documents for
pre-registration nursing programmes (University of Limerick 2007).

In Ireland students on pre-registration nursing programmes undertake programmes meeting the demands and rigour of an academic level 8 programme and the stipulated professional registration requirements (An Board Altranais 2005). The balance between theory and clinical is a fundamental and continuous process throughout the programmes. Early degree programmes, 2002, 2003 and 2004 were framed to meet the requirements and standards for nurse education (An Board Altranais 2000) developed for pre-registration diploma programmes. Students on these first degree programmes undertook a year’s rostered placement. Key components of these requirements include the stipulation that BSc Nursing programmes are offered are offered at level 8, and are of a four year's duration and are delivered as full time programmes of study.

September 2005 saw the introduction of a reviewed set of requirements and standards (An Board Altranais 2005), which underpin current nursing programmes. Programme design posed challenges, balancing the professional requirements of nursing programmes within the higher education structures. Typically students have a minimum of twenty hours contact teaching time per week, comprised of a mixture of lectures, laboratory experience and tutorials (University of Limerick 2007). The current template on which the programmes are delivered can be challenging. On some occasions students have to come from placement directly to exams, or from holidays straight onto the clinical placement, having not been in practice for some time. As a foundation for exploring the student's experience on nursing programmes, it is important to share the structure and programme schedules which contribute to how students experience the programmes.

Clinical placement requirement for students is specified at 81 weeks duration, 40 of which are unrostered placement and another 36 weeks of internship clinical placement. This allows time for holiday entitlements. Students undertake 35 hours placement per week during the unrostered periods and 39 hours during the internship, occurring over the 24-hour cycle of care. Internship placement sees students having dual status as employees of the health service and students of the university. Placements are spread over wide geographical areas, some requiring travel times of
over two hours from the HEI’s to the placement. The position, duration and nature of the placement requirements in the Irish context offer the student experience which is in excess of 3,000 hours, which is greater than the European minimum requirement of 2,300 hours (An Board Altranais 2005). All these factors make comparisons across jurisdictions difficult and far from a linear process.

While similarities exist across programme structures internationally, there also appears to be significant differences. These include the entry modes, routes and requirements in terms of schooling or previous experience. This is reflected in the variation found across international standards for pre-registration education standards. A snapshot of nurse educational programmes from Australia, America, Europe and the United Kingdom follow.

Since 2010 Australia has undergone a period of change restructuring their accreditation processes for pre-registration nursing education programmes. Addressing wide national variation across the country the Australian Nursing and Midwifery Accreditation Council was formed. This moved accreditation from a regional to a national governance structure (Australian Nursing and Midwifery Accreditation Council 2013). The American picture shows further diversity in accreditation structures with continued governance at state board level combined with the added complexity of different levels of nurse registration. Boards of Nursing around America continue to stipulate their own standards accrediting programmes accordingly.

In a European context, while countries such as Sweden and Finland conform to EU Commission Bologna process (European Commission 2009) there remain inconsistencies between countries, in both theoretical and clinical studies (Salminen et al 2010). This becomes apparent when looking at the duration and level of programmes. For example, programmes accredited through the Nursing and Midwifery Council in the United Kingdom illustrates such variation. Nurse education programmes in England, Scotland, Wales and Northern Ireland vary in length from three to four years as laid down by the standards relating to structure, design and delivery of programmes (Nursing and Midwifery Council 2010).
These international differences in structure, balance, length and expectations impact on student experiences and abilities to engage in the programme. Given the diversity and complexity surrounding the broader landscape of pre-registration nurse education it would seem prudent to refine the search to an Irish context.

2.6 Search Strategy

The search strategy for published articles was informed by the background and context of widening participation and nurse education in Ireland as presented above. Both electronic and manual searches were conducted for this review. This sought to identify all published research studies, aiming to assess the research already undertaken relating to the experience of underrepresented students on pre-registration nursing programmes in Ireland.

Inclusion and exclusion criteria aimed to set and define boundaries (Aveyard 2014) which for this study were

Inclusion criteria:

- Published articles relating to the experience of students from underrepresented groups on nursing programmes in Ireland
- Published between 2002 to 2012

Exclusion criteria

- Published articles that do not relate to the experience of students from underrepresented groups on nursing programmes in Ireland
- Published outside the timeframe of this review

Using this criteria the following electronic data bases including Academic Search Complete, Wiley Blackwell, Pubmed, Cinahl, Medline, Web of Science and Science Direct. Searches were conducted using both MeSH headings and keywords that included: ‘underrepresented’ ‘students’ experiences’, ‘nursing’ and ‘Ireland’. Keyword and phrase searches were undertaken and then combined using Boolean operators through the ‘track searches’ feature in the selected databases. The terms combined included; (“nursing” AND Ireland), (“underrepresented” AND Nursing), (Ireland AND underrepresented). The search strategy using the terms
underrepresented yielded limited records (2) both of which were not applicable to the review topic area.

As a result a new search strategy was undertaken, and the criteria revised and broadened, focusing on the student experience AND nursing in Ireland.

Inclusion criteria:
- Published articles relating to the experience of students on nursing programmes in Ireland
- Published between 2002 to 2012

Exclusion criteria
- Published articles that do not relate to the experience of students on nursing programmes in Ireland
- Published outside the timeframe of this review

Using this new criteria the following electronic data bases including Academic Search Complete, Wiley Blackwell, Pubmed, Cinahl, Medline, Web of Science and Science Direct. This search generating 142 records, review of title and abstract to include those from the Irish context further reduced to 22 records.

The full text of these remaining papers were reviewed and assessed for inclusion and exclusion. Four papers for inclusion were those of primary research reporting into the experience of students on nursing programmes in Ireland. Papers relating to the experience of preceptors (four) were excluded and a further (four) records were excluded as they related to the experience of post-registration/ qualified staff experience. One other record generated was a commentary article which was not included. A further manual search using reference lists from electronic records generated a further six records for review. A total of fifteen papers met the inclusion criteria for the review as can be seen in Appendix A. The structure of the appendix is guided by that used by Kennedy et al (2008), supporting the presentation of a detailed summary of the research papers collated. These papers were reviewed for their
relevance to the research topic addressed in this study, the experience of students on nursing programmes in Ireland.

2.7 Emergent Themes

The following themes represent the research from the area, ‘student experience’, ‘stressful experience’ and ‘supporting the experience’.

2.7.1 Student Experience

Three studies emerged from the review reporting on the student experience of Irish nursing students (Flemming and Mc Kee 2005: Keogh et al 2009: O’Brien et al 2009).

A qualitative descriptive study by Keogh et al (2009) held focus group interviews with eight mature mental health nursing students to explore the clinical experience of mature mental health nursing students. The findings reported that mature students experienced their clinical experience differently. Students reported that they were delegated tasks outside of their stage of learning because of their age. Findings also suggest that mature students struggle financially. While acknowledging the limitation of this study, as conducted with a small sample of mental health nursing students in one particular nursing programme it does however support the need for further research in this area.

O’ Brien et al (2009) report on the experience of mature students on nursing programmes in Ireland. Using a focus group approach involving 28 students O’ Brien et al (2009) concluded that mature students struggle with the academic component of their programme and balancing family and home life. They also draw attention to the fact that these are a bigger challenge for female rather than male students, recommending further research which to date has not been done. Earlier research by Flemming and Mc Kee (2005) involving a questionnaire (N=130: 89 standard entry students and 41 mature students) focused specifically on a welcome programme. This research reported a small but significant difference between students who experienced the welcome programme, with those students slightly improving progression, from those who did not. The authors advocate the development and introduction of more targeted supports for mature students. They also support the policy surrounding widening access, while at the same time acknowledging the need to adapting courses
to support the changing student profile. It is suggested that a study exploring the underrepresented student experience will add to this body of knowledge.

2.7.2 Stressful Experience

Early studies by Timmins and Kaliszer (2002) and Evans and Kelly (2004) report that students experience stress and coping while on the three-year diploma programme, pre-curser to the current degree programme. Timmins and Kaliszer (2002) utilising a questionnaire (N=110) found diploma students reported stress from both the academic and clinical aspects of their programme. Sources of stress found included academic stress, stress from relationships both in practice and with teachers, financial stress and stress from death of patients. Evans and Kelly (2004) employed a survey design which examined the stress experiences of diploma student nurses in a large Dublin teaching hospital. The study examined five specific constructs, namely; clinical stress, academic stress, coping, emotions and personal factors which assist students’ nurses during periods of stress. This small scale study reported students found academic workloads difficult. The theory-practice gap emerged as a stressful factor during the clinical placement and feelings of exhaustion and being under pressure. Both studies made a number of recommendations for curricular changes at a time when nurse education in Ireland was preparing for full integration to higher education.

Subsequent studies undertaken following the transition of nurse education by Nolan and Ryan (2008), Gibbons et al (2011) and Freeburn and Sinclair (2009) report that student nurses continue to describe the experience of Irish nursing programmes as stressful. Nolan and Ryan (2008) used the General Health Questionnaire with 28 fourth year mental health nursing students. Findings of this small scale study indicate that approximately 48% of students reported levels of stress indicating levels of distress ‘unlikely to remit without intervention’ (Nolan and Ryan 2008 pg35). In addition to the questionnaire, semi structured interviews were carried out with four participants, concluding that the main source of stress stemmed from the academic demands and clinical environment.

Gibbons et al (2011) also used The General Health questionnaire. The quantitative study with 171 final year students explored the relationship between sources of stress
and psychological well-being. While this study did not identify that students were significantly stressed it nevertheless, highlighted the benefit in not only looking towards sources of distress but at what contributes to a sense of ‘uplift’ for students. They identified that good structures may promote wellbeing for students. This finding supports the earlier work of Flemming and Mc Kee (2005)

A narrative approach was taken by Freeburn and Sinclair (2009) with six participants, offered a perspective of the inner world of mental health students. Findings indicate that stress was found to relate both to their nursing programmes but also external factors, including managing their nursing programme alongside other normal life events. Two of these studies Nolan and Ryan (2008), Freeburn and Sinclair (2009), focused on mental health nursing students. Nolan and Ryan (2008) and Gibbons et al (2011) used the general health questionnaire, while Freeburn and Sinclair (2009) utilised a phenomenological approach.

Timmins et al (2011) in a questionnaire, based upon the College Lifestyle and Attitudinal National survey aimed to identify student stressors associated with their nursing programme and its impact upon their lifestyle behaviours. Similarly to previous studies, Timmins et al (2011) report contemporary nursing students experience programme-related stressors, surrounding academic workloads and clinical placements, further recommending that curriculum planners focus on nurturing and supporting students mental health. This was the only study reviewed undertaken with students within current programme structures.

2.7.3 Supporting Student Experience

So far, it is has been identified that student nurses are reported to have many different stressors in managing the competing demands of the nursing programmes and home life. Other Irish studies reviewed Mooney and Timmins (2007), Casey et al (2011), Healy and Mc Sharry (2011), reported on how students, encounter different teaching and learning methodologies some of which focused towards enhancing students self-awareness and strategies supporting the overall experience.
This is evident in a qualitative study reported by Mooney and Timmins (2007), exploring students experiences of having spirituality taught through the medium of art. Students (N=100) were taken on a tour of the national gallery of Ireland and asked to comment on art they understood to be spiritual. Focus group interviews were then facilitated by the authors to describe and interpret learning about spirituality. The self-awareness of students was enhanced through developing a greater understanding of the views of others, recognising their own views on spirituality.

This theme of supporting student experiences through enhancing self-awareness is also evident in Healy and Mc Sharry (2011). These researchers reported on the experience of facilitating, delivering and evaluating a health assessment workshop as part of a module to 65 students during the first year of the undergraduate nursing programme. While the aim of the workshop was to promote health awareness among this student group it also provided an opportunity for students to self-assess their health knowledge and lifestyle practices. In evaluating the workshop 100% of students reported that the outcomes were met while many students found the stress management techniques useful, suggesting they could be implemented in daily life.

Casey et al (2011) using a qualitative interpretive descriptive design describe how peer assessment was implemented in an undergraduate nursing programme as a method of enhancing student engagement. Students through focus groups (N=37) reported that they found the use of peer assessment to be empowering. Increasing their motivation to learn and increasing confidence prompting them to reflect and to think more critically. Attributes which prepare students for the professional practice of nursing,

The studies reviewed demonstrate that work is beginning to focus not only on delivering curricular content but also towards enhancing the overall student experience, through engagement and learning, whilst encouraging the development of skills required for nursing as a profession.

Other papers reviewed include Leufer, (2007), Johnson and Lillis (2010) and Houghton et al (2012) who explored how students experienced particular aspects of their nursing programmes, such as large class sizes (Leufer 2007), different clinical
skills laboratory teaching (Johnson and Lillis 2010, Houghton et al 2012). Devlin and Larkin (2013 pg145) writing from an educationalist view described the appreciation of the student experience, described as ‘the totality of what happens to, around, and with students while they are undertaking their course of study’ (Devlin and Larkin 2013 pg145) acknowledged as being the complex inter play of factors contributing to the individual educational and learning outcomes. It is suggested that these reports take a fragmented view of the student experience, further supporting the rationale for a study exploring how students experience their programme in its totality.

This review demonstrated that to date there has been minimal in depth exploration of the experience of underrepresented students in an Irish context. It has identified that studies have taken place with mental health students and from a phenomenological perspective and some prior to the full integration of nurse education into the higher education sector. Timmins et al (2011) is the only study to have considered the student experience within the existing programme structures as outlined in An Bord Altranais Requirements and Standards for Registration Education (2005). Others reported on periods before these structures were reviewed (Timmins and Kaliszer 2002: Evans and Kelly 2004). Research has identified several interrelated elements relating to programme structures. These elements re not easily separated as each impacts on the other. However, broadly these include stress, financial constraints and the relationships between the clinical and academic environments. It is timely, therefore to explore students’ experiences from underrepresented groups with the current BSc Nursing programme.

2.8 Summary

Review of the literature undertaken at the beginning of a study served to establish what was known about the areas of interest, positioning a study which aims to describe experience of students from underrepresented groups on BSc Nursing programmes. Such an approach to research was keeping with Brinkmann (2013). Drawing together policy and published literature supported the decision to explore the experience of the underrepresented students on Irish nursing programmes.
The continued commitment by the Irish government to increasing participation for individuals from what has been classified as those traditionally underrepresented in higher education, impacts on the profile of students coming onto pre-registration nursing programmes. Knowledge of an evolving student profile and their experience of higher education needs to be considered against a background of change for the nursing profession and the educational structures which support it. Such knowledge will inform the development of nursing education in Ireland.

A review of the literature demonstrated a paucity of research related to underrepresented students experiences. It would, therefore, seem valuable and timely to explore these experiences from a student perspective. A broad based descriptive approach offers the opportunity to obtaining straight and largely unadorned answers to questions of special relevance where little is known (Sandelowski 2000). This research study aimed to explore the experience of students from the underrepresented groups on nursing programmes in Ireland.

The next chapter describes the methodological approaches used to meet the aims of the research.
3. Chapter 3: Methodology

3.1 Introduction

Chapter 2 reviewed the literature and research which placed this study in context recognising the unique, complex environment of the Irish nurse education system. Realisation of government policy towards widening participation results in a third of the pre-registration student nurse population accessing their programme through designated routes. Methodological considerations underpinning this qualitative descriptive study are now presented informed by the previous chapter, leading to the research aims and objectives. The researcher role and relationships are returned to having been introduced in chapter 1. Each step of the research is supported by ethical decision making offering detail on how students were accessed for this study. The decisions in choosing data collection and analysis approaches are presented, concluding with issues of rigor. These are organised around credibility, transferability and dependability.

3.2 Research Aim and Objectives

The research question ‘What are the experience of students from underrepresented groups on nursing programmes in Ireland’ inform the aim and objectives of the study.

This study aims to explore the experiences of students from underrepresented groups on nursing programme in an Irish context. The objectives are:

- Listen to the experiences of students from underrepresented groups on BSc Nursing programmes
- Describe these students experience
- Develop an understanding of these experiences
- Contribute to the debate around these students experiences
- Add to the body of knowledge regarding underrepresented student experience
- Contribute to the development of future nursing education programmes.
3.3 Research Design

Traditionally, approaches to research are described as being quantitative and qualitative in design (Parahoo 2006). Research design aims to provide a well-defined purpose, whereby there is coherence between research question, methods or approaches proposed, generating data which is reliable and valid (Ritchie and Lewis 2003). There are no right or wrong methods; there are only methods that are appropriate to the chosen research area (Silverman 2013). Quantitative and qualitative approaches are now explored in more detail providing a rationale for choosing a qualitative descriptive design.

Quantitative research is the formal, objective, systematic process in which numerical data are used to obtain information about the world, where research is conducted to test theory by describing variables, examining relationships among variables and determining cause and effect interactions between variables (Burns and Grove 2011). According to Gerrich and Lacey (2010) quantitative research concentrates on numbers characteristically represented in statistics, which seek to discover the when, how much and how many, through the use of surveys and questionnaires. Watson et al (2008) suggest that quantitative approaches are often used to test hypotheses and deducing the result through the use of inferential tests and produce generalizable findings. There is continued discussion in the literature surrounding design selection, as both approaches have benefits and weaknesses. Watson et al (2008 pg18) believes ‘it is best to identify what goal you wish to attain and then to think the best way of achieving it’. They conclude that fundamentally the research question informs the design or approach used. Previous studies in the Irish context have focused on the experience of mature students (Flemming and Mc Kee 2005: Keogh et al 2009: O Brien et al 2009), no other published research has been identified relating to the experience of students from underrepresented groups on nursing programmes. The research question for this study explores the experiences of students from underrepresented groups on nursing programmes in an Irish context lends itself towards a qualitative approach.

Qualitative research is conducted to describe new situations, events or concepts in the world (Creswell 2007). It is a form of social inquiry, focusing on the way people
make sense of their experiences and the world in which they live. The main tenets of qualitative inquiry are described as being interactive and holistic in nature, adopting flexible and dynamic reflexive methods of data collection and analysis (Morse and Field 1996). The focus of qualitative research is as much about the process as the outcome (Holloway and Wheeler 2013). Qualitative research aims to describe, understand and interpret social phenomena as perceived by individuals, groups and cultures. Researchers use qualitative approaches to explore the behaviour, feelings and experiences of people and what lies at the core of their lives (Holloway and Wheeler 2013).

Approaches to qualitative research include ethnography, grounded theory, phenomenology and qualitative descriptive research (Creswell 2007). Ethnographic research design offers thick description always informed by the concepts of culture (Savin-Baden and Howell Major 2013). While grounded theory seeks to develop hypotheses and theories from interview and observational data from people in their own environments (Parahoo 2006). A phenomenology design aims to capture how a person describes, perceives and judges a phenomenon, providing the lived experience from participants (Patton, 2005). Whereas Savin-Baden and Howell Major (2013) suggests a broad based descriptive research design offers a pragmatic approach to answering a research question, which for the purpose of this study is; ‘What are the experience of students from the underrepresented groups on nursing programmes in Ireland’. Considering the research question to be addressed in this study a broad qualitative design was deemed most appropriate and is now explored in more detail.

### 3.3.1 Qualitative Descriptive Approach

Qualitative descriptive studies are typically an eclectic, but well-considered combination of techniques of sampling, data collection and data analysis (Sandelowski 2000: Savin-Baden and Howell Major 2013).

Sandelowski (2000) is a key proponent of broad based descriptive research design, suggesting that a comprehensive summary of events in the ‘everyday terms’ remains close to the data. She recognises there is nothing trivial or easy about getting facts and the meanings participants give to those facts. Sandelowski (2000) further suggests that
a strength of the qualitative descriptive design lies in its ‘straight forwardness’ making it especially suitable to obtaining straight and largely unadorned answers to questions of special relevance. The flexibility in utilising a broad descriptive approach demands rigorous attention to all steps of the research process (Savin-Baden and Howell Major 2013).

Qualitative descriptive design differs from other qualitative methods. Neergaard et al (2009) comments that,

the aim of QD [qualitative descriptive] is neither thick description (ethnography), theory development (grounded theory) nor interpretative meaning of an experience (phenomenology), but a rich, straight description of an experience or an event.

(Neergaard et al 2009 pg2)

This infers that the process of analysis and presentation of the findings stay close to the interview data.

Recently, Sandelowski (2010 pg79) expanded on her seminal work (Sandelowski 2000), explaining that qualitative descriptive research always requires researchers to ‘make something of their data’. It was never intended to be used indiscriminately, and several research studies report the usefulness of descriptive approaches in collecting and analysing data to generate relevant themes in seeking answers to the research question.

Sandelowski’s approach has been utilised across a range of disciplines from health promotion (Dawson et al 2012) to nursing (Killam and Heerschap 2013). Dawson et al (2012) explored barriers to smoking cessation within Aboriginal communities. A significant part of this study used a qualitative descriptive design, which was found to extend knowledge of the complexities influencing wellbeing for Aboriginal peoples. Within nursing, Killam and Heerschap (2013) argue that selecting a qualitative descriptive approach addresses the research aims, generates knowledge. Thereby contributing to greater understanding of students’ challenges in the clinical setting. They concluded that the research approach provided a meaningful summary that had relevance for students, educators and policy makers.
Findings from Dawson et al (2012) and Killam and Heerschap (2013) further supported the decision taken to use a broad based qualitative approach for this study, exploring students from the underrepresented groups during their nursing programme. The research design in this instance enables the voice of the student to be heard and their story told with rich description, as this has not been an area researched within the Irish context. A qualitative descriptive design was deemed suitable to address the research aim letting the richness of the data be captured (Savin-Baden and Howell Major 2013).

In utilising a qualitative descriptive approach it is the responsibility of the researcher to present the detail and careful consideration of the steps of the research process, thereby displaying the true qualities of a qualitative descriptive study (Sandelowski 2010). Consideration of this will be shown throughout this study, displaying the value of a qualitative description research approach not only for the knowledge it can produce, but also as a vehicle for ‘presenting and treating research methods as living entities that resist simple classification’ (Sandelowski 2010 pg83).

In summary the research aim to explore the experience of students from underrepresented groups on nursing programmes in the Irish context was considered to be achieved using a qualitative descriptive designed approach. This approach provided an opportunity for the student voice to be heard through the descriptions collected, analysed and presented by the researcher.

3.4 Role of Researcher

At the outset, the dual role of the researcher was outlined. This was important considering that a well-designed qualitative study begins with the researcher paying attention to their position and role within every step of the process (Maxwell 2012). Researchers bring with them emotions, intuitions, experiences, meanings, values, commitments, presuppositions, prejudices and personal agendas (Maso 2003). An appreciation of these subjective views is essential to enhancing the quality of the research in supporting credibility, adding to the establishment of rigor. It is important to describe what influenced a range of decisions throughout the process in order to meet the aims of the study, ‘to explore the experience of students from the
underrepresented groups on nursing programmes in the Irish context’ providing an opportunity for the student's voice to be heard through rich description.

Understanding the positioning of self within the research is important as it places methodological ways of proceeding with and writing up research to the forefront (Morse 2011). The position of the researcher as allocations officer in The Department of Nursing and Midwifery where the study was undertaken has been outlined in the introduction to this thesis. This positioning of the researcher role is acknowledging the challenge for qualitative researchers as suggested by Marshall and Rossman (2010 pg96) to ‘demonstrate that personal interest will not bias the study’.

The researcher’s role as allocations officer influenced a range of decisions taken throughout the process. Initially at the design stage careful thought was given to when students would be interviewed. It was decided to interview students at the end or nearing the end of their programme when all clinical placements had been allocated, and their relationship with the researcher would be complete. In recognition of the potential power balance a gatekeeper role was established. This gatekeeper role formed part of the ethical approval process. The gatekeeper role is explored in more detail in 3.6.3.

The researcher was aware of the importance of remaining mindful was important throughout the research process. This encouraged the development of self-awareness around the active role of the researcher during this process (Richards and Morse 2013). This development was enhanced through the use of a reflective strategy such as reflective journaling. Leonard (2010) suggested that when working with marginalised groups the building of trust is essential because their experience of officialdom may put them at a disadvantage. Hence, the continued responsibility of the researcher in promoting trust was constantly reviewed and reflected upon throughout the process.

Becoming reflexive requires the passage of time, it needs to be nurtured in order to blossom and move beyond a mechanical process to a deeper understanding (Richards and Morse 2013). A strategy to support reflexivity began with reflective journaling.
which became a core constituent of the supervisory relationship, nurturing the development of these early reflective skills.

3.4.1 Developing Through the Journey

The research journey began prior to the design stage in growing the idea for the research project. There are many aspects within an allocation officer role. One specific aspect focuses on interactions with students who are struggling, either personally or professionally within the nursing programme, although experience suggests that one does not happen without the other. The research topic was gradually refined. The researcher became aware of a pattern of students who appeared to be older, with family or financial worries during everyday engagement with the undergraduate student body. A journal was kept during the literature review leading to development of the research question and design and throughout the research. This was used to jot down ideas as a base from which to explore the relationship between the researcher and the students. This process was very helpful throughout. Through the interview process researcher confidence and courage developed but they were not aspects of the first interview reflecting

More challenging than I anticipated. Difficult to find and keep momentum. I found it difficult not to go down the ‘normal’ professional path and stick to what I am ‘safe and secure’ with. I thought I would be ok with interviewing but definitely needs more reading before moving on. Will bring to the next supervision meeting

(Reflective Diary Extract 1)

Returning to the text books and engaging with supervision helped to develop researcher knowledge and confidence of qualitative research. Rapport and building trust became easier, allowing a deeper consideration of the interview process and technique as illustrated through reflection on the interview with Millie

I felt the interview went really well, was more relaxed and the conversation flowed. On reading and reviewing the transcript of the interview I could see what I had felt on the day, that Millie offered a large amount of personal information without being asked. I felt at the time it would not have been appropriate to stop this flow so she continued to share. I appreciated that she felt comfortable and secure enough to share her personal circumstances, trusting both myself as the researcher and the research process enough to allow her to be able to speak so freely. This was especially important as she referred several time through the interview to being a very private person and not a ‘talker’. At the end of the interview I thanked her for her openness and
again reassured that the information would be anonymised and that I was extremely grateful for her time and honesty and that she could always come back to me if she had any questions.

(Reflective Diary Extract 2)

Understanding and developing confidence with silence, allowing the student the time and space to share whatever they were comfortable with was something that emerged as interviewing progressed, allowing time to gather thoughts and construct a considered response which is essential (Jackson et al 2008).

To share an example during one interview the student spent some time expressing her gratitude for the help and support given during their programme

Initially I found this particularly uncomfortable and found myself wanting to say thank you and move on, but the researcher in my head knew stopped the impulse to accept the expression of thanks and close the conversation but explore further, in this instance through the use of silence. The student wanted the opportunity to express her gratitude but also to share how she felt things could be improved. So although there was no power relationship as the allocation to placement had finished the relationship between the researcher and the student remains important and I am glad I had allowed more time and space for her individual story to emerge.

(Reflective Diary Extract 3)

As the study progressed the interwoven and complex nature of the role of the researcher as allocations officer and researcher for this study emerges. The opportunity arose to present a theme paper on professional identity at the 17th International Reflective Practice Conference in Swansea 2013. The presentation provided an opportunity to share how the research journey enabled interweaving of a research perspective with a reframing of the professional role. The presentation was entitled: *Through this process of ‘finding a voice’ through research within the ‘ivory tower’ environment of higher education.* The presentation provided the opportunity to question and challenge growth of self as a researcher, within a professional role in higher education. Following the conference presentation, the following reflection was written

Through meaningful engagement with the research journey, supervision and the literature I find Christopher Johns ‘Being Available Template’ (2010) (Appendix M). This for me is the essence of what I aspire my practice to be, with students, colleagues, and service partners
The journey aims to show a process of development of the subjectivities, sensitivities in relationships underpinning research involving students. Sharing this journey of self-development, revealing the researcher is intended to show the complexities in relationships between researcher and students. Especially exploring power relationships and how these influence the dynamics within the research acknowledging that separateness is not possible (Bridges and Higgs 2009). The strategies of keeping a journal and dialogue with supervisors aimed to bring the subjectivity of the researcher into the open to heighten awareness of bias, rather than eliminate them.

3.5 Ethical Considerations

Ethics in research is the study of the nature and justification of general ethical principles, applied to moral problems to provide a more rigorous systematic approach to how decisions are made (Creswell 2007). Researching ethically is researching in such a way that is sensitive to the consequences of the work, taking account of its impact on the various stakeholders their needs, rights and responsibilities (Groundwater –Smith 2010). Research must take cognisance of ethical principles, human rights legislation and the Data Protection Acts, (1988) and (2003). While there are a number of principles underpinning ethical qualitative research Silverman (2013) suggests that the most prominent among these are those principles of voluntary participation, protection of the research participants, assessment of potential benefits and risks to participants, obtaining informed consent and not doing harm.

In the first instance submission for approval to research ethics committees aims to ensure that these principles are addressed. Ethics approval for this study was applied for through the research ethics committee from the relevant HEI by completing the standard application form including appendices (Appendix B). These documents
underwent review by the ethics committee. A request was made to provide more detail and further address some aspects of the submission prior to approval (Appendix H). This request was complied with and further consideration was given to the areas highlighted (Appendix I), which will be explained in more detail through this chapter. The research ethics committee having reviewed the response, granted approval (Appendix J). The underpinning ethical principles were constantly reviewed throughout the research process.

3.5.1 Voluntary Participation
Silverman (2013 pg162) identifies that potential participants in research study must be ‘fully informed about the purpose, methods and intended possible uses of the research, what their participation in the research entails and what risks if any are involved’. This process began in this study with an invitation email sent to potential participants from a gatekeeper (Appendix C). This email had attached a participant information sheet outlining the study (Appendix D). Further discussion surrounding the gatekeeper, ensuring the voluntary nature of students’ participation is explored during the discussion on accessing students for this study.

Care was taken at the beginning of the interview to ensure that the information already provided was understood and an opportunity was provided to allow for any further questions.
Time was given to potential participants to review the information again or avail of the opportunity for discussion around the rational for the research.

3.5.2 Protection of the Research Participants
Confidentiality is the assurance that the participant’s identity cannot be connected to the information that was provided to the researcher (LoBiondo-Wood and Haber 2006). The researcher is required to take steps, ensuring that research data and its sources remain confidential and that plans have been made for storage (Silverman 2013).
Significance and the importance of sensitivity towards participants’ was a continuous process developed early in the research process and continued throughout. Sensitivity of participants belonging to an underrepresented group was brought to the researcher’s attention during the original ethics application. While it was never intended to identify students as belonging to a particular group, this was not made explicit during the first ethical application. Reassurance was provided to the committee that data identifying students as belonging to any specific underrepresented group (Appendix I), would not be sought or retained. Following this assurance, ethical approval was granted (Appendix J). In line with ethical approval and good documentation management processes, only the principle investigator has access to the original data which was stored on a password-protected computer and in a locked filing cabinet.

Anonymity, is identified by LoBiondo-Wood and Haber (2006) as being the protection of participants to prevent identification and linkage between participants and data given is difficult because of the nature of qualitative research (Jones et al 2014). During the initial stages of this study consideration was given to anonymising the data using numbers, Interview 1, 2 and so on. However, after considering how this may present when writing up the study it was decided to use pseudonyms. This was felt to be more appropriate, placing students as participants in a position of respect, as people who inform the research as opposed to objects of study (Bridges and Higgs 2009). Careful consideration was then given to the choice of pseudonym, recognising the large student body from which student participants belong. A trawl was undertaken to make sure that names chosen were not any of those from the list of currently enrolled students on nursing programmes during the data collection period, for example, Millie, Julia. All students were referred to as female for convenience and to diminish any recognition of participants by gender.

3.5.3 Assessment of Potential Benefits and Risks

Beneficence is the ethical principle described as protecting the research participant from harm (Nieswiadomy 2008). Participants’ interests or well-being should not be damaged as a result of their participation in research (Silverman 2013). Students were invited to participate as their programme was completed or nearly completed. This approach aimed to minimise the involvement of the researcher in the role of
allocations officer and promote student autonomy in choosing to participate or decline. On the other hand, Bradbury-Jones et al (2010) reported three potential benefits arising for nursing students partaking in a study, namely strengthening self; strengthening knowledge; and strengthening clinical practice. As this study took place either at completion or nearing the end of the students’ programme of study, it could be considered that students might benefit from the opportunity to reflect on their experience.

3.5.4 Obtaining Informed Consent

Written consent was then sought and consent forms (Appendix E) completed prior to the commencement of the interview, affirming the voluntarily nature of the agreement to participate in the study (Nieswiadomy 2008). Two weeks were given between expression of interest and initial contact and consent to participate. In signing the consent form the student indicated and verified that the researcher as met the obligation to inform them of the nature of the study and their involvement in it and, in turn they understand and agree with what has been communicated to them (Jones et al 2014). However recognising consent as a process rather than a point in time (Silverman 2013) it was also at this point that students were made aware of their right to withdraw from the study at any time without any repercussion (Nieswiadomy 2008).
3.5.5 Not Doing Harm

The principle of justice implies that the research strategies and procedures are fair and just (Holloway and Wheeler 2013). Several strategies were put in place, recognising the sensitivity of the subject and the relationship between the researcher and potential participants. This included the use of a gatekeeper when accessing potential participants the detail of which will be presented under sampling. Other strategies include inviting students to participate when they had completed or were nearing completion of their four year BSc Nursing programme, ending their engagement with the researcher as all placements were allocated by this point.

The researcher’s dual role influences the balance between maximising participation and supporting student choice to decline (Richards and Morse 2013; Watson et al 2008). Positioning of the researcher in this instance is important and a heightened awareness of the relationship between the researcher and the potential research participants is constant throughout the study. Attention to the potential power relationship is evident through the use of reflective journaling shared under the presentation of this study. These actions were carried out under the principle of ensuring justice.

3.6 Sampling

Sampling is defined as the ‘process of selecting a group of people, events, behaviours or other elements with which to conduct a study’ (Burns and Grove 2011 pg40). Sampling can be divided into two different types of sampling, probability and non-probability.

A probability sample is that which is randomly selected from the target population, where the researcher knows in advance the chance of every unit of the target population being selected (Silverman 2013). This method of sampling is used in quantitative research where the main aim is to select a sample representative of the target population. Probability sampling is largely inappropriate when engaging in qualitative research (Ritchie and Lewis 2003) and therefore was not considered for this study.
In qualitative research, non-probability sampling is used to study the population of interest and to ascertain that the research samples are rich sources of data (Merriman 2009). Non-probability sampling includes convenience, quota and purposive (Gerrich and Lacey 2010). Purposeful sampling is a strategy in which particular settings, persons or events are deliberately selected in order to provide important information that cannot be gotten as well from other choices (Maxwell 2012). Purposive sampling was chosen for this study, intentionally selecting groups invited to participate on the basis that those selected can present in this case their experiences (Silverman 2013) on nursing programmes.

3.6.1 Inclusion Criteria

Given the aim of the study to explore the experiences of students from underrepresented groups on nursing programme in an Irish context, the following inclusion and exclusion criteria were identified:

Inclusion Criteria:

- Those students currently active either having just completed or nearing completion of the 4th year of the on the BSc Nursing programmes
- Students who identified themselves as being from underrepresented groups

Exclusion criteria:

- Those students not active on the 4th year of the BSc Nursing programmes
- Those students who did not identify themselves as being from underrepresented groups

The invitation email sent to students inviting participation in the study included the definition from the Higher Education Authority of underrepresented groups, as those who are socially, economically or culturally underrepresented in higher education, mature students and students with a disability. As was detailed in chapter 2 students from underrepresented groups would have accessed their pre-registration nursing programme from one of the designated access routes. Information in the invitation
email served further to inform students’ decision to participate in the study or to decline.

3.6.2 Access

Jones et al (2014 pg118) when writing about the complexities of qualitative research in higher education, note that gaining access to participants is ‘sometimes easy and sometimes fraught with difficulty’. They suggest that the difference is the nature of the relationships and the care taken by the researcher to understand and give consideration to the context within which the research will take place. Given the relationships and possible tensions between the role of the researcher and student involvement careful consideration was given to accessing students for this study.

3.6.3 Gatekeeper

Early in the study design stage, a decision was made to appoint a gatekeeper to send an invitation to students to express their interest in participating in this study, recognising the freedom of choice and voluntary principles underpinning this study. The gatekeeper, who was an administrator within a department of nursing and midwifery, had no responsibilities in relation to the undergraduate nursing student groups. This approach was similar to the position taken by Bradbury-Jones et al (2011) during their study, which also involved interviewing nursing students. The participant information sheet, Appendix D was attached to the original email, recognising that potential participants need to be fully informed about the research and to ensure voluntary participation (Nieswiadomy 2008)

The call for expressions of interest was made twice, at an interval of nine months apart spanning two cohorts of students of approximately 220 students. These students had either just having completed their programme or were nearing completion. Eleven students responded to the call and volunteered to be interviewed. At all points in this study there was a constant awareness of the tension between the ethical dimensions of free choice to be involved while at the same time maximising participation.
3.6.4 Sample Size

Jones et al (2014) suggest that participant selection must be intentional, consider the relationship between how well participants can illuminate the phenomenon under investigation. While also considering the nature of the questions asked of participants and the contextual influences on participant selection, data collection and analysis.

A recent editorial by Cleary et al (2014 pg475) notes that ‘the adequacy of participant numbers involves thoughtful decision making’, highlighting the importance of showing transparency in the process. The scope of a study is never just about how many participate but involves consideration of a range of factors. As Sandelowski (2010) reminds us, it is the responsibility of the researcher to make clear all decisions made during the research process.

Decisions surrounding sample size for this study were considered based on the numbers of students expressing an interest in contributing to this study. In line with ethical approval and decision making, recognising the complexity of the issues surrounding underrepresented groups principles of self-selection and volunteer for inclusion in the study underpinned the sample selection. As previously identified once students expressed an interest, they were contacted to arrange an appropriate time for interview. All students who expressed an interest went on to be interviewed. Eleven students returned an expression of interest and all were interviewed for the study. At that point no further students came forward expressing an interest in participating with the study.

3.6.5 Student Profile

Eleven students volunteered and were interviewed for this study. Figure 3.1 shares the pseudonyms used to represent the data for the purpose of sharing within a logical structure (Savin-Baden and Howell-Major 2013). Of the eleven students interviewed nine students were over 27 years with two students under this age. In line with ethical approval and the approach of this research, students were not asked to identify how they entered the programme or which of the underrepresented groups they identify with. Those students over 27 years would be considered to be mature students. Eight of those interviewed identified having dependents. During interviews, students chose not to reveal disability or share specifics about their socio economic profile. However
managing finances was interwoven throughout the data and this is not surprising given the changed economic climate of Ireland. At the time of interview six students had completed their programme, with the remaining five being close to completion.

<table>
<thead>
<tr>
<th>Interview No</th>
<th>Pseudonym</th>
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<tr>
<td>1</td>
<td>Jessie</td>
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<tr>
<td>2</td>
<td>Brona</td>
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<td>3</td>
<td>Selina</td>
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<td>4</td>
<td>Esther</td>
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<td>5</td>
<td>Gillian</td>
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<td>6</td>
<td>Freda</td>
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<td>7</td>
<td>Irene</td>
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<td>8</td>
<td>Julia</td>
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<td>9</td>
<td>Millie</td>
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<tr>
<td>10</td>
<td>Louisa</td>
</tr>
<tr>
<td>11</td>
<td>Emer</td>
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</table>

Figure 3.1: List of Pseudonyms

3.1 Data Collection

Data collection is the process of gathering information, seeking answers to a research question (Silverman 2013). Guided by the research aims and objectives, seeking to explore experiences of students from underrepresented groups on nursing programme, individual interviews were chosen as the most appropriate method of data collection (Flick 2007). Interviewing is the most frequently used tool in qualitative research (Flick 2007). An unstructured interview approach can be chosen when exploring an area about which little is known (Merriman 2009) making it an appropriate choice for this study. Throughout the data collection there was a constant awareness of the tension between the sample size and choice to volunteer to become involved to maximise participation.

3.1.1 Interviewing

Interviews are a method of data collection where the researcher asks questions verbally in order to obtain information that is important to the study and can only be offered by the participant (LoBiondo-Wood and Haber 2010). According to Holloway and Wheeler (2013), individual interviews are the most frequently used data collection tool within qualitative research and can be semi structured or unstructured interviews (Rubin and Rubin 2012). An unstructured interview approach
provides participants with an opportunity to elaborate on their experiences, giving the researcher freedom to use probing and clarifying question that are not integrative in style (Rubin and Rubin 2012).

Quality interviews benefit from the flexibility of the researcher in adapting and responding to the individual participant and are guided by the flow of conversation during the interview (Flick 2007). It was decided to use a broad interview guide to support the interview process (Appendix F), however the nature and order of questions varied between participants and was as suggested by Jackson et al (2008) influenced by the direction and flow of the conversation.

An interview is a conversation with a purpose and more than simply the collection of verbal data. It is a reflective process and one in which a relationship is established (Nicholson 2003). Given the sensitive nature of the relationship between participants and researcher, it was important to prepare fully prior to interviews. Morse and Field (1996) acknowledge that beginning data collection for the first time can be stressful and the researcher heeded this advice. Strategies were put in place to lessen stress. These included time to prepare self, checking equipment and developing an awareness of the importance of creating an atmosphere where the participant feels comfortable to share their story (Al-Yateem 2012).

The creation of an accepting, trusting and non-judgemental setting is critical to generating data in qualitative interviewing (Jackson et al 2008). This begins by giving the participant the choice of a time, place and venue in which they are comfortable.

In this study students were asked during the initial discussions to choose a venue, aiding in the process of making participants comfortable and helping to build trust and rapport (Morse and Field 1996). Some students choose a venue within the higher education institution, a reasonably formal setting. The first two interviews took place in a private room on campus normally used for meetings. A review of the interview processes and transcript, took place after each interview. Purposefully the researcher looked for the possibility of power relations roles and it appeared that although participants volunteered to be interviewed, they may have been somewhat hesitant and less that forthcoming in describing their experiences.
In endeavouring to respond to the possibility of issues surrounding power relations, potentially influencing data collection a discussion with supervisors took place. The decision was taken to choose a more informal interview venue and this was suggested to the remaining volunteers. In moving the interviews to a more comfortable informal public venue there was an awareness of pitfalls such as interruptions or competing distractions (Morse and Field 1996), but they were accepted by students and proved to be more suitable to building and maintaining rapport. The informal setting appeared to help the participants and the researcher to relax, encouraging a more fluid interview with greater data generated.

Maintaining trust within the participant researcher relationship was central to the research study (Moyle 2002). According to Holloway and Wheeler (2013) individual interviews help in establishing a rapport, in building a trusting relationship. At the start of each interview participants were welcomed and thanked for volunteering to partake in the study and study aims were outlined. The importance of confidentiality and anonymity were emphasised. Students were reminded of their right to stop the interview at any time and withdraw. The process of data storage was explained and only then was informed consent obtained. Establishing rapport is crucial, requiring thoughtfulness about how the researcher presents themselves (Creswell 2007). While the time and venue were chosen by the student, the researcher gave sufficient time to prepare for the interview, ensuring that her attention was not divided or distracted.

Eleven interviews were conducted in total and ranged from 40 minutes to an hour and a quarter. This may in part be due to the interviewer’s developing skills in building rapport and engagement. As can be seen from this reflective diary excerpt following the fourth interview

More comfortable again, more relaxed with the tape recorder and introducing the student to the process. I felt much happier to allow silence. Took a while to get past the superficial and progress the conversation. Student was very comfortable talking. and at the end she commented on how enjoyable it was to speak about her experience. The informal venue is working out well as it is breaking the barrier that may exist.

(Reflective Diary Extract 5)
All students agreed for the interviews to be recorded. A digital recording device was checked prior to each interview to ensure it was in working condition, and there was ample battery capacity. During interviews the digital recorder was positioned near the student to the side of the table. This aimed to capture the voices and minimise participant discomfort. Recording the interviews gave the researcher freedom to focus and concentrate on listening and observing the nonverbal cues of participants (Rubin and Rubin 2012).

After concluding the interview, time was taken to record most immediate reflections on the content and process of the interview in field notes (Morse and Field 1996) beginning the data analysis (Burnard 1991) process.

Interviews were transcribed and prepared for analysis in word documents. Each interview was transcribed and saved as an individual file. Each line of transcription was numbered, and when quotes are presented in the findings chapter the line numbers are used with pseudonym as in this example Millie (L-12). Gibbs (2007) suggests using line numbers and also leaving large margins to make notations when reading transcripts and double spacing interviews allowing use of highlighter pens and circling of text. This process was followed in preparing all transcripts for analysis (Wellard and McKenna 2001).

### 3.2 Data Analysis

Data collection and analysis occur simultaneously enabling both to mutually shape each other, towards creating an emerging understanding of the research question (Sandelowski 2000). Data analysis is a continuous process which follows each interview and does not begin when all data has been collected (Silverman 2013). Transcripts and field notes from the interviews are the raw data from which findings are generated. Qualitative data analysis requires a systematic and rigorous process which is a time-consuming active process (Pope et al 2000).

Burnard (1991) provides a stepped framework developed and influenced by grounded theory to analyse data generated from interviews (Burnard 1991). This systematic process for data analysis was used to analyse the data from this study. It was chosen
as it allows the researcher to remain close to the data, staying true to the aims of this study, describing the experiences of students as they emerge. This framework supports the methodological approach of a qualitative descriptive approach (Sandelowski 2000). This approach promotes opportunities for the researcher to describe experiences in participants own language.

This method of analysis is referenced in peer reviewed publications and has been cited and illustrated by recent peer reviewed research including O’ Shea et al (2014). They used the framework when exploring family care experiences in nursing home facilities allowing the emergence of three themes from the rich data collected. Brorson et al (2013) also used Burnard’s (1991) framework with seven interviews in a study, which was found to ‘provide new knowledge by describing how nurses experience end-of-life pain relief in patients with dementia’ (Brorson et al 2013 pg321).

Similar to the practice recommended by (Richards and Morse 2013) transcripts of the interviews conducted were reviewed and showed significant replication of events in several instances. Interviews were deemed to be of sufficient depth and duration, averaging over forty minutes each.

### 3.2.1 Burnard’s (1991) Framework

While Burnard’s (1991) approach is presented as a series of steps and assists the researcher to manage large volumes of data, it is acknowledged that data analysis is more than a linear process and on some occasions overlaps. The audit trail for this study, Appendix K provides examples of working through the data analysis process. The steps of the process were utilised as will be outlined below, influenced by the data analysis and collection process taking place simultaneously.

**Stage One:** Comprehensive field notes, example of which is included in the Appendix G, of the topics discussed were made directly after each interview, avoiding disruptions to the participant’s narrative and as suggested by Burnard (1991) these notes were used as memory joggers to aid the development of ideas during analysis.
Stage Two: All transcripts were read and re-read several times. Immersion in the data allowed the researcher to become more aware of the participants real life experience of being an underrepresented student. Polit et al (2006) believe that themes cannot emerge if the researcher is not familiar with the data. At this stage of the data analysis and using the notes as memory joggers, it appeared that ‘getting through to the end of the journey/programme’ persistence and individuality were threading throughout the interviews.

Stage Three: As recommended transcripts were read through again. The data was reviewed thoroughly and ‘open coding’ occurred where headings or categories were freely given to the interview content.

Stage Four: The researcher collated the headings or categories together into ‘higher-order headings’. This allowed the collapsing of similar categories into broader categories. These categories are used to increase the understanding of the research question, generate knowledge and describe the phenomenon (Elo and Kyngas 2008).

Stage Five: These broader new list of categories were reviewed again and further analysis occurred that allowed similar headings to be collapsed or removed. This produced a final list of categories and sub-headings.

Stage Six: At this stage of data analysis most of the interviews were complete. Through the supervisory relationship, respecting the knowledge of supervisors and trusting the advice given, (Holloway and Wheeler 2013) the researcher was encouraged to consider the use of an analogy to generate some creative thinking. This helped in allowing the data to move and shape towards the final categories. This is shared in Appendix K.

Stage Seven: The researcher re-read the transcripts list of categories and sub-headings to ensure that all facets of the data were included. The final list of categories and sub-headings emerged.

Stage Eight, Nine and Ten: Continued the organised systematic approach to managing and analysing the data. These steps were taken using a word processing package, staying true to the principles by replicating the paper based exercise as suggested by Burnards (1991) original piece of work. Different colour fonts were assigned to each category and sub themes, ensuring all were included and they were then cut and pasted and saved as separate documents but within the one folder. Examples are included in Appendix K. Throughout this process the researcher had
access to the interview transcripts which were frequently referred to, remaining true to the aims of the study and the chosen methodology.

**Stage Eleven:** Burnard suggests two options to ensure rigor and for the purpose of this study the researcher chose to return to the colleague who originally reviewed the categories for her opinion on the formation of the categories. As the process evolved the data moved and shaped but it was at this stage that the final themes were finalised.

**Stage Twelve:** Reaffirms the importance of managing the data in a way that was systematic, organised and readily accessible.

**Stage Thirteen and Fourteen:** The findings from the study were written up, remaining close to the original meaning and contexts and sharing examples from the transcripts. Burnard offers the option of presenting the findings alongside the literature or as a separate chapter. As this is a descriptive study it was decided to present the findings as one chapter, then moving to discuss them within the context of literature and research in chapter 5, the discussion.

### 3.3 Rigor

Koch and Harrington (1998) identify that the issue of rigor has been a challenge for researchers as they move from conventional scientific paradigms to qualitative research. According to Tobin and Begley (2004) qualitative research has been criticised for lacking scientific rigor. Several terms and processes have emerged in the literature and can lead to confusion in how rigor is addressed. Nevertheless it is important to be aware of Morse et al.’s (2002 pg14) assertion that ‘Without rigor, research is worthless, becomes fiction, and loses its utility’. According to Guba and Lincoln (1989 cited in Koch 2006) trustworthiness can be enhanced within qualitative research through the criteria of credibility, transferability and dependability. They believe that a study is trustworthy when the researcher remains true to the data and can demonstrate how themes evolved.

Attention is now given to describing the chosen terms; credibility, transferability and dependability used throughout this research. Koch (2006) offers an approach to rigor based and adapted from Guba and Lincoln (1989).
3.3.1 Credibility

Credibility refers to the integrity of the research, aiming to give an account of how well the data collection and analysis offers a truthful account (Polit et al. 2006). It begins at the proposal stage of the study, when consideration is given to the research question, the context and background to the study and continues with the approach taken to invite participants to volunteer to tell their stories (Graneheim and Lundman, 2004). Furthermore, Koch (2006) acknowledges the importance of being conscious of the influence and understanding of the researcher to the research process, recommending close attention to self-awareness. In research the relationship between the interviewer and participant and the mutually understood meanings within that relationship, become an essential part of the data (Nicholson 2003). A key way of enhanced researcher self-awareness is through reflexivity, essential in this study considering the position held by the researcher within a department of nursing and midwifery. This awareness was documented in extracts from the journal and is presented throughout the thesis.

3.3.2 Transferability

Transferability is the criterion against which applicability is assessed (Koch 2006). Applicability describes the extent to which findings can be considered for implementation in different contexts with other groups. It refers to how similar the findings of the research study would be in contexts outside those of the original study. The purpose of this descriptive research study is not to generalise findings, but rather describe and give an understanding and to present findings from the experiences of the students from the underrepresented groups on nursing programmes. The data analysis sought to give an, ‘evocative, true to life and meaningful portrait’ (Sandelowski 1991 pg1) of students’ experiences. Burnard’s (1991) framework offered a useful way to analyse the data staying close to the words of the participants. Using appropriate quotations contributes to enhancing the transferability of the findings (Graneheim and Lundman 2004), which is supported by similar findings within the literature.
3.3.3 Dependability

Dependability refers to the consistency or accuracy of the research (Holloway and Wheeler 2013). A study is said to be dependable when the process of how the research was conducted, how the findings were reached and conclusions drawn are evident. The audit trail enables readers to determine whether the end product appears justifiable. Horsbourgh (2003) achieved this through the use of an audit trail. Guba and Lincoln (1989) consider an audit trail as fundamental to establishing the credibility, transferability and dependability of a research study. These interrelated elements lead to confirmability of the research findings. Rolfe (2006) highlights the role of the reader in confirming and judging the credibility of the research whereby there is a sense of how the data was analysed and there is evidence of how the final themes emerged.

In promoting the quality of the research several strategies were employed. All interviews were digitally recorded and transcribed verbatim, transcripts were checked for accuracy and were read several times enabling the researcher to become immersed in the data. This helped clarify the coding process leading to development of categories and themes. The method and evidence of the analysis process as detailed above can be seen in Appendix K.

Guba and Lincoln’s (1989) framework has been broadly used to address the rigor of the study. However, it is acknowledged that each element interlinks aiming to give coherence to the study. The researcher offers a detailed description whereby ‘a story that makes sense, a story that is consistent with past experiences and other stories, a story with satisfactory closure and representational appeal’ (Sandelowski 1991 pg164-165).

3.4 Summary

A qualitative descriptive approach was deemed most appropriate in addressing the study aims of exploring the experiences of students from the underrepresented groups on nursing programmes. On purposive sampling, eleven students responded to the call for expression of interest and all these students were individually interviewed. Burnards (1991) framework was used as a systematic process of data analysis and the
emergent themes and sub themes from this analysis are presented in the following chapter.

At every stage of the research process, consideration was given to the position of the researcher as an allocation officer in a department of nursing and midwifery where the study was conducted. Acknowledging that separateness is not possible (Bridges and Higgs 2009), extracts from the researchers reflective journal are presented, an example of a strategy aimed at heightening awareness of bias. Issues of rigor underpinning this study are based on the approach offered by Koch (2006) based and adapted from Guba and Lincoln (1989). Chapter 4 presents the findings from this qualitative descriptive study.
4. Chapter 4: Findings

4.1 Introduction

This chapter presents the findings from this qualitative study describing student nurses from underrepresented group’s experiences of undertaking a four year nursing degree programme in an Irish higher education institution. Through offering a detailed description of these students’ experiences, the research aims to contribute to an understanding of and an appreciation of the student experience.

Analysis of transcripts from eleven students interviewed using Burnards (1991) framework generated the following three themes and seven sub themes

<table>
<thead>
<tr>
<th>Taking the First Steps</th>
<th>Making the Choice</th>
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<tr>
<td></td>
<td>Getting Started</td>
</tr>
<tr>
<td>Finding a Way</td>
<td>Balancing and Surviving</td>
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<td>Making Ends Meet</td>
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<td>Understanding the Clinical Learning</td>
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<td>Environment</td>
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<td>Getting Through</td>
<td>Whatever it Takes</td>
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<td></td>
<td>Hanging in There</td>
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Figure 4.1: Presentation of Themes

The themes represent different stages of the student journey on a path to becoming a graduate of the university, eligible to apply to the Nursing and Midwifery Board of Ireland for registration as a nurse. Sub themes represent the steps within each theme that contributes to making the journey and the goal of ‘realising the dream’.

The beginning of the experience, Taking the First Steps illustrates students making a choice to study for a higher education qualification in nursing. The complexity of the decision making supports an individuality that is interwoven throughout the data. Students show that the consideration given to a myriad of factors, family dynamics and responsibilities, finances and their self-confidence. Feelings of being unprepared and a sense of insecurity emerged when students discovered previously unknown
information and encountered the real world of a student nurse in university and clinical practice, beginning their journey.

Finding a Way to balance and survive and progress throughout the four years illustrating students determination to personally learn and develop towards becoming a nurse. Student stories offer a rich description of the lengths and efforts made in striving to juggle family commitments. This coincides with challenges of part-time work, a necessity in making ends meet. The ability to draw upon previous life experience seems to prepare students to work towards understanding the nature of the academic and clinical learning environment, appreciating when and how to explore their learner needs with staff, working in a very busy environment.

The final theme of Getting Through draws together the individuality and determination emerging from the previous themes, highlighting the commitment to reach for the end, completing the journey. Facing life changing obstacles students do whatever it takes to overcome and continue on the programme. Furthermore, students identify how they access and accept support even when it is not comfortable to do so. Hanging in There towards the end shows students managing expectations of themselves in completing the programme, finishing the final year project and moving through the internship. Students develop a sense of confidence in themselves and how they grow and develop as they reflect on the final steps of their journey.

In keeping with descriptive qualitative research approach in presenting these themes direct quotes are used to illustrate student experiences. The presentation of excerpts from conversations aims to capture the spirit of the interviews rather than the language of interpretation. This approach is in line with Van Manen’s (1990 pg17) suggestion that interpretation can ‘flatten rather than deepen our understanding of human life’.

Each excerpt is assigned a pseudonym aligned with the interview and accompanying lines from the transcript are identified using L and bracketed, for example Millie [pseudonym] interview transcript (L 46-48). These findings provide a detailed analysis aiming to be rigorous while acknowledging that the analysis and themes offer
a view of students’ experience presented at a given point in time. These themes are now presented in detail, beginning as any journey does with the first steps.

4.2 Taking the First Steps

This first theme illustrates the beginnings of the student journey, considering choices of how and when to move towards going to university and becoming a nurse. These stories reveal a unique view, exploring how students make the decision to embark on their journey at this point. The complexity of and myriad of interrelated elements organised around family influences, financial considerations and self-confidence are shared. Feelings described include being unprepared and feeling insecure as students start on their programme encountering the university and discovering the real world of clinical practice as a student for the first time. There are two sub themes, Making the Choice and Getting Started.

4.2.1 Making the Choice

Students’ stories begin with considering choices in deciding to come to university and the subsequent application process. For some students a nursing qualification is described as a ‘dream’, for others the choice is about wishing to gain a higher education qualification, catalysts to beginning their journey. Several elements influence and surround these decisions, offering a view of how and when students choose this point in time to take first steps towards advancing a career. Influences and factors of family circumstances, finances and self-confidence are interwoven throughout the data, all playing a role in students’ decision making opportunities to apply and take up an offer of a place at university.

Parental influence earlier in life led two students down different paths only to return and follow their dream at a later point. Gillian shares her story of being unsure of her career choice between nursing or teaching on leaving school and following the advice of her parents saying,

‘I always wanted to do nursing, and when I was 17 I had both teaching and nursing down … I was caught between the two and I didn’t know which one to take. With the encouragement of my parents I went the other road, teaching and never for a second really settled in it’ Gillian (L 81-87)
The demands of shift work involving unsocial hours and weekends influenced Julia’s discussion with her parents, taking a decision when leaving school to choose a more traditional degree,

‘I always had a nursing as a career choice in my head ever since I was 18. But I didn’t like the idea of weekend and night work at that stage so I went and did science in college and never enjoyed it’ Julia (L 46-48)

Changing family circumstances also influenced the timing of student’s choices. Brona shares how the illness of her mother led to a postponement of taking up a place on a nurse education programme as family responsibility took precedence,

‘I came out of school and went to do my psychiatric training away from home when I was 18. I had just left school and being away from home was quite daunting. I had just started the course and my Mum got sick and I was needed at home so I left my course and said I would go back as a mature student when I had turned 23’ Brona (L 6-13)

The impact of changing family dynamics is further expanded by Emer explaining how a family bereavement led to a change in travel plans allowing her to accept a place on the nursing programme,

‘I had applied for nursing in January but went off to Australia to work anyway. Then my granny died in the summer and I ended up coming home, allowing me to accept the offer of nursing and starting in September’ Emer (L 2-7)

Being in the right frame of mind, ready to accept the challenge was the deciding factor for Julia,

‘I had wanted to go to college and had been threatening and thinking about it for a long time before I eventually applied. I had been home with the kids, but I knew I wanted the challenge of further education’ Julia (L 53-56)

Nevertheless, decisions were multifaceted, complex and individual. A lot of things had to come together at the right time, family, financial and students own belief in themselves. This is illustrated by Selina’s path to study nursing, beginning as a care assistant, then raising a family while working full time in an office based job. These life experiences and a redundancy package opened an opportunity to follow her dream,
‘I got a good redundancy package from work and with my husband I decided to do what I had spent so long talking about and go to college to study nursing. I had wanted to be a care assistant because I wasn’t confident enough and didn’t think I could be responsible enough to be a nurse, but people had always said I had potential and now I wanted to see what they were talking about’ Selina (L 83-87)

The individuality of choice and an appreciation that ‘the time is right’ is reinforced again by Louisa. Originally Louisa began a nursing programme took leave of absence and returned again when family and financial circumstances changed,

‘I went to College and had a diploma and had been working for years. My child was 3 or 4 years old at the time I decided to study again as I needed a challenge. I had always wanted to get a degree and was interested in mental health, so I chose mental health nursing. I started the course in [xxx] but I couldn’t get fees or a grant organised at the time so I took a leave of absence and went working part time. I went back three years later as my child was a bit older and in school and I was able to get the fees making it all easier, it worked out then’ Louisa (L 20-22)

There is a constant sense of the importance of the development of confidence to pursue the dream at the right time. Esther reaffirms this perspective, reflecting on being out of work as a care assistant due to an injury explaining how this affirmed her desire to become a nurse

‘I had always said I would do nursing but I settled into my job. Then I was out for 6 months and it really hit me that I wanted to become a nurse and work in this environment all the time so I went ahead and applied’ Esther (L 23-28)

Throughout the conversations, finances play a role in student experiences, especially so at the beginning. For some it was the availability of finance whilst for others a lack of financial security was an influencing factor, mirroring the economic climate in Ireland from the start of the student journey to the end. The availability of financial support was significant for five of the students interviewed. Similar to the experience of Selina, Jessie was offered redundancy and choose to pursue a long-held dream of studying nursing.

‘I got redundancy and left my job on a pension so I didn’t have to work to get myself through college. My children were grown up and my spouse supported me in coming to college’ Jessie (L 36-38)

Students also had a sense of having to grasp the chance when it is presented, acknowledging that there will never be a perfect time, just an opportunity,
‘There is never a good time just a decision time. It is difficult as life will throw something up but you have to make the commitment and go with it’ Emer (L 2-4)

The significance of being awarded a place on a nursing programme is illustrated by Irene,

‘I want to break the circle for my children. I don’t want them to face the challenges I did. I want them to be pro education and to be given every opportunity regardless of race, age, background, anything. They have a right to be educated and I don’t think that I have the skills to do that unless I am educated myself’ Irene (L 218-222)

‘Some people just see it as you finish school then go to college …… For me it wasn’t like that, it was like getting a place on the X Factor’ Irene (L 1088-1092)

4.2.2 Getting Started

The next step on the path to making the dream a reality is Getting Started and becoming familiar with different elements of the university, nursing and clinical placements. The programme begins with an academic eight weeks theory semester before embarking on the first clinical placement for four weeks. This journey of discovery begins as students find themselves exposed to the reality of a nursing programme illustrated by Irene as she recalls,

‘there was a lot of stuff I didn’t know when I had applied for [        ] when I applied for nursing, I didn’t know that the hours. I didn’t know placement, the structure of the course, the years and the different semesters. And the requirements of the QCA. I mean I literally thought yeah, I am going to be a nurse and I am going to [        ] ’Irene (L 169-173)

Being unaware or unprepared for information given early in the programme led to students describing a sense of increasing anxiety and feelings of concern and insecurity

‘You are so innocent going into it you don’t know what is ahead of you. You really really don’t know what is ahead of you. When I applied to do my course we weren’t told that we were going to [placement location] we were told on the day we started and in hindsight I would probably have chosen differently if I had known’ Julia (L 390-392)

Students concerns and fears were repeatedly expressed about academic ability. These included the length of time since undertaking formal study and a lack of fundamental knowledge in specific subjects. Brona comments,
‘God how am I going to do. It had been about 6 years since I had left school so again that was a big jump, especially getting back into academic writing and things like that’ Brona (L 17-19)

All first years undertake a foundational module in science and while for some students science at this level represents a steep learning curve. Jessie says

‘I thought I would have an awful lot of catching up to do, which I had and initially in the first few theoretical modules, physics, chemistry it was new. But when I got over that I was fine’ Jessie (L 14-17)

Most students found themselves settling into the academic world, managing their concerns on a new programme in a new environment. Following eight weeks theory involving five modules and pre placement preparation students move on to the first clinical placement. Students recalled this first placement as a ‘reality shock’ discovering what nursing involved.

Discovering the nature of nursing practice and the reality of taking care of client’s personal hygiene needs is described by Millie,

‘I remember my first placement, I went home crying thinking what did I get myself into. I honestly never had any intention of doing nursing care, that’s why I didn’t do general. I had a complete misconception of what was involved in mental health nursing’ Millie (L 138-140)

Students repeatedly spoke about feelings of fear, apprehension and being unprepared for placement when encountering the reality and unknowns of practice. Gillian recalls feeling anxious when faced with different realities of placement rather than what had been learnt in clinical skills laboratory sessions at university,

‘Then you are out. We didn’t know what we were stepping into the first day. I think somebody should go through the routine of the ward so at least you would know that. Also you learn things like manual blood pressure monitoring and then you go out on placement with a machine to take blood pressure! I didn’t know what to do with this machine’ Gillian (L 419-424)

While all students remembered vividly feelings of nervousness of apprehension, five students similar to Louisa found the first placement experience to be of great value,

‘I was nervous on my first placement but I still remember loads. It was probably one of the best learning experiences for me even though it was first year’ Louisa (L 249-251)

This placement also shaped learning, influencing interactions with others throughout the programme as students recognised similar feelings in their junior colleagues later on.
Students identified the significance of the first placement as a period of discovery and a critical confirmation of career choice, offering a sense of confidence to face the challenges of more study and many more new experiences on the nursing programme. This theme provides an insight into how this group of students decided to take the first steps on their path to becoming a nurse. Complex decision making occurred prior to the application process, where students explore the impact of their decision both for themselves as individual but also on family members and their finances. Having been successful in obtaining a place on the programme, student shared feelings of apprehension and concern on starting their university and clinical experience. Positive first experiences enabled students to progress with a sense of confidence.

4.3 Finding a Way

Moving on and navigating through the programme, students are challenged to find their way through the four years. The path through this period is reflected in the three sub themes of Balancing and Surviving, Making Ends Meet and Understanding the Clinical Learning Environment.

4.3.1 Balancing and Surviving

Combining academic semesterisation with placement challenges students and contributes to the complexity of nursing programmes, in addition to requirements of professional registration demands. Students with families and dependants illustrated the competing demands in prioritising, organising, managing and balancing. Decision making on what could be done, concerning family, academic and placement needs. Drawing and depending on support from family and friends at different times was a necessity. Students are also asked to manage expectations of themselves. Some students felt they had less time to study that those without dependants or family. These significant challenges of balancing the needs of the family with academic work and placement were shared by eight students interviewed with children. Combining placement and study, students continued to ensure everything at home was organised and prepared for the following morning as illustrated by Freda,
The harsh reality is described as a nightmare of trying to balance studies and life reflecting the constant struggle. Organisational skills are critical in preparing everything the night before, as becomes apparent with stories of returning home from twelve hour shifts on placement are recalled,

‘It’s a nightmare. Shifts are just so long. My partner will have the two children all weekend, Saturday, Sunday, Monday. I’ll be off Tuesday, Wednesday, Thursday, Friday but it is the late nights. He takes them to school, brings them out to the crèche and collects them. I have to have everything completely ready for him in the morning. I have all the bags packed. That’s what I spend my night doing when I get home at the end of a twelve hour shift. Just getting ready for the next day’ Emer L (3-12)

Feelings of guilt and concerns around the possibilities of not reaching potential are shared by all. Some placement areas are too far away to travel home every evening presenting real dilemmas for those with young families. Understanding the importance of the placement as a learning opportunity, Julia explains feeling anxious about the logistics, reflecting finely balanced decisions,

‘I am sick already at the thoughts of it and it is for eleven weeks, My boyfriend works night shifts so we are going to have a nightmare trying to organise child care ...it will all work out but it is the logistics of it at the moment I am worried about. I just don’t know how it is going to work. However, if someone said to me you don’t have to go on this placement, I can’t say I don’t want to go either because I want to experience, that’s the hard bit. I am really torn, really really torn. I don’t have an answer for it’ Julia (L 148-154)

These feelings are echoed by Emer,

‘The choices between family and study are tough and fraught with guilt. As a mother you want to do things yourself, but have to accept that this is not always possible’ Emer (L 14-15)

Deciding when to study and when to prioritise home life asked students to consider their personal expectations as illustrated by Selina explaining managing being a busy Mum and studying,

‘I know I could have done even better than I did, but I just didn’t have the time, literally didn’t have the time. There were times when I could have picked up the books and done a bit more, but I didn’t do it. I knew I made a choice’ Selina (L 200-201)

Moving to explain how her children expressed their feelings,
'My older children are very supportive they were saying you’re a great Mum, a great Mum, whereas the smallest little one would say, are you ever going to be finished, I want you to be finished, no more school, it is hard to hear’ Selina (L 194-197)

The support of close family, partners, spouses, parents and friends was critical in allowing students to balance the demands facing them to make it work. Trusting others to take care of the day to day activities that students themselves would normally do, examples such as school runs, homework, and housework were shared. It was essential that students knew when to draw on this support. Freda describes approaches that worked for her family,

‘I divided and organised my time. I had study time and I had home time. During semester time this worked well, I turned up for all my lectures. I had great help from my parents collecting the kids from school and helping at home. When exam time would roll around, I would change it again for a few weeks and pull out all the stops. I would be away from home a lot around exam time so I would recruit all my help and back up during that three or four weeks’ Freda (L 84-110)

However, allowing others to help and take over family roles is described as emotionally challenging. Accepting help reflects the level of commitment as interwoven throughout the data towards completing the programme and moving through the programme to become a nurse,

‘I would never have been able to do this course without my family support. coming into placement you have to forget about everything and leave your outside responsibilities at the door, leave everything and just come in and do it’ Julia (L 24-25)

The balance between prioritising, organising and managing a range of competing demands displayed by students seem to be fundamental to their success. Similar skills are drawn on when managing part time work while being a full time student as emerged in the next sub theme of Making Ends Meet.

**4.3.2 Making Ends Meet**

Limited finances means students had to find part time work outside of fulltime study to make ends meet. This was a necessity for four out of 11, students interviewed, leading to pressure and exhaustion in some instances, with two students describing illness. Balancing the requirements for work also meant making choices about integrating into student life. Students described that they had less opportunities to interact with their peers and engage in university life. The reality of balancing these
demands is illustrated by one student who had a previous degree describing juggling two part time jobs while struggling to pay full fees [€7,178]. One student describes daily college life, making the best of the limited time available.

‘When lectures finish at five I go straight home and am working by seven. I am not hanging around on campus to study, have coffee or anything. I have to manage my time. I only get to the library if there is a break between lectures’ Gillian (L 519-522)

Combining working and studying while being on placement was seen as demanding and exhausting, but the sense of determination and commitment to complete interwoven throughout the student experience carried Emer through when sharing,

‘I was lucky that my two part time jobs were nice, I liked where I was working. I was tired and coming up to the assignments and would think oh my God, how am I going to manage but I just had to get them done and that was it. Did you take the summers. I couldn’t really afford to take the summers off but I didn’t mind it was nearly a break because I just had my own part time jobs to do’ (Emer L109-116)

This balance is subtle and there is a fine line between being able to meet requirements and making choices which can lead to even more financial problems like repeat fees. Remaining financially solvent and keeping up with study demands. Leading to conflict with working outside the programme taking precedence for some students. In some instances health suffered. This can be seen by the extraordinary lengths taken by some students to make ends meet,

‘I worked for two years without a break, I would be on placement from Monday to Friday but would always request a half day on Friday. I would come home, go to bed for few hours, and then go out to work Friday night and Saturday night in a nursing home. I would come home at 9 am on Sunday, go to bed and then force myself to get up again at 3 o’clock. I had to try and eat, do my academic work and try and be back in bed for at least 11 o’clock to be up again for 7 am for placement. My health suffered severely and I just couldn’t keep it up after two years’ Irene (L 1023-1041)

The reality of this level of financial pressure is evident as Irene continues,

‘I had bills to pay, loans to pay I had financial stress which from me was 100% on the Richter scale’ Irene (L 580-581)

The flexibility and ability to integrate into student life enjoying the experience when not faced with the stress and strains of part time work is illustrated from the stories of the students who did not have to worry about finances as Esther says,
‘A lot of my friends were going working nights and weekends to finance themselves, whereas I had the time off so I could put 100% into my college work. I had the time and it was brilliant’ Ether (L 59-61)

And further expanded by Jessie,

‘I left my job with my pension so I didn’t have to work through college. I didn’t have to worry about money allowing me to leave home in the morning and come to campus for 9 am have a swim, stay between lectures, go to the library in the evening and study for a few hours before going home. It was thoroughly enjoyable’ Jessie (L 36-38)

The ability to manage and balance the demands of family and finances as shared by these students, who have or are near to completion of the programme. However, as suggested by Jessie the students for whom this is not possible are those who do not complete,

‘Some of the mature students that I linked in with weren’t as lucky as I was financially. They had to work and the time constraints this placed on them meant one or two of them didn’t make it through’ Jessie (L 39-40)

The choices surrounding balancing family life take place against the background of students finding their way in the new environments of academia and clinical placement, developing and understanding of how to work within them.

4.3.3 Understanding the Clinical Learning Environment

Students demonstrated an ability to draw on life and work experiences when managing the transition into academia and the clinical learning environments. Students develop an understanding of how things work in practice and how to learn and work within the system. For some it was within the clinical environment that maturity and life experience came to the fore, appreciating the need to learn means carefully judging the use of questioning and silence. The challenging and dynamic nature of the clinical environments means students do not always feel their learning needs are a priority for staff. It is students that promote their own learning, encouraging staff to include them in appropriate care activities and ward duties. The manner in which students choose to do this reflects their maturity and life experience as illustrated in the following,

‘You need to get you out of your comfort zone, to do something that you will have to do once you are qualified as a nurse…… I think everybody is a very good care assistant, and we are all great to do things, jobs but
at the end of the day you have to step out of that and say I will be qualified now in a month and I have to up it a bit’ Gillian (L 790-791) and

‘Absolutely but there are students still struggling doing that. Things have to be done and obviously the registered nurses have to do certain things like the IV drugs and the patients have to be washed fed and cared for, but you will miss the opportunities to go on the drug round and learn that sort of thing unless you put yourself forward and ask’ Jessie (L 787-793)

The gradual emergence of confidence and assertiveness emerges in different ways. Jessie speaks of being assertive advocating for her learning opportunities. While Esther speaks about her challenge in returning to a ward where she previously worked as a care assistant. Esther describes how she has developed advocating for her personal learning needs, handling potential tension with former colleagues as staff, while at the same acknowledging the busy and competing demands of the work place,

‘I would ask somebody; can I do the drugs’ and they would say I had forgotten you were a student but it was no problem, then they would ask me to go photocopying, but I didn’t mind and was more than willing to do that as well, it works both ways’ Esther (L 350-352)

Understanding the learner role, students drew on their maturity and insight recognising the importance of timing and manner when seeking clarification or asking questions in the clinical environment

‘I think because I was a bit older I wasn’t afraid or hesitant to say ‘right I don’t know this someone tell me’ but I knew how to say that without coming across as cheeky. You know when someone is having a bad day you are not going to bombard them with a load of questions which they maybe don’t know themselves. You need to know when to ask questions and when not to and to go away for a minute’ Freda (L 519-523)

Feeling comfortable questioning and promoting learning was also attributed to maturity by students,

‘I would never have been afraid to say to someone, and I felt that type of maturity too’ Selina (L 157-159)

For some it was not that easy, finding themselves having to accept that their role was perhaps not a priority and not important,

‘Any of the staff can ask a question, but as a fourth year if you ask it they consider that you should know that at this stage. But another member of staff can be in and out every five minutes and it is no problem and they are qualified. There are different rules for everyone,
the mentality is that you are student, you put up with what you have to
put up with and that’s that’ Julia (L 240-245 L 338)

Being accepting of and choosing not to question the system was an approach adopted
by students who did not want to upset the balance they had fought to achieve,
especially approaching the end of the programme as one student noted,

‘I had to learn how to work within that system because I am not going
to go on a crusade and I just want to be finished then I can chose to
work the way I wanted to work. But now I have to work within the
system but not to question things I suppose’ Louisa (L 180-183)

Students speak of highly developed communication skills, knowing how and when to
question or remain silent. Drawing on previous experience and maturity seems to be
essential in contributing to making judgement in relation to practice dilemmas.
Decisions are made about what can be changed, influenced or accepted within the
student, learner role. This illustrated by Millie, sharing thoughts following an
experience on placement leaving her feeling frustrated and disappointed but unwilling
and unable to discuss it further within the placement area,

‘What annoyed me about the incident was the fact that it was not
professional. I just can’t stand unprofessional behaviour. I suppose this
comes from working within an industry where you have a standard and
if you can’t maintain it you will be replaced. I didn’t bring the incident
up with anybody but one of the other students was there and she started
giving out and talking about it. I don’t tend to initiate these
conversations because I just don’t believe it makes a difference here
and I am not that type’ Millie (L 210-213)

Maturity and life experience provided students with life skills towards understanding
how to work and learn in the dynamic, challenging clinical environment, appreciating
when and how to promote their learner role.

The theme Finding a Way shows how students navigate and move through the next
steps on the journey sharing the sometimes extraordinary lengths taken to balance and
survive. Family life had to be organised and managed alongside the demands of the
programme. Balancing part time work while on a full time programme for some
students was a necessity, resulting in lack of opportunity for peer engagement and
integration into student life. Also resulting in stress and ill health for some students.
Flexibility, integration and having plenty of time to study were the luxuries afforded
to students for whom this was not a necessity. Drawing on skills developed through
life experience, students shared how they made learning within the complex
challenging clinical environment a reality for them. Students shared experiences of appreciating when to promote their learner role and when to remain unquestioning. The final and third theme explores how students manage the next stages of their journey, making it through to the end.

4.4 Getting Through

Life changing challenges, obstacles and struggles were a reality faced by all during their programme, compelling students to do whatever it takes to continue, including accepting support. Enabling support allows students to harness their strength and move through the programme, doing whatever it takes as reflected in the first of two sub themes in this section. The final sub theme of Hanging in There reflects student’s feelings particularly through the final stages of their programme. The internship period in particular requires balancing the competing demands of academic work, including a significant final year project with clinical assessment and the challenges of being part of the nursing rostered team. Completing the programme requires students to manage self-expectations and develop an acceptance of what is possible during the limited time available. Students eloquently describe a developing confidence nearing the end of the internship. They shared that making the end brings a sense of pride and achievement.

4.4.1 Whatever it Takes

Over four years on the nursing programme students faced and overcame numerous challenges and obstacles. Many life changing events, including relationship break ups, loss, bereavement, unplanned pregnancies and financial pressures all take place against the background of the demands of studying and practicing nursing. Stories vividly reflect the strength and determination shown by students to do Whatever it Takes to keep going and complete the journey. Struggling through these difficult periods requires not only determination but support which for some students was not easy to ask for or accept. Students showed a pragmatic approach and recognised that support was necessary to make it to the end.

The sense of determination and commitment emerging throughout the data comes to the fore during times of great personal stress reflected by Irene,
‘I thought to myself this is my one chance, if I don’t get this career now I never will. It was the be all and end all. I knew I was struggling, but where do I go after investing 3 years? If I were to drop out at 2, I would be left with no money and the feeling that I got so far, but I couldn’t make it’ Irene (L 551-558)

This view was supported by Freda sharing her story of coping through marital breakdown during the final year,

‘It was really hard but stopping wasn’t an option. I would have to be blue and in a hospital bed not to continue. I was determined to finish. I said no way, no way am I giving up now. I knew there was loads of supports in the university even though I never had to use any of them before. I decided that I was now going to have to use all of them’ (Freda L 234-246)

However whilst recognising the need to seek support, the reality of accessing and accepting such help, sometimes left students feeling more vulnerable and frustrated as reflected by Freda explaining how she applied for an extension time for some academic work,

‘Just having my personal information out there, was just horrific. I felt I had to tell everyone my personal business and I was annoyed with this. I felt I was going through enough without having to explain to more people’ (Freda L 308, 312-315)

Nervousness and uncertainty surrounding requests for help and support were also expressed, as Irene continues,

‘You don’t want the university knowing your personal business and knowing there is anything wrong You want to keep your personal life and your professional life separate, it is private. However I knew I had to ask for help. So I went back to counselling, panicking. I thought I was not going to be allowed to continue on the course because people in the university thought I was suffering from depression and I may have missed too much time, but I hadn’t done anything wrong, I just took the 6 weeks I needed off’ (Irene L 856-862)

Individual arrangements put in place during difficult times enabled students, to continue with determination as illustrated by the challenges Brona shares in detail. This student describes coping with a new baby and the choice to return to the programme. Having managed this difficult period, she then found herself faced with the breakdown of her relationship, needing to make alternative living and child minding arrangements at a critical point in her programme,

‘I was on placement, heavily pregnant until Tuesday and I had my baby the following Sunday. Afterwards I was out for about three weeks and then returned to labs and lectures. The support was brilliant both from the hospital and the university but it was tough because I was also
trying to breast feed. A few months later I was going through a break up with my baby’s Dad so it was very tough going. But I found it was as simple as saying you needed help, not being afraid of saying it and everyone was brilliant’ Brona (L 94-96)

Where students were enabled, receiving the individual support needed, they drew on reserves of personal strength and coping to move on through the programme. As illustrated by Millie as she recalls managing following the death of her Mum,

‘I received great support from the university when my Mum passed away suddenly in first year and that meant a lot. I used the counselling services which also helped, but I had to deal with my Mum’s death and my own issues which left me isolated from the rest of the nursing group. It was different from the first time I went to college which was more socially geared, now everything is just more about doing it to get to a certain point’ Millie (L 50-51)

The role of family and close personal relationships were critical in supporting students throughout the programme. Students share the importance of emotional and practical support received through difficult times. Students spoke about the importance of how people close to them understood the significance of the programme and were willing to do whatever was needed to help, enabling continued progress. This is illustrated as Irene reflecting on the practical support offered by parents when facing with going back a year to repeat a failed module,

‘My mother was not somebody that handed things out, as a child if you wanted a treat you worked for it. I explained to her that I had failed, had to move back a year and how I was now considering not continuing. She said, you are going back, there is no option and I will do whatever I can to make it easier for you. My Mum and Dad paid the repeat module fee and bought me a car which was my life line ’ Irene (L 899-905)

Enabling emotional support from the people closest is explained by Jessie, when recalling an incident on placement, which had left her feeling vulnerable and the emotional support received from her dad,

‘I remember going to the bathroom on the placement area and balling my eyes out because a preceptor had made me feel so vulnerable. I spoke to my Dad because I didn’t have a clue what to do and I am very close to him, he knows me well. Having explained the situation to him his advice was don’t ever drop your standards for anyone else, and he was right, which gave me the strength of my own convictions and allowed me to return to the placement and carry on’ Jessie (L 820-825)

Overcoming challenges and obstacles requires a sense of determination that needs to be supported, enabling students to harness it enabling them to progress through their
programme. While not always easy accepting support from formal structures, and from family and within close relationships allows students to move through.

4.4.2 Hanging in There

This final sub theme, Hanging in There displays students nearing the end, managing workloads, balancing competing demands whilst holding onto the dream during the tough times. Faced with the internship period students require all reserves of strength to manage this period of pressure and their personal expectations. Students developed an acceptance of what is possible and needed to move through the programme. Students can be seen growing in confidence nearing the end whilst reaching the end point brings pride and achievement.

The nursing programmes are currently structured with a nine month period of internship placement at the end. During this time students are employed by the health services, being part of the staff ratio complement whilst also completing a significant piece of academic work and engaging in clinical assessments. Managing study, work, home and family life places pressure on students asking them to find skills to cope as illustrated by Emer

’In fourth year it was hard to multi task. You had to be on placement and focus on placement and competencies and then walk home and focus on the final year project. I think it is testing your coping mechanisms and your stress levels which you need for nursing’ Emer (L 629-636)

Working tirelessly students develop strategies to manage, coming from a sense of knowing self and how best to cope. For some this was about having the work completed and handed in ahead of time whilst for others it was about managing the higher expectations they set for themselves. Jessie shares personal strategies used to ensure students develop skills to manage themselves whilst under this pressure

’We were all on placement full time in a difference environment and very much deep ended, under pressure. I would come home and try to learn things for myself to go in the next day, because I was coming across things that I had never heard of. I was studying a lot to get through my working day and then trying to think of the final year project as well was huge pressure’ Jessie (L 127-132)

Continuing to share,
Some people would stay up all night to do an essay the night before it was due. I can’t work like that. I would have it handed in the day before, I wouldn’t put myself under that kind of pressure I know myself I couldn’t go that route’. Jessie (L 146-152)

Concluding,

‘I found it exhausting but I just wanted to do it so much’ Jessie (L 82-83)

Even those students who were proactive, organised and spoke about early preparation in managing this period felt the pressure as illustrated by Selina. The story shared about another student illustrates the challenges of this period for all students,

‘I was absolutely wrecked doing my final year project and I started mine very early I had my reading done and I had my first draft written before the internship started, so nearly seven months before it was due yet I still ended up only getting it in on the last day

It was one of the younger students put it up on [social media],

Do you want to come out for a drink? No I can’t, I have to do my assignment.

Do you want to come out for drink? No I can’t I’m working night duty.

Do you want to come out for a drink? No I can’t I’m up early in the morning………equals no life.

You really don’t have any life when you are doing your assignments and working full time and I don’t know if any course expects that much of anyone else. I felt like there was too too much’ (Selina L 213-234)

Burdens of a physical and emotional nature emerged while managing the competing demands of this final internship period as illustrated by Julia,

‘Trying to balance the final year project, the clinical assessments and home while being on placement was the biggest stress, emotionally draining. On my day off I had to go to the library and do the final year project, there was three weeks during this time when I wasn’t at home any day before the children went to bed. I expected to feel absolutely delighted when the assignment was completed and handed in but I didn’t because I felt that I hadn’t given it the 100%. I had to say to myself, I could not have given it more but, it is the best I could do being a Mum of two children, so I had to let it go and in the circumstance, I get whatever grade I get’ Julia (L 519-525)

Illustrating the determination evident throughout the data Julia recalls the drive to continue,

‘The stress of 4th year, the money, the job situation, I have too much invested after 3 years to say right I am going to walk away at this stage but it takes determination to stay’ Julia (L 232-234)
This was echoed by Jessie

‘there were occasions where I thought I wouldn’t make it through but thank god I did and I just persevered’ (Jessie L 8-9)

In conversation and responding to probing about what helped to keep her going during the tough times of the internship Emer clarifies

‘Those days in the university doing PRT [protected reflective time] helped me during the last few months allowing us to talk about experiences, things that we might have seen that upset us or just the pressure I learnt how to manage and work through these emotions’ Emer (L 240-242)

The opportunity to share and know others were feeling the same gave students an understanding and appreciation that they were not alone. It also helped to develop techniques to manage pressure,

‘I have pretty strong coping skills, and am a very driven person. I have been since I was a child but actually it was during PRT days that you realise you are not alone in struggling, the relaxation techniques were also useful’ Millie (L 54-56)

Towards the end of the programme students demonstrate the ability to manage expectations of themselves, beginning to see the possibility of successfully completing the programme, meeting the criteria for eligibility to apply for registration. Towards this final stage, some students refocus towards achieving the goal of becoming a nurse rather than on academic results. Seven students spoke of this shift of emphasis towards completion as illustrated by Louisa sharing feelings around the level of the academic award and how, now near the end it is no longer as significant as it had previously been, having made it through a difficult fourth year,

‘I was concerned last year that my final year project needed to be good to make sure I got a first class honours degree, now I feel it is less important, although I would still be disappointed if I didn’t. But I can live with it’ Louisa (L 377-380)

Five students talked about high personal expectations and spoke of feeling anxious about a determination to be driven to achieve good grades, while at the same time manage to accept when first class awards did not materialise,

‘We want to do well, mature students want to do well we want to get A’s and B’s. We didn’t come back just to get through. In order for us to do well we have to be psychologically prepared and organised and for me that means being better preparing for the final year project …………. I made it my own truth. I had it so psychologically built up that it was hard to complete. I don’t know if it was the actual final year project itself or the state of mind I was in 4th year’ Freda (L 153-155 411-417)
Managing expectations of the ideal and accepting the reality of achievement, what was possible enabled students to continue on while still being disappointed,

‘I just did the best I could. I just stayed up all night, I researched words and wrote them down, I did whatever I could as a means to an end, which was getting through my course work. It was very tough when I was only getting C Grades and other students were getting A’s and I know that I put in so much work’ Irene (L 275-280)

Feelings echoed by Brona,

‘there were stages when you think, Oh my God I’m not going to get this finished, but I never put myself under stress for results, I got the results that I felt I could get and that was it’ Brona L (247-249)

Moving through this period, managing the pressure and submitting the final year project sees the emergence of a growing sense of confidence, as students begin to look towards the future. Selina shares her feelings nearing the end

‘It gave me more confidence in myself, I had wanted to be a care assistant because I wasn’t confident enough to think that I could be responsible enough but the programme has changed all that’ Selina (L 82-84)

Further illustrated by Freda

‘I think for me going back to college actually fundamentally changed me…. I was a different person…I had more confidence in myself. I knew that I could do things. I am highly motivated now whereas I never was before. I can do things. I know I can help people’ Freda (L 264-267)

Each student appears to experience the journey in an individual way, nevertheless with similarities relating to commitment and determination interweaves throughout the data in harmony with the overwhelming sense of pride in achievement expressed by students who had reached the end,

‘I knew I could do it. I just had to do it and now I am really proud. I am wearing my navy pants and I am dead proud of myself. I like being a nurse’ (Freda L 282-283-89)

‘Now at this stage I am a qualified nurse and feel very confident and absolutely proud of myself to have made it’ (Brona L 316-318)

‘I really enjoyed it. It was brilliant and I am so happy I did it, but it’s funny, it’s all like a dream now’ Esther (L 764-765)

Getting Through reflects the final part of the student pathway, exploring how students overcome life changing challenges, accepting support and drawing on internal strength and determination. This sub theme explores how students manage pressure
towards the end of their journey. Submission of the final year project whilst balancing clinical assessments and placements asks students to manage their expectations of themselves, readjusting goals, recognising completion and registration as a nurse as being the ultimate goal. Attaining the goal brings an overwhelming sense of pride and achievement, with students feeling ready to face the future ahead. In this way, students descriptions illustrate a journey on a path to becoming a graduate of the university and a registered nurse. The photographic representation of underrepresented students journey supports the findings, as suggested by Bridges and Higgs (2009 pg37) ‘text is not just about writing, rather it refers to the communication of meaning in many forms. A text expresses experiential, emotional, biographical and cultural meaning’.

Figure 4.2: Photographic representation of the underrepresented student journey
4.5 Summary

To summarise, three main themes emerged from data analysis, Taking the First Steps, Finding a Way and Getting Through illustrating the student’s path towards becoming a nurse. Themes and sub themes have been presented using direct quotes from student interviews, in line with the qualitative descriptive methodology, remaining close to the data, allowing the students story to emerge.

The first steps on the path begin while Making the Choice. Every student’s decision is individual and the factors for consideration multifactorial, giving consideration to family, financial and personal self-confidence. Having made the decision and being accepted as students, introduced to university life and the real world of clinical practice, initially raised feelings of apprehension and insecurity. Positive experiences instil confidence and allow students to move forward with a renewed sense of commitment.

The harsh realities of making their way through the programme emerge as students share rich descriptions of balancing family life to survive. Others describe managing part time employment while on a full time education programme, illustrating the emotional and physical cost. Students draw and rely on their maturity and previous life experience to support understanding of the clinical learning environment, appreciating the delicate balance between questioning and silence.

The final theme sees students reaching for the end finding strengthened resolve to do Whatever it Takes to make the dream a reality. Life’s challenges and struggles presented for all students asking them to seek support and help putting aside feelings of frustration and vulnerability. The internship period of the nursing programme tests all students, asking them to manage academic and clinical workloads along with their own expectations of themselves. A budding sense of confidence develops into pride and joy once the journey is completed with students feeling prepared for the next challenge. The following chapter will discuss these findings in the context of current research and literature.
5. Chapter 5: Discussion

5.1 Introduction

Chapter 5 discusses the findings from this qualitative descriptive study exploring the experiences of students from underrepresented groups on nursing programmes in an Irish university, in relation to current literature and research. The discussion stays close to the descriptions of students and is structured around the emergent themes. This approach is in keeping with the chosen research methodology for this qualitative descriptive study (Sandelowski 2000). Finally, the chapter considers students growth and development while going through their journey in becoming a registered nurse.

5.1.1 National to International Perspectives

While a review of the literature took place at the beginning of the study, the search and review process was on-going (Holloway and Wheeler 2013). There are a myriad of research reports at a global level which presents opportunities and challenges in considering the findings within a broader context. The discussion primarily draws upon relevant literature from Ireland, the United Kingdom and to a lesser extent from the Australian perspective. The diversity in pre-registration programme levels, length, structure and organisation across the globe was acknowledged and explored in chapter 2. Ultimately the inclusion of literature was influenced by the research question merging with the overarching themes presented in the findings. This approach aimed to achieve a balance in using relevant literature as suggested by Moule and Goodman (2014) and is underpinned by the writings of Sandelowski (2000: 2010) in relation to descriptive qualitative research.

5.1.2 Discussion of Findings

The discussion of the findings begins by exploring the consideration students give to the pre-entry period. This informed decision making process is evident and described by students, in the theme Taking the First Steps. Students shared recollections of discovering the world of university and being introduced to the complex world of nursing practice is further developed, informed by literature. The discussion of next theme, Finding a Way is informed by literature on women’s ways of working which has application to nursing practice. Research from Salamonson and Andrew (2006:
2009) influences the discussion surrounding how students manage part-time employment to make ends meet, which was evident from the findings. This study illustrates how students coped within the complex challenging clinical environment. Drawing from the literature, including that of Levett-Jones et al (2008: 2009a and 2009b) developing a ‘sense of belonging’ emerges as important for student nurses. The findings also make apparent the students need for support. However, support is only effective if it is enabling and can be harnessed by students. The type of support and how it might be shaped in the Irish context forms the basis for the discussion on the final theme, Getting Through.

Considering the broader context of the rich descriptions by students within this study, there is an implicit thread of an emerging sense of personal and professional growth and development. Students’ growth and development could be likened to the attributes of emotional intelligence, a valuable foundation for graduate nurses in providing compassionate care.

5.2 Taking the First Steps

The first theme within the findings illustrates the decision making process which students worked through before choosing to study nursing in higher education. This process involved considering several interrelated elements including the application process and routes, funding, costs and family life. The majority of these elements had to be in alignment at the right time so students could make the choice to start their nursing programme.

5.2.1 Making the Choice

Findings from this study identified that the choice to study nursing was not a decision taken lightly. Students showed how they appreciated and understood their unique individual set of circumstances. They shared stories of working through the choices and changing their mind and waiting until the timing was right for them. Such a high level of thoughtful decision making is supported in educational literature surrounding non-traditional students commencing higher education in what has been referred to as ‘the choice biography’ by Du Bois-Reymond (1998 pg64).
In a wider educational domain and from an Irish context, Keane (2011a) used a grounded theory methodology to explore the pre-entry experience of students. Keane (2011b) compared the student experience of a cohort of school leaver access students and a matched cohort of traditional students, which demonstrated differences across the socio-economic spectrum. Keane's (2011a) research is similar to findings from this study, which identified that the decision to enter higher education for students from the lower socio-economic backgrounds is a significant step which was taken following much thought. This step required debate, preparation and an evaluation of the likely costs, risks and benefits. Keane (2011a) identified that for middle class students, higher education is a natural progression in their life’s journey. This is not necessarily the same for potential students from lower socio-economic backgrounds. A view that was shared by students in this study as illustrated by Irene, explaining a wish to ‘break the circle’ (Irene L 218-219) and show her children that third level study was possible.

5.2.2 Complexity of the Process

Another significant finding of this study described students’ sense of achievement, having completed the application process and being accepted on a nursing degree programme. Traditionally students move in a natural progression process through second to third level education. They choose subjects, courses and college options, as part of a process. Schools organise student attendance at university open days and information sessions. This process is facilitated for secondary school students through formal guidance counselling at school, peer and generally parental support (Keane 2011a). This is not necessarily the case for students accessing programmes through entry routes designed for those from underrepresented groups.

Initially, the focus for potential students and the support services is based on eligibility for application and the subsequent process that has to be completed by nationally agreed deadlines. However, consideration needs to be given to whether those potential applicants to degree programmes and in particular nursing programmes require an expansion of the existing services to provide further detail on the complexity of the nursing programmes. Findings from this study illustrate that students moved back and forth in navigating the application process towards making
their final choices. Perhaps this is an appropriate response given the career choice being considered as illustrated by Louisa,

‘I went to college and had a diploma and had been working for years. My child was 3 or 4 years old at the time I decided to study again as I needed a challenge. I had always wanted to get a degree and was interested in mental health, so I choose mental health nursing. I started the course in [xxx] but I couldn’t get fees or a grant organised at the time so I took a leave of absence and went working part time. I went back three years later as my child was a bit older and in school and I was able to get the fees making it all easier, it worked out then’ Louisa (L 20-22)

Findings further support the work of Keane (2011a: 2011b) in suggesting that potential students need to be prepared for the transition into higher education. Resources and supports for potential students during the application process are administered through nominated central services within the wider university setting. These include the mature student, access and disability services. Increasing interest from prospective students from underrepresented groups has placed greater demands on management and administration of these services. The initial review at the beginning of this study gave details of the significant increase in students applying for places through one of the designated routes (Higher Education Authority 2014b). It is also worth noting that alongside the entry routes for the underrepresented groups, the Irish government policy encourages people in receipt of social welfare payments to look for educational opportunities. A back to education allowance (Department of Social Protection 2014) is offered to potential students, further increasing the pressure on already stretched services. Acknowledging the work that has been done to foster equity and inclusivity for underrepresented students in higher education the challenges remain.

The complexity of the application process is illustrated by the mature student entry route. Mature students, who not only have an application processed by the CAO but also have to apply through the NMBI. Until 2011, the Irish nursing board placed students on the order of merit list included an aptitude test and an interview as a component of the selection process. Students in this study were part of that system (An Bord Altranais 2012). From 2012, the interview process has been discontinued, but the complexity remains. Mature student applicants from 2014 onward have an
additional element added as they must now register with the public job website, the designated administrators of the written assessment. Furthermore, prospective students applying through HEAR and DARE schemes have an arduous and complicated process. The application document involves the completion of thirty-two pages with a supporting guide to aid students in completing the process (Higher Education Authority 2014a). Students applying through the HEAR scheme have to provide extensive detail on their socio–economic status with numerous amounts of supporting evidence being requested at the point of application. Similarly, students applying through the DARE scheme have to submit evidence of disability at this point (Higher Education Authority 2014b). Given the complexity and bureaucratic nature of the application process it could be suggested that students demonstrated a persistence and determination in working through this process. It is further suggested that the complexity and focus on the application process detract somewhat from the students’ decision making process surrounding their choice of programme, in this instance nursing.

Currently, existing support services lead the recruitment of underrepresented students to nursing programmes. Expanding and enhancing pre-entry services is a view supported by Hinsliff-Smyth (2012) who reported on an exploration of experiences of access to higher education entrants to a DipHE/BSc programme at one UK School of Nursing. They suggested that nursing faculties need to be proactive in securing lasting relationships with potential candidates starting at pre-entry stage. In the Australian context, Carolan-Olah et al (2013) recommends that increased involvement of nursing and midwifery staff at an early stage may enhance potential student preparation for their programme of study. A large scale, Scottish based research by Banks et al (2012) concluded that a sizeable portion of students (43%), felt unprepared for the level of difficulty of the course. Such difficulties impacted negatively on the first-year experiences of students and their ability to stay. While the university hosts information evenings annually for prospective students, consideration about the possibility of a designated one stop shop approach to clarify the complexity of application systems and nursing programmes warrants consideration.

Work by The United Kingdom Higher Education Academy on the future of higher education teaching and the student experience draws attention to the changing view of
a traditional student. Ramsden (2008) comments not only on the change to student age profile but also the diversity of students that are part of a widening participation approach to university populations. Ramsden (2008) suggests that such a new and diverse student profile poses a new challenge to which universities and their staff have to address.

Findings from this study, supported by the literature reviewed suggests that meaningful engagement with centralised services and nursing faculty may be mutually beneficial, assisting students in making informed choices. Developing collaboration initiatives would give prospective students further information for personal and life planning. This in turn will contribute to student decision making, prior to taking that first step. In so doing, these strategies will demonstrate commitment to promoting inclusivity and placing underrepresented students on an equal footing when starting out in higher education.

5.2.3 Discovering the Unexpected, Beginning the Journey

On securing a place students begin their chosen programme, beginning a journey of discovery. They encounter the new world of the university and within eight weeks of college life are exposed to four weeks of clinical practice. The findings from this study share students’ stories of balancing demands on their time in a stretched academic timetable. At the same time students undergo mandatory preparation for their introduction to clinical practice. This includes moving and handling, basic life support, initial competency training and a significant amount of documentation to be completed. In addition, the findings describe students’ experiences of entering the unknown and adjusting to clinical practice as a student nurse. This has been described by students from this study as a ‘reality shock’ in managing academic workload and the academic challenges faced (Brodie et al 2004).

The university in this study like many others have a targeted initiative designed to enhance support for students during the very early weeks of their time in university
our new students in ways that make them know we care about them and are interested in their successful adjustment.

(University of Limerick 2014)

The first seven weeks initiative has not been evaluated at the time of submission; it could be suggested that a review would be helpful in identifying and enhancing strategies that are successful.

Findings similar to this study are reported by Carolan and Kruger 2011: Hamshire et al 2013b: Salamonson et al 2014. Hamshire et al (2013b) in a large mixed method study explored healthcare students’ perceptions of their programme. They reported that students found the academic workload to be a shock at first, students identified feeling challenged when they discovered the course structures and requirements for the first time. While a narrower focus was taken by Carolan and Kruger (2011) who explored first-year experiences of midwifery students in Australia and reported similar concerns by students early in their programme, when faced with academic challenges and demands. Facing and managing these challenges as a first year university student, is influenced by whether their programme of study was a first choice preference. Salamonson et al (2014) explored the relationship between nursing as a first choice and programme completion. They reported that students who selected nursing as a first choice were nearly twice as likely to complete their programme, with those who discontinued doing so within the first year.

5.2.4 Discovering Nursing

As students begin to settle into the university life, they now face another critical challenge, beginning clinical placement. All students in this study identified this period as being significant, some more positively than others. For all, the value and significance of the experience was acknowledged as impacting on their programme. On one hand this first placement was an exciting event exploring practice. While for other students this period was associated with a degree of apprehension. Feelings of anxiety and nervousness during the first placement are similar to those reported from the Irish context by Chesser-Smyth (2005). Internationally, attention has also been paid to the first clinical placement as an important juncture on the nursing journey
Similar to findings from this study, students’ nervousness and apprehension have been reported by Pearcey and Draper (2008) and Houghton (2014). For students in this study, first placement occurs early in the programme and perhaps students need more time to prepare for placement and begin the process of adapting to their new role as a student nurse. This first placement is positioned in line with An Bord Altranais Requirements and Standards for Nurse Education (2005) requiring early and balanced exposure to practice. This allows little time for adjustment and finding their way around a large sprawling university and hospital campus. This raises the dilemma regarding students need to experience practice to gain an understanding of nursing while at the same time appreciating the nature of adjustment to university life.

Typically, this first period of placement is thirty five hours across five days a week. This first exposure to the new health care environment further challenges students as they juggle and balance all their commitments while beginning to explore their chosen profession of nursing.

5.3 Finding a Way

The discussion in relation to the second theme illustrates the experience of students in precarious harmony as they balance to survive, make ends meet while understanding the clinical environment.

5.3.1 Balancing and Surviving

The experience of students in this study is a repeated process of juggling and managing family life and childcare around the requirements of the programme. These findings are similar to those of earlier studies reviewed in chapter 2, highlighting the challenges between caring for family while working unsocial nursing hours (O Brien et al 2009: Keogh et al 2009 and Flemming and Mc Kee 2005). The significance of childcare was identified in a case study which explored access students’ retention on a nursing programme by Hinsliff-Smith et al (2012). They report that for mature students with children, there is a divide to be bridged between the demands of the
nursing programme and home life. These challenges have received attention in American literature. Seminal work by Belenky et al (1986), reported in Women’s Way of Knowing, eloquently described how 135 female students in higher education, developed an ability to engage in

a juggling act with the pieces of their life. These women were not necessarily high achieving superwomen who aspired to perfection in everything they undertook. They were ordinary women, faced with what was for them average ‘womanly’ tasks. They could at times be overwhelmed as they tried to balance their commitments, work, children’s schedules, groceries and other everyday tasks.

(Belenky et al 1986 Pg151)

The complexity continues surrounding how women manage these juggling acts as university students with the demanding professional components of nursing programmes. Findings suggest that these demands go beyond juggling to what Emer described as ‘a nightmare’ (Emer L 3). This view is supported by Carolan-Olah et al (2013) who reported similar findings with final year BSc Midwifery students. They reported that students identified substantial challenges in juggling their lives, experiencing stress as they integrate a ‘full-on’ course into their already busy lives. Similarly findings emerged from this study, whereby students found themselves constantly organising and prioritising their activities around home life and their commitment to the nursing programme. Canadian research by Neiterman and Lobb (2014) entitled ‘Women-Centred but not Women-Friendly’ looked at the effect of managing the challenges associated with maintaining work life balance on midwifery students decisions to stay or withdraw from their programme. Significantly, they reported similar findings to this study, whereby students are required to travel to placements, live on a very tight budget and juggle family life and study. This experience is supported by O’Brien et al (2009) reporting that female mature mental health students strive to maintain their homemaker role while being a full time student.

The findings from this study mirror the Irish and Australian research suggesting curricula review towards a greater flexibility in planning and timetabling programmes. Within the Irish context, consideration needs to be given to reducing the length of clinical placement. Currently, Irish nursing programmes consist of a
requirement for 81 weeks clinical placement as can be seen by the template example (Appendix L). This placement requirement amounts to 700 hours in excess of the European minimum requirement of 2,300 hours (An Bord Altranais 2005). The findings have relevance as the Nursing and Midwifery Board and the Government of Ireland are reviewing nursing programmes. There needs to be further discussion about how programmes support students, similar to those in this study who go to extraordinary effort to manage family roles and full-time student life.

In turn, a policy that increases student numbers from underrepresented groups leads to increasing numbers of new graduate nurses for whom balancing and juggling will continue to be a day to day reality. The students in this study who have successfully completed the programmes now are in a position to join the nursing workforce. Policy and structures will need to consider how to accommodate greater flexible work arrangements. Writing from an English perspective, Whittock et al. (2002) drew attention to the potential ‘trap’ whereby some nurses naively accept that ‘family–friendly’ policies will work for everyone in all circumstances. They caution that these policies may not be the panacea to the problem for everyone and may negatively impact on career prospects.

5.3.2 Making Ends Meet

The stresses and strains of balancing the demands of part-time work and the life of a full-time student also emerge throughout this theme. Students shared stories of holding two part-time jobs, whilst others spoke of feeling stressed in balancing part-time work around periods of unpaid supernumerary placement. The findings echo the reports of earlier Irish studies which identified financial concerns as being a source of stress for students (Timmins and Kaliszer 2002: Evans and Kelly 2004: Nolan and Ryan 2008). Part-time working as well as being a full-time student has been an emerging trend in student populations in third level including nursing (Salamonson and Andrew 2006: Rochford et al 2009).

Findings show that students in this study found part-time work not only impacted on their experience but correspondingly on their health, as seen in the experience shared by Irene reminding us of the intensity of these pressures,
I worked for two years without a break. I would be on placement from Monday to Friday but would always request a half day on Friday. I would come home, go to bed for few hours, and then go out to work Friday night and Saturday night in a nursing home. I would come home at 9am on Sunday, go to bed and then force myself to get up again at 3 o’clock. I had to try and eat, do my academic work and try and be back in bed for a least 11 o’clock to be up again for 7am for placement. My health suffered severely and I just couldn’t keep it up after two years’ work.

Irene (L 1023-1041)

This pressure is reported in the literature by Salamonson and Andrew (2006) and more recently Salamonson et al (2014) in a large-scale study which explored reasons for attrition. They reported that students working in excess of sixteen hours a week were more likely to fail to complete their nursing programme. This view has been further supported from an Irish perspective by Rochford et al (2009) agreeing that more than sixteen hours per week of time spent in paid work had a detrimental effect on nursing students’ academic performance. They further concluded that the more hours students worked the greater the decline academic achievement. The findings from this study support the research of Rochford et al (2009) whereby students shared stories of working more than sixteen hours a week. Reporting on a longitudinal study Salamonson et al (2012) reaffirmed the detrimental effect of paid work on academic performance in undergraduate nursing students. This research concluded that there is a need to re-evaluate and assess methods of undergraduate nurse education funding.

However reports from a Scottish qualitative study offered a different view. Mc Kendry et al (2014) found that access students were able to time manage, juggle family life with part-time work and programme commitments. It is noteworthy that participants in Mc Kendry et al’s research were interviewed early in their programme and perhaps had yet to face the demands of the programme. It is noted that the students in this study were at the end of the programme and could be considered as survivors and success stories. This draws attention to the complexities of making comparisons across research involving underrepresented students.

When findings from this study concerning managing finances are considered within the current body of literature, it could be suggested that perhaps there is more that unites than divides the underrepresented student experience with that of the traditional student body. This highlights attention to the individuality of students’ descriptions.
The current Irish economic climate, where economic uncertainty and increasing financial strains are a daily reality, make this especially relevant. The overwhelming nature of such financial strain was described by Irene as ‘100% on the Richter scale’ (Irene L580). It is within this context that students experience the clinical placement environment.

5.3.3 Understanding the Clinical Environment

So far the discussion has focused on how students manage family life, part-time work and full-time study. In addition, nursing students have to complete almost 3,000 hours of clinical placement successfully. A noteworthy finding in this study is the challenges faced by students in negotiating learning needs, adapting and adjusting to the complex milieu of clinical placement.

Findings from this study also demonstrated that within the complex challenging clinical environment, some students described an ability to recognise when and how to promote their role as learner. For others this was more difficult, resulting in the adoption of a non-questioning approach. These students found themselves having to accept their role, striving hard not to upset the balance they had sought to achieve. This was especially evident as they approached the end of the programme. This point is illustrated by Louisa who describes how she balanced working within the hospital system saying ‘I am not going to go on a crusade I just want to be finished then I can chose to work the way I want’ (Louisa L180).

The example of Louisa’s strategy of conforming and complying within the system may be an indicator that a sense of belongingness within the ward team was absent (Clark 1992). Belongingness when on clinical placement has been identified in the literature as a critical motivator in fostering student engagement in clinical learning opportunities (Levett-Jones et al 2008, 2009a and 2009b). A lack of a sense of belongingness may contribute to students taking a more passive role and feeling unable to question and raise concerns during placement. This issue has relevance when considered in light of reports from the Mid Staffordshire inquiry (Francis 2013). The inquiry identified the inability of staff to challenge others and raise concerns as being one of the factors that perpetuated poor care delivery.
While the focus of Steven et al’s (2014) research is on safety and care delivery, they highlighted that students need to feel like they belong in the clinical learning environment. As Steven et al (2014) note

Feeling unvalued and fearing potential consequences of questioning practice may militate against the educational value of the placement experience and opportunities to enhance patient safety.

Steven et al (2014 pg283)

While, findings show that students identified a willingness to care for patients, but they also identified personal learning needs that had to be met before eligibility for registration. This is reasonable given the timing of the study, where data were collected at a point in time when participants had completed or where near to completion of nine months of internship placement. To reiterate this period of internship comprised of almost half of the clinical placement requirement of the programme (Appendix L). During this period students engage in clinical placement as employees of the health service. They are rostered members of the ward team, while at the same time being students of the university. Clinical assessments were undertaken whilst completing a substantial academic final year project. It could be suggested that the combination of academic assessments, clinical assessments and the employee status places the student under pressure. Such pressure may potentially impact on students’ ability to learn within practice. As Jessie illustrates ‘things have to be done...like the IV drugs and the patients have to be washed, fed and cared for, but you will miss the opportunities to go on the drug round and learn unless you put yourself forward and ask’. Jessie (L 787-793). Gillian elaborates further ‘you have to step out... and say I will be qualified now in a month and I have to be up to it’ Gillian (L 790-791).

This internship model of practice has received little attention in the literature since its introduction in Ireland. The internship is an integral part of the BSc Nursing programmes which commenced in 2002. Suresh et al (2013) in a comparative study of fourth-year student nurses and newly qualified nurses in Ireland found that unmet clinical learning needs were a source of stress for the participants, mirroring the experience of students in this study. The internship sees a tension for students in
struggling to balance their learning needs with their role as a nurse and a member of
the ward team. This tension requires further research.

Ethnographic research, by Crombie et al (2013) which formed part of a larger UK
study, considered the question why students completed their programme. A
significant finding was that participants perceived that ward staff had a concept of an
‘ideal type’ of student, who was young without dependents. Crombie et al’s research
may lend support to the experience of some students from this study. The students
described adopting an approach of leaving all responsibilities and life experiences at
the door, before going onto the ward. Additionally some students took a conforming
approach to working and learning in clinical practice. However other students asked
questions, ensuring their learning needs were met. Students spoke about using their
communications skills and having the ability of knowing when to approach staff to
meet learning needs and when to wait for a more opportune moment. This is
suggestive of students who have developed a heightened sense of self awareness and
an ability to manage self within the busy clinical environment.

5.4 Getting Through

The final steps along the path for students are taken as they come towards the end. A
sense of determination and commitment was described by students, to do Whatever it
Takes and Hang in There to be successful in getting through to the end of the
programme. Students recognised their achievement with pride, while acknowledging
that they were beginning the next stage of a life journey in nursing.

5.4.1 Whatever it Takes

Throughout the findings, there was a sense that students were keenly aware of their
needs and individual circumstances. They shared stories of seeking help and support,
going to extraordinary measures to overcome obstacles in their personal life to make
it through the programme. Support took many forms. For some students it was
accessing and availing of the counselling services, allowing the expression of feelings
and exploring coping strategies. For others, it was negotiating a break from
placement.
The organisation and provision of support structures for students are complex and well explored in the literature. Eick et al (2012) undertook a systematic review of placement related attrition and noted one of the reasons for leaving programmes was a perceived lack of support. Ujvarine et al (2011) and Brodie et al (2004) concur. Therefore it appears from the literature, that it is reasonable to surmise that the provision of support helps students to remain on programmes. However it should be remembered these research studies in the main were directed towards exploring why students leave nursing programmes, rather than looking towards what makes students stay.

More recently from a nursing perspective in the United Kingdom, and in particular Scotland this debate has refocused towards exploring what makes students stay, helping them to be successful. The Scottish government, recognising the need to address high levels of attrition across nursing and midwifery programmes, released funding allowing a nationally coordinated programme of work to take place. Sabin et al (2012) reported on improving support and ultimately retention of nursing and midwifery students in Scotland. This has resulted in a range of initiatives being reported as will be discussed further (Banks et al 2012; Ooms et al 2013; Hamshire et al 2013a and Ross 2014).

5.4.2 Support

The students in this study have been successful and therefore it might be valuable to consider how and what support worked for them. Such insights may help inform the debate about how best to support students from underrepresented groups. Throughout the nursing programme, students are introduced to a diverse range of support services. They describe a process where they choose support in an individual way best suited to their needs at a given time. Several students in this study identified the university support structures as being beneficial. These services include medical, nursing, counselling and pastoral care. These are provided without charge for all students funded through the student contribution system (Higher Education Authority 2013). Currently, a drop in service is offered which facilitates, supports and prioritises access on an individual basis. Like other resources, they are stretched by increased demands and the complexity of the issues that students’ experience. This is reflected in the fact
that approximately 500 students avail of the service annually from a total student population of nearly 13,000 students (University of Limerick 2014).

Buultjens and Robinson (2011) in a large scale Australian study sought students’ views of how a more centralised service could be realised in meeting their needs. Such service would be focussed towards providing a consistent, equitable service accessible to all students. In addition the participants suggested the establishment of a virtual hub (Buultjens and Robinson 2011). They reported on students’ suggestion of using online university systems to facilitate interaction providing access to resources and booking systems. Such an initiative could have application and be considered useful for students on nursing programmes given that fifty percent of programmes involves clinical placement. This would acknowledge the diversity of placement sites and shift work requirements, whereby students are off campus and are unable to access standard support services. Young et al (2010) also paid attention to support needs of students and devised creative strategies using different technologies, such as short messaging services, offering students further support while off campus on placement.

While such centralised and creative support may be useful in addressing some student needs, other students in this study described a process whereby they approached individuals. Students commented that they appreciated and valued support that took into consideration the impact of their personal lives on their nursing programme. Findings from this study concur with Irish research undertaken by Timmins et al (2011) which reported on sources of stress for students on nursing programmes. They too affirmed the value students placed on individual interaction and engagement. Timmins et al (2011) recommended that staff develop a person centred approachable style that is inclusive to all students and fosters a relationship that values and respects each student. This view is supported by Ross et al (2014), who reported on the role of the personal development tutor. Clarity was offered by Andrews et al (2009: 2011) regarding a person centred approach who explored the use of a collaborative framework to support the professional development of nursing students.

They defined the characteristics of a caring supportive learning environment for undergraduate nursing students and highlighted the importance of security and
continuity for students. In keeping with a person centred approach Andrews et al (2011), advocated for the availability and support of a personal development tutor role as a consistent point of contact, building a trusting relationship where students felt valued and respected.

Research by Banks et al (2012) and Ross et al (2014) have positively evaluated the development of a personal development tutor role within a Scottish perspective. Similarly, Ooms et al (2013) evaluated the support provided to nursing students across two universities in the United Kingdom and found that the most used support service was that provided by module leaders. They also commented that students within small study groups supported each other. Furthermore, a qualitative study by Hamshire et al (2013b) explored the reasons students considered leaving their programme, finding that personal challenges and placement issues rated highly. They reported that easily accessible support from personal tutors was highly valued by students, further suggesting regular supportive contact with academic staff can improve outcomes (Hamshire et al 2013b).

Findings from the study indicated that students seek and use support in different ways at different times depending on the context of a given situation. This view is supported in the literature where various terms have been used in various ways and include personal tutor or advisor (Banks et al 2012; Ooms et al 2013; Hamshire et al 2013a; Ross et al 2014). Nevertheless all these roles have one common unifying element, namely individualised support based on mutual trust and respect.

5.4.3 Hanging in There

As shared in the findings support in all its forms is important in facilitating and enabling students towards completion of the programme. Significantly, findings from this study point to students showing an ability to harness self-belief and determination which ultimately enables them to stay and complete as illustrated by Julia

'The stress of 4th year, the money, the job situation, I have too much invested after 3 years to say right I am going to walk away at this stage but it takes determination to stay' Julia (L 232-234)
This sense of determination is emerging in the literature, particularly as the focus moves beyond exploring reasons for attrition (Jefferys et al 2007; Mc Laughlin et al 2010; Urwin et al 2010) to refocusing on why students stay on programmes. Similar to this study, findings emerged from a case study by Hinsliff-Smith et al (2012), which explored how access students completed their studies. They too reported that students describe a sense of self belief and determination when reaching milestones near the end of their studies. Another study with a different methodology, namely grounded theory, by Drury et al (2008) reported how mature students developed a good understanding of what they want and why they want it. These students described having high expectations of themselves and identified they had a lot more to lose if they failed (Drury et al 2008).

Findings from this study indicate that students described the development of skills and personal resourcefulness, which sustained them throughout the programme. All of these attributes may have contributed to a growing sense of confidence development among students in this study. Donovan (2008) explored confidence levels of students who completed their midwifery programmes and identified that mature students had demands that tended to preoccupy them as they tried to balance all needs and responsibilities. This research has relevance given the findings around the profile of students interviewed in this study. Nine of the eleven interviewed would be considered as being mature students. Comparable findings were reported by Carolan-Olah (2013) who drew attention to the high support needs of mature students. Additionally, she commented that mature students were resourceful and had developed life-skills enabling them to be more persistent towards the end.

Findings in this study demonstrated that students developed an ability to recognise and understand their emotions. This came to the fore as students shared a sense of pride in their achievements, while acknowledging apprehension on moving on to a new role as a qualified staff nurse. This lack of confidence has been acknowledged and reported by Holland et al (2010), in a major national study that evaluated fitness for practice of the nursing and midwifery curriculum in Scotland.

Critically, students in this study described an ability to recognise and manage their emotions. This was spoken about by students when they described how they worked
through the decision making process to choose nursing as a career. Once students began studying nursing, they repeatedly described an ability to juggle personal life with the demands of the programme. In managing expectations of themselves, students spoke about finding the inner resources to harness and sustain themselves through the challenges within the programme. A sense of resilience and determination emerged as students endeavoured to make it to the end and successfully complete the programme, being eligible for registration as a nurse.

5.4.4 Growth and Development

In considering the broader context of the rich descriptions by students within this study, there is an implicit thread of an emerging sense of personal growth and development in meeting the professional demands of a BSc Nursing programme. This personal growth and development is eloquently portrayed in the words of Freda

> I think for me going back to college actually fundamentally changed me..... I was a different person...I had more confidence in myself. I knew that I could do things. I am highly motivated now whereas I never was before. I can do things. I know I can help people  Freda (L 264-267)

This personal growth and development as illustrated by Freda could be seen to have a likeness to the attributes described in the literature related to emotional intelligence which has received attention within nursing literature (Bulmer-Smith et al 2009; Rankin 2013). The attributes of emotional intelligence have been described by (Goleman 1998) in a leadership domain as contributing to understanding, managing emotions in positive ways, minimising response to stress, overcoming challenges and developing resilience. Montes-Berges and Augusto (2007 pg164) suggested that emotional intelligence refers to an ability to identify our own and others emotions with ‘an ability to modify our mood’. Such an understanding of can be seen to have resonance within the findings of this study. Another student Louisa demonstrates how she manages to navigate and balance academic and family life demands during her journey through the programme

> 'I was concerned last year that my final year project needed to be good to make sure I got a first class honours degree, now I feel it is less important although I would still be disappointed if I didn’t. But I can live with it.' Louisa (L 377-380)
The findings from this study are supported by Rankin’s (2013) longitudinal survey which examined the relationship between emotional intelligence and nursing programme outcomes. Specifically, the research reported a correlation between: practice performance; academic performance and nursing student retention. He concluded that there may be a relationship between the interpersonal dimensions of emotional intelligence and student nurses ability to successfully complete the nursing programme. It is suggested from this study that a well-developed sense of self played a role in students continuing on their programme particularly making it to the end. In so doing students managed to juggle academic and practice demands. For the students interviewed this was a successful process as they were presented to the exam board. Students demonstrated the attributes of managing her own emotions, knowing self and as shared by Emer

‘The choices between family and study are tough and fraught with guilt. As a mother you want to do things yourself but have to accept that this is not always possible’ Emer (L 14-15)

And another student Selina hints at an ability to manage stress, work load demands and overcome challenges when commenting,

‘I know I could have done even better than I did, but I just didn’t have the time, literally didn’t have the time. There were times when I could have picked up the books and done a bit more but I didn’t do it. I knew I made a choice’ Selina (L 200-201)

Similar research from an American stance by Jones-Schenk and Harper (2014) used a descriptive, correlational design in identifying the importance of emotional intelligence. They reported that students with significantly higher levels of emotional intelligence remained on the nursing programme. Spanish research by Ruiz-Aranda et al (2014) further suggested that high emotional intelligence may increase well-being in female nursing students by reducing the experience of stress. This continues to be a topical debate in the nursing literature and cross disciplines beyond nursing and including medicine (Grewal and Davidson 2008: Por et al 2011).
It is suggested that the growth and development of emotional intelligence as a personal attribute offers a foundation for the professional development of nurses as compassionate carers (Rankin 2013). Freshwater and Stickley (2004) recommended the inclusion of strategies to support emotional intelligence development for students in undergraduate nursing curricula. Creating a learning environment which helps students enhance their self-awareness and develop strategies to foster their personal growth and development is beginning to emerge within the literature (Mooney and Timmins 2007). Similar findings were also published by Healy and Mc Sharry (2011) and Casey et al (2011).

Students in this study acknowledged the value of one such strategy, namely protected reflective time (PRT). Reflection is established within nurse education (Rolfe 2011) and is specified within the requirements and standards for nurse education (An Bord Altranais 2005). The Nurse Education Forum (Government of Ireland 2000) outlined specific protect time for reflection to support 4th year undergraduate internship students. In meeting these standards within the university where this study was conducted, ‘Guided Group Reflection’ was developed in collaboration between the university and health service partners for the final internship period (McCarthy et al 2013). In the findings students recognised the value of this strategy in helping them cope with this last period of pressure during internship. Reflection is gaining acceptance as a way of supporting practitioners to make sense of experiences and practice. Within such descriptions of reflection, guidance has been seen as critical to self-realisation (Rolfe 2011, Johns 2013). This guided group reflection as a strategy provides learning opportunities for students to grow and develop as practitioners. It is an approach which is underpinned by values that recognises self-care, nurturing as process which may support the development of emotional intelligence.

In addition to completing an academic programme, developing emotional intelligence may help prepare students for a life as a nurse as illustrated through this study. A person who is emotionally intelligent may according to Rankin (2013), be able to recognise and manage challenges likely to be encountered in today’s complex clinical environments. Such possibilities within emotional intelligence may offer a foundation in creating an environment for the provision of safe effective patient care.
The findings of the Mid Staffordshire inquiry (Francis 2013) report and the UK Commission on Care have significant application for professional education. These reports discuss the value in supporting students in developing a caring approach. Students who feel emotionally supported in their learning may grow and develop as individuals with an ability to provide compassionate patient care once graduated (Freshwater and Strickley 2004).

Fawcett and Rhynas (2014) explored the concepts of patient safety beside the interpersonal elements of patient centred, compassionate care within nurse education. Supporting the findings from this present study, they commented on the journey students take during their programme. They reported that participants moved from a 'naïve enthusiasm' to a developed a sense of their own identity as a nurse. They suggested that nurse educators need to recognise the complexities and challenges in preparing nursing students for their role as caring compassionate graduate nurses of the future (Fawcett and Rhynas 2014).

Mayeroff (1971 pg1) in his seminal text ‘On caring’ wrote that ‘to care for another person, in the most significant sense, is to help him grow and actualise himself’. Behind this aspiration is the idea that students have to first develop a sense of self before they can truly be person centred nurses. This concept also supports the statement of the university as aiming ‘to ensure University of Limerick graduates are knowledgeable, proactive, creative, responsible, collaborative, articulate’ (University of Limerick 2014 pg7). Building confidence, developing sense of self and learning how to set and manage goals are essential in a demanding BSc Nursing programme. Educational programmes which have academic and practice requirements that lead to professional registration, challenge individual students. In essence the three themes described in this study illustrate a process of how students navigate their own path towards becoming a nurse,

'I knew I could do it I just had to do it and now I am really proud, I am wearing my navy pants and I am dead proud of myself: I like being a nurse’ (Freda L 282-283)

5.5 Summary

The discussion shows how students from the present study deliberated at length and worked through a decision making process before commencing their programme of
study. This involved several interrelated processes which influenced how and when students made the decision to begin nursing. This decision making process for non-traditional students has been documented by Du Bois-Reymond (1998). As research by Keane (2011a) reported the decision to enter college for students from lower socio-economic backgrounds is a significant one. This has been acknowledged in government policies which aimed to provide structures and supports to widen participation from underrepresented groups in third level education (Higher Education Authority 2013). Nevertheless these structures and systems continue to be complex to navigate for potential students. Findings from the study indicate that these particular students, demonstrated a persistent commitment to achieving their goal of studying at college and becoming a nurse.

Following commencement of the BSc programme, students described how life in college is a period of adjustment to the new environment and balancing the reality of a full academic timetable with home life, as supported by Brodie et al (2004). This complex adjustment involves many challenges and is documented in international literature (Carolan and Kruger 2011: Hamshire et al 2013b: Salamonson et al 2014).

The ways in which nursing students in this study constantly juggle and manage life, academic and practice demands, are recurrent themes within the literature (Flemming and Mc Kee 2005: Keogh et al 2009: O Brien et al 2009). In addition financial difficulties have led to an increase in part-time working and this in turn may impact on student performance throughout the programme (Salamonson and Andrew 2006: Rochford et al 2009).

The discussion explored how personal abilities helped sustain students to continue and overcome struggles and challenges during the programme. Several students described how they accessed various forms of support to help them get through the programme. The benefits and potential of such support initiatives have been reported (Banks et al 2012: Hamshire et al 2013a: Ooms et al 2013: Ross et al 2014). Work by Sabin et al (2012) identifies that support is critical within nurse retention.

Literature supports the findings of this study in relation to how access (Hinsliff-Smith et al 2012) and mature (Drury et al 2008) students grow in self-belief and confidence
when nearing the end of the programme. However, such students have high expectations of themselves in achieving their goal of becoming a nurse.

Within the present study an implicit thread of personal growth and development emerges through the findings. This has been described as a likeness to emotional intelligence, as outlined in the work of Rankin (2013). The development of emotional intelligence may help prepare students for a life as a nurse, able to recognise and manage challenges in providing compassionate care in a demanding clinical environment (Freshwater and Strickley 2004: Rankin 2013: Fawcett and Rhynas 2014).

Finally, the discussion has remained close to the themes presented in chapter 4, findings. The discussion has placed the experiences of eleven nursing students from underrepresented groups within the national and international literature. This study adds to the body of knowledge related to how nursing students from such groups navigate their way through a pre-registration programme. It is acknowledged that students in this study accessed the nursing programme through various routes. These individual students have experienced their struggles and challenges in an individual way which influenced their journey through the BSc Nursing programme.
6. Chapter 6: Considerations, Implications and Summary

6.1 Introduction

This study describes and shares stories of students from underrepresented groups on BSc Nursing programmes in an Irish university. Student's descriptions bring to the fore their extraordinary journey towards becoming a nurse. The findings are grounded in the context of the rich description of the individual student experiences. These serve to illustrate the individual nature and complexities of students’ experiences. The findings are in keeping with national and international research.

The implications will now be explored under the headings of education, research and practice. The strengths and limitations of the study are outlined. Finally, personal insights of the researcher journey are shared.

6.2 Considerations and Implications for Education

Conscious decision making and a sense of achievement having gained a place on a BSc Nursing programme emerged as significant for students from this study, supported in the literature (Du Bois-Reymond :1998 Keane 2011a). The complexity of the application process perhaps distracts the focus of prospective students from their choice of programme, especially significant considering the professional nature of nursing programmes. Early information and engagement with prospective students before accepting a place would appear to be a benefit, particularly surrounding structures and requirements of the programme and placements. Dialogue will support prospective students in making arrangements to prepare themselves, make logistical arrangements and manage family commitments. This could be facilitated through more meaningful engagement between nurse educators and the more centralised support and admissions services.

Students from the underrepresented groups may benefit from preparing for and beginning their programme in a more specific and planned way. This could allow a period of adjustment, perhaps taking the first steps more gradually rather than trying to process everything in a short time. Such opportunities could present options for those students who recognise the challenge of transitioning to higher education.
Conscious decision making and a sense of achievement, when a place on the BSc Nursing programme was secured, emerged as significant for students from this study. This was supported in the literature considered in the discussion (Du Bois-Reymond 1998: Keane 2011a). Initially, prospective students may focus exclusively on the complex application process and may not consider the demands of the chosen programme, particularly in relation to practice placements. Early information and engagement with prospective students before accepting a place would appear to be of benefit, particularly surrounding structures and requirements of the programme and placements. Communicating early with those considering entry to nurse education may help in their personal preparation and help with management of family commitments. This could be facilitated through more meaningful engagement between nurse educators and the centralised support and admissions services.

Students from the underrepresented groups may benefit from preparing for and beginning their programme in a more specific and planned way. This could allow a greater period of adjustment, perhaps taking the first steps more gradually rather than trying to process everything in a short time.

The findings from this study support further deliberation around the positioning of the first clinical placement. Currently, students are finding their way around an education environment when after eight weeks, they now have to prepare and face another change, namely clinical placement. This further challenges them to orientate and readjust to the world of clinical practice. This study is timely and will help contribute to the discussion surrounding the national curricular review. This review will incorporate the Nursing and Midwifery Board of Ireland requirements and standards for pre-registration nurse education, with particular relevance to the positioning and length of clinical placements.

It could be suggested that perhaps there is more that unites than divides the underrepresented student experience with that of the traditional student body. However, the stories shared by students in this study illustrate how difficult it can be for students from the underrepresented groups to complete their studies. Students descriptions in this study of balancing and surviving to manage family, finances, and part-time work is supported by Irish and Australian research, which recommend

The importance of belongingness during clinical placement emerged as important for students from the critical first placement right throughout the programme. Students were challenged to understand and adapt to the clinical learning environment. This reinforces the work of Levett-Jones et al (2008, 2009a and 2009b) which has application for the broader nursing student population.

Throughout the findings and developed in chapter 5, students identified the value of individualised support. Examples of support strategies have been identified by Andrew et al (2011), Buultjens and Robinson (2011) and Ross et al (2014). Such examples could be considered for use within nurse education, tailored to the individual institution and the Irish context. A balance needs to be explored between offering individual support, whilst remaining mindful of a delicate balance towards empowering students to be self-caring. Students need to be enabled to perform at the level expected for eligibility for registration, meeting the requirements to be caring, knowledgeable and safe practitioners. This is critical given that it is expected that graduates ‘acquire the skills of critical analysis, problem-solving, decision-making, reflective skills and abilities essential to the art and science of nursing’ (An Bord Altranais 2005 pg12).

The personal growth and development interwoven through the students’ descriptions of their experience is suggested to have a likeness to the attributes described in the literature related to emotional intelligence (Goleman 1998). The intensity of practice shift patterns interfaced with family arrangements and the final academic demands heighten pressure on students. It would seem that students would benefit from enhanced support at this time. Providing opportunities for students’ to develop self-caring practices will in turn enable them to become caring, compassionate nurses to meet the health care needs of the future. Strategies such as guided reflection offer students opportunities to grow and develop. Guided reflection as suggested by Johns, (2013) opens up a personal space for the practitioner to stand back from the drama of everyday practice to make sense of it all and consider how they might become more effective in meeting the needs of patients and their families. It is timely and
appropriate as the Irish government, embark on a substantive curricular review of undergraduate nurse education. While this could help all students, it is particularly relevant for those in the underrepresented groups for whom the experience is magnified and intensified.

6.3 Considerations and Implications for Research

Emerging from the rich description in the findings of this study further potential research questions are posed. Consideration could be given to a longitudinal study reviewing the experiences of students as they progress through the programme. This type of study design could allow exploration of the student experience as they walk this individual path. An in-depth individual case study approach could provide a different lens from which to explore the student experience. Such an approach may further reveal the complexity and uniqueness of the underrepresented student experience further illuminating their decision making processes.

As the findings illustrate the internship placement represents a period of stress and pressure for students as they struggle to balance competing needs. Students’ experience of this period requires further research.

As the study interviewed students approaching the end or very soon after their programme ended, further useful insights might be generated by returning to interview students between six months to one year following graduation. Such an approach would aim to gain a different perspective following the immersion into the profession of nursing.

Additionally, it may be valuable to explore experiences with students who did not make it to the end of their programme. Such research could explore the impact of having to leave the programme for students who invested so much in choosing nursing and higher education. This is relevant in recognising the fiscal and economic reality of the investment made for each student. Study design would need to recognise the likely vulnerability of potential participants. While this is the first study, broadly looking at underrepresented student groups there is a need to build on this foundation.
The challenges around the identification and representation of such groups within research design require sensitive approaches.

### 6.4 Considerations and Implications for Practice

The implications for practice within an allocations role are now explored. The findings suggest that consideration be given to a more flexible curriculum design and structure. This would give acknowledgement and appreciation of the evolving and changing needs of the student population. Such flexibility would lend support for students when making decisions particularly during difficult points in their lives. All students in this study faced significant life changing events at some point in their programme. They not only had to access and accept support but also had to consider taking a break or stopping their programme for a period. This process involves negotiating university regulations. Students described feeling more vulnerable and frustrated at a difficult time.

The challenge now to be faced is in creating flexibility whilst maintaining the standards of the programme, promotion of professional values and ultimately the protection of the public. Consideration would also have to be given to maintaining fairness, consistency and equity within the systems and structures of a higher education environment. Such an approach could address the needs of underrepresented students while providing greater choice and support for all students.

The rich descriptions shared by students in this study illustrate the complexity of some issues faced by those students from underrepresented groups. The importance and value of available individualised support at critical times for students emerges through the findings. In considering how this may impact on the practice and role of an allocation officer, consideration was given to the work of Johns (2013)

> The core therapeutic of holistic practice is the practitioner being available to work with the person[s] to enable them to find meaning in their experience, make best decisions, and respond with skilful action to enable them to meet their health needs’

(Johs 2013 pg67)

Such a view of the development potential of practitioners requires enabling and individualised support structures for students. Not all students will reach this
potential as nursing as a career choice is not suitable for all. A balance needs to be realised in supporting those students for whom nursing is not the right career choice, while advising and supporting students who are struggling at a difficult point.

The challenge is to further embed this concept of enabling and supporting students within an allocation officer role while working within the complexity of higher education. Maintaining the ability to hold beliefs and vision about the student experience in preparation for professional practice continues to be the goal.

**6.5 Strengths and Limitations of the Study**

All research has strengths and limitations (Marshall and Rossman 2010). Research captures a filtered interpretation of the voice of the researched in a particular time and space in which the data were collected (Bowden and Green 2009). Throughout the study consideration has been given to recognising that the study took place at a particular time. The study, therefore, is grounded in and reflects the view of these students experiences at that point. While there was a constant awareness of this position, the degree of influence may not always be obvious. The unique role of the researcher and the relationship with the student may have had a positive influence. The approach to inviting student and the role of the gatekeeper may have encouraged students to consider participation or not. It is nevertheless a possibility that students were willing to share and engage in research with a person with whom they see as willing to listen and in a position to positively influence change.

**6.5.1 Strengths**

This study explores the experiences of students from underrepresented groups on BSc Nursing programmes in the Irish context, an area not previously explored. Representing a starting point from which further research may develop.

Guided by Sandelowski (2000) the study offers a rich description of these student experiences sharing the stories of individual strength and determination to succeed. Attention to detail shown towards the role of the researcher throughout the study strived to support and generate a richness to the data.
The methodology of this study has afforded a timely sharing of student experiences. It is anticipated that these will be shared with policy makers with a view to informing the current review by the Irish government of the undergraduate nursing curricula.

The study adds to the existing body of knowledge, surrounding student experience and ‘widening participation’ discussion within the context of the complexity of nurse education programmes.

This study while primarily approached from the student perspective has much to offer educationalists and in particular allocation officers working in higher education. There is potential emerging from this study to generate discussion regarding the structures and supports for students from a national perspective. These are possibilities as the current review of nursing curricula takes place.

The findings have relevance and applications for education providers committed to enhancing the quality of the student experience.

6.5.2 Limitations

Recognising that the aims of the research were met through rich description as suggested by Sandelowski (2000), it is acknowledged that there are several dimensions to the study which may have contributed to and influenced the findings. Such factors include the location of the research, timing of data collection and the researcher role. This is no different from any qualitative research (Savin-Baden and Howell Major 2013).

It is acknowledged that the study was a relatively small scale study undertaken within one Irish institution. Future research were by data collected in different settings across the duration of the programme may generate further and different data. It is worthy to note that the study was undertaken at the end of the students’ programme of study, potentially providing a different perspective on the overall experience.

Considering that the researcher holds the post of allocation officer, it is possible that somebody in a different role would have generated a different view (Bowden and Green 2010). Whilst endeavouring to remain open to the research process, the
researcher perspective as an allocation officer is acknowledged as an influence on the study.

### 6.6 Personal Insights

At the beginning, and throughout this study care has been taken to position the researcher within the study as Allocations Officer in a The Department of Nursing and Midwifery. Now nearing the end of this path, extracts from reflective journal are shared. Extracts relating to different stages of the process illustrating the personal journey of the researcher.

The first extract relates to the period nearing the end of the data collection period.

> Had supervision today, all students that have expressed an interest have been interviewed and nobody else is coming forward. I have reviewed the transcripts again and feel that there is recurrence of events as is suggested in the qualitative text books cases (Richards and Field 2013) but I am still apprehensive. Is this enough? This forms the basis for the supervision meeting. I have brought some transcripts having highlighted where I see the replication. Drawing together the transcripts with the ethical considerations, specifically self-deceleration, and returning to the aim of the study helps in the transparency of the decision making. The value of dialogue and working through the issue is not to be underestimated and is something I will take with me from this journey

(Reflective Diary Extract 6)

The extract is taken towards the end of the path, considering the learning from and through the study, looking towards the future

The research process as a journey is engaging, fascinating, inspiring and hard work. Discovering the highs and lows of this journey as the data moved and shaped towards new perspectives, writing and re-writing changing and evolving. As the data moved and shaped I was challenged to look from a different perspective, what I thought was the biggest problem may not be, normal I know (Silverman 2013). To share an example, I had considered and written in an earlier entry that perhaps the challenges of travelling to placements and the expense this incurs would emerge more significantly and I had not fully appreciated the importance of the pre entry experience which emerged from this study.

At the beginning, I underestimated the personal journey of discovery and the learning along the way. embracing the opportunity to contribute to an international conference considering the impact of my research on my professional role and the interlinked nature of both was a learning opportunity I may not have had if not engaging in this research. The
opportunity allowed me to explore the personal and professional journey of discovery this study has brought me on. My role as allocations officer has moved and evolved as I have over the years but particularly during this study, in the words of some of the students who participated I am glad I made the choice and completed.

Supporting the student experience, while always implicitly critical to my role is now explicit and acknowledged. The conference presentation allowed me the opportunity to acknowledge my practice as having a foundation in the Johns (2010) ‘Being available’ template allowing the freedom to acknowledge and grow in this area. Now perhaps, nurse and midwifery education in Ireland needs to look toward embracing what higher education had to offer rather than drowning in the ‘mac donald’s’ analogy as presented by Rolfe (2012), learning from the experience of the UK. Taking the positives from the Irish commitment to degree education and leaning from the UK experience of moving through this transition period. It seems to me at this juncture that respecting and valuing the uniqueness of all who participate in the student journey is key.

(Reflective Diary Extract 7)

This final extract was completed a week before the submission of the thesis but illustrates the nature of qualitative research, affirming an evolving journey of discovery

In reading, reviewing and looking at the literature again as I prepare final drafts I find myself re reading a study ‘Why here and why stay? Students' voices on the retention strategies of a widening participation university’ (Mc Kendry et al 2014). I have used work in the discussion but now see the subtle wording of the study design. The study was conducted with first students from ‘a widening participation’ university. I have struggled throughout this stay with the tensions of respecting and ‘doing justice’ to the student experience as shared by this group of students and the challenges of how future work could be framed. The approach taken by Mc Kendry et al (2014) I now think may offer a more holistic approach to the student experience. It also serves as a reminder, the nature of research and the importance of remaining open and ready to see the opportunities when they arise, even at this stage.

(Reflective Diary Extract 8)

6.7 Summary

Continued commitment by the Irish government to increasing participation for individuals from what has been classified as those traditionally underrepresented in higher education, impacts on the profile of student coming onto pre-registration nursing programmes. This evolving student profile takes place against a background
of change for the nursing profession and the educational structures which support it. A qualitative descriptive study design was chosen as most suitable in addressing the research aim, to explore the experiences of students from underrepresented groups on nursing programme in an Irish context. The findings of the study bring forward that which was hidden, revealing the uniqueness of the student experience through the emergence of three themes, Taking the First Steps, Finding a Way, and Getting Through. The personal and professional growth and development of these students’ descriptions is threaded throughout the study.

This study, guided by ethical concepts and sensitivity and took an inclusive view of underrepresent groups. A decision was taken to refrain from asking students for information related to specific routes of entry. In essence students volunteered to be part of the research. It is noted that students may have fitted into one or more of the HEA’s definition of underrepresented groups. This highlights the balance between ethics and data generation.

These findings are seen to have resonance within the context of national and international literature, contributing to the body of knowledge surrounding how students from these groups experience BSc Nursing programmes in Ireland. This study explored and shared rich descriptions of the journey of students from the underrepresented groups on nursing programmes in an Irish context. This study is a stepping stone on the path towards embracing the individuality of the experience of students from the underrepresented groups on undergraduate nursing programmes in Ireland.
7. References


Carroll, D. and Patterson, V. (2011) *A Profile of Undergraduate Mature New Entrants* [online], available:


Houghton, C. E., Casey, D., Shaw, D. and Murphy, K. (2012) ‘Staff and students’ perceptions and experiences of teaching and assessment in Clinical Skills


Keane, E. (2011a) 'Dependence-deconstruction: widening participation and traditional-entry students transitioning from school to higher education in Ireland', *Teaching in Higher Education*, 16(6), 707-718.


qualified general nurses in Ireland', *Journal of Clinical Nursing*, 22(5-6), 770-779.


University of Limerick (2007) *Curriculum Documents, BSc Nursing (General, Intellectual Disability, Mental Health) programmes*, University of Limerick, unpublished.


University of Limerick (2014) *UL Graduate Attributes* [online], available: https://www2.ul.ie/web/WWW/Services/News/Publications/UL%20Graduate%20Attributes [accessed 12 December 2013].


8. Appendices

8.1 Appendix A

<table>
<thead>
<tr>
<th>Author</th>
<th>Aim of Study</th>
<th>Type of Study</th>
<th>Sample</th>
<th>Methods/Data Collection</th>
<th>Key Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casey et al (2011)</td>
<td>To report students’ experiences of the process of peer assessment</td>
<td>Qualitative descriptive design</td>
<td>37 BSc Nursing Students</td>
<td>Focus group interviews</td>
<td>Students found peer assessment empowering, increased their motivation to learn and increased confidence ultimately enhancing their engagement.</td>
</tr>
<tr>
<td>Cassidy (2005)</td>
<td>To illuminate issues central to general student nurses’ experiences of caring for isolated patients within the hospital environment</td>
<td>Phenomenological study</td>
<td>8 2nd Year Diploma Nursing Students</td>
<td>Individual interviews</td>
<td>Opportunities to impart recommended isolation practices to students nurses should use, linking theory to patient care.</td>
</tr>
<tr>
<td>Chesser-Smyth (2005)</td>
<td>To explore experience of general students on their first clinical placement</td>
<td>Phenomenological study</td>
<td>10 Diploma Nursing Students</td>
<td>Individual interviews</td>
<td>The importance of preparation for this placement, how receptive staff were to students was important, with increasing knowledge came confidence.</td>
</tr>
<tr>
<td>Evans &amp; Kelly (2004)</td>
<td>To examine the stress experiences and coping abilities of student nurses on the diploma programme</td>
<td>Survey design</td>
<td>52 Diploma Nursing Students</td>
<td>Questionnaire</td>
<td>Sources of stress: were the level and intensity of academic workload: theory practice gap and poor relationships in the clinical areas: Advocate a stronger focus on self-development kills for students.</td>
</tr>
<tr>
<td>Fleming &amp; McKee (2005)</td>
<td>To evaluate a welcoming programme for mature students</td>
<td>Questionnaire design: Including qualitative commentary</td>
<td>130 Diploma Nursing Students: 89 Standard &amp; 41 Mature</td>
<td>Questionnaire</td>
<td>There was a small significant difference between students who experienced the welcome programme, improving progression. Author advocate the development and introduction of more targeted supports for mature students.</td>
</tr>
<tr>
<td>Authors</td>
<td>Aim</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Tools</td>
<td>Findings</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Gibbons et al (2011)</td>
<td>To explore the relationship between sources of stress and psychological well-being further considering these resources might function as moderators and mediators on well-being amongst nursing students</td>
<td>Qualitative study</td>
<td>280 Nursing Students: 61% response rate</td>
<td>Questionnaire: General Health Questionnaire</td>
<td>Initiatives to promote support and self-efficacy are likely to have immediate benefits for student well-being: need to consider how students’ experiences might contribute not just to distress, but to eustress also</td>
</tr>
<tr>
<td>Healy, &amp; Mc Sharry (2011)</td>
<td>To report on the experience of facilitating, delivering and evaluating workshop promoting self-awareness skills with under graduate nursing students</td>
<td>Descriptive account workshop and evaluation of workshops by students</td>
<td>65 1st Year BSc Nursing Students</td>
<td>Evaluation</td>
<td>Promoting positive personal behaviours, including managing stress can help improve student personal choices. Descriptive account of promoting self-awareness workshop for 1st Year BSc Students</td>
</tr>
<tr>
<td>Houghton et al (2012)</td>
<td>To explore the role of the CSL in in preparing students for the real word of practice: specifically the teaching and assessing strategies employed in CSL.</td>
<td>Part of a qualitative multiple case study</td>
<td>58 Participants: 20 of whom were students across 5 sites</td>
<td>Semi structured interviews</td>
<td>Authenticity of CSL environment important, links between HEI &amp; Clinical sites and Teaching and assessment strategies are important</td>
</tr>
<tr>
<td>Johnson &amp; Lillis (2010)</td>
<td>To evaluate students’ experiences of the use of technology in supporting their learning styles</td>
<td>Qualitative evaluation</td>
<td>49 2nd Year BSc Nursing Students</td>
<td>Questionnaire</td>
<td>Helped student learning helping to keep students focused. Students enjoyed the interactive nature of the experience</td>
</tr>
<tr>
<td>Leufer (2007)</td>
<td>To identify students’ perceptions of the learning experience in large groups and key factors that affect the teaching and learning experience</td>
<td>Questionnaire design: including qualitative commentary</td>
<td>67 Diploma Students</td>
<td>Questionnaire</td>
<td>Responses were mixed, some students finding class size impacts on their interaction and learning</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Objective</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Data Collection Methods</td>
<td>Findings</td>
</tr>
<tr>
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<tr>
<td>Mooney &amp; Timmins (2007)</td>
<td>To examine the students experience of spirituality workshops</td>
<td>Qualitative study</td>
<td>160 for the teaching and tour: 21 Students interviewed</td>
<td>Evaluation and focus group interviews</td>
<td>Increased awareness of spirituality enhances the nurses role, also supports students in their own self development</td>
</tr>
<tr>
<td>Nolan &amp; Ryan (2008)</td>
<td>To explore the experience of stress among mental health nursing students undertaking their internship</td>
<td>Mixed method designed study</td>
<td>28 4th Year Mental Health students</td>
<td>Questionnaire: General Health Questionnaire &amp; 4 individual interviews</td>
<td>11 students report severe stress. 4 main categories: relationships in the clinical environment; matching competence and responsibility; workload; and simultaneous clinical and academic demands.</td>
</tr>
<tr>
<td>O’Brien, et al (2009)</td>
<td>To explore the experience of mature students on mental health nursing programme</td>
<td>Qualitative descriptive study</td>
<td>28 BSc Mental Health students</td>
<td>Focus group interviews - 3 discipline specific</td>
<td>Experiences of the educational components, Balancing college and family life, Greater challenge for female, Experiences of the educational component, Balancing college and family life, Greater challenge for females</td>
</tr>
<tr>
<td>Timmins &amp; Kaliszer (2002)</td>
<td>To investigate factors that cause stress to nursing students during the diploma programme</td>
<td>Qualitative study</td>
<td>110 Diploma students</td>
<td>Questionnaire</td>
<td>Diploma students, 5 sources of stress, academic stress, relationships both in practice and with teachers, finance and death of patients form the other components</td>
</tr>
<tr>
<td>Timmins et al (2011)</td>
<td>To identify student stressors associated with their nursing programme and examine its impact upon their lifestyle behaviours.</td>
<td>Qualitative study</td>
<td>N=348 BSc Nursing students cross two university sites.</td>
<td>Questionnaire</td>
<td>Added demands of modern nursing programmes place the student under considerably more pressure, because of competing demands. The support and encouragement of healthy coping mechanisms is now essential</td>
</tr>
</tbody>
</table>
8.2 Appendix B

Ethics Application

Appendix B

Ethics Application

Section 1. Ethical Issues

1. Does this application involve research with:

- People under the age of 18? Yes ☐ No ☑
- People with diagnosed psychological impairments? Yes ☐ No ☑
- People with a diagnosed learning difficulty? Yes ☐ No ☑
- People dependent on the protection/under the control/influence of others (e.g. people in care, prisoners, students with whom the researcher has a supervisory relationship, etc.)? Yes ☐ No ☑
- Relatives of sick people (e.g. parents of sick children)? Yes ☐ No ☑
- People who may have only a basic knowledge of English? Yes ☐ No ☑
- Other populations that are potentially vulnerable? Yes ☐ No ☑

If 'YES' to (g) please describe:

2. Does this application deal with:

- Sensitive personal issues? (e.g. suicide, bereavement, gender identity, sexuality, fertility, abortion, gambling, illegal activities, illicit drug taking, substance abuse, engaging in criminal behaviour) Yes ☐ No ☑
- Any act that might diminish self-respect or cause shame, embarrassment or regret? Yes ☐ No ☑
- Research into politically and/or racially/ethically and/or commercially sensitive areas? Yes ☐ No ☑
- Issues which might otherwise give rise to a risk of loss of employment, for the participant? Yes ☐ No ☑
- Other issues that may be considered sensitive? Yes ☐ No ☑

If 'YES' to (f) please describe:

3. Does the proposed research procedures involve:

- Use of personal records without consent? Yes ☐ No ☑
- Deception of participants or use of placebos? Yes ☐ No ☑
- The offer of large inducements to participate? Yes ☐ No ☑
- Audio or visual recording without consent? Yes ☐ No ☑
- Invasive physical interventions or treatments? Yes ☐ No ☑
- Research that might put researchers or participants at substantial risk? Yes ☐ No ☑
- Storage of results or data for less than 7 years? Yes ☐ No ☑
- Dealing with topics, using methodologies, or reporting of findings in a way that is likely to cause pain, discomfort, embarrassment, or changes to lifestyle for participants? Yes ☐ No ☑
- Other procedures that may be considered invasive? Yes ☐ No ☑

If 'YES' to (I) please describe:

125
Section 2. Approved Procedures

If the answer to any of the questions in Section 1 is "yes", then please complete this section before proceeding to Section 3 & 4.

Does the research follow any ULREG Approved Procedure in relation to this sensitivity or intrusion?

Yes ☐ No ☐

Procedure Name(s) and Approval Number(s)

Section 3. Eligibility for Chair’s Decision

Has research of a similar nature previously received approval from ULREG or its designee? ("Similar" is defined as follows: distinctions only in the researchers involved, differences in the number of subjects involved, small alterations to the procedures being used, and change in the location of the research).

Yes ☐ No ☐

Application Name and Approval Number:

If your answer to the above question is "Yes" and your proposed research is "similar" in nature please complete the "Chair’s Decision Research Ethics Application Form" (Appendix B) and submit to the Chair of the appropriate REC (Faculty REC in the case of staff or research postgraduates; a Local REC in the case of other students). If deemed necessary the Chair (or Vice Chair) may request a full UL Research Ethics application.

Section 4. Please indicate whether this research will primarily be the work of:

Primarily Faculty ☐ Primarily PG Student ☐ Primarily UG Student ☐ Shared ☐

Section 5. Supporting Documentation and Signatures

Is this application complete with:

a. all required documentation, including consent forms, information sheets and research instruments (or where some documentation is not included is there an explanation as to why)

Yes ☐ No ☐

b. all required signatures

Yes ☐ No ☐

If the answer to a question in question 5 is "no" the application is incomplete and will be returned without consideration by the committee.

Signed: ____________________________ Date: ____________________________

(Principal Investigator)
Title of Research Project
An exploration of BSc Nursing and Midwifery students from the under represented groups in higher education.

Period for which approval is sought
From ○ Date of approval OR ○ Specific date
Until June 13, 2014

Undergraduate / taught postgraduate Research ○ OR Research postgraduate/Staff research ○

Principal Investigator details
Name Deirdre O’ Sullivan
Department Nursing and Midwifery
Position MSc Nursing by Research Student
Qualifications Registered General Nurse, Postgraduate Diploma
Telephone Number +008631872364
Email address Awaiting student e-mail address: temporary address: deirdre.osullivan@u

Other Investigators:
<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliation</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Margaret Graham</td>
<td>Lecturer/Internal Supervisor</td>
<td></td>
</tr>
<tr>
<td>Brd O’Brien</td>
<td>Lecturer/Internal Supervisor</td>
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</tbody>
</table>

Head of Department(s) Approval
I have read through the application and I am aware of the possible risks to participants in this study. I hereby authorise the Principal Investigator and other investigators named above to conduct this research project.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry O’ Connor</td>
<td>Nursing and Midwifery</td>
<td></td>
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</tr>
</tbody>
</table>
Section 1: Study Design and conduct of the study.

a. What are the aims of this research?

To explore the experiences of students from the under represented groups on BSc Nursing and Midwifery programmes

b. Provide a description of the study, clearly outlining what is required of all participants.

Describe all procedures to be used and describe the data that you aim to collect (e.g. measures of a psychological nature, interviews, observational data, physiological measures etc). Include the name and number of any University of Limerick approved Risk Assessment Procedure. Indicate how the data will be analysed. Note that this section should be accessible to non-subject specialists, so avoid technical language and abbreviations.

This study will involve individually interviewing students who have recently completed or are in their 4th year of the BSc Nursing (General, Mental Health & Intellectual Disability) and BSc Midwifery programmes who are from one of the groups recognised as being under represented in higher education. That is students who are socially, economically or culturally under-represented in higher education, mature students or students with a disability.

A gatekeeper will circulate an email to students who have recently completed or are in their 4th year of the BSc Nursing (General, Mental Health & Intellectual Disability) and BSc Midwifery programmes asking for their participation (Appendix I). The participant information sheet (Appendix II) will be included with this correspondence.

Following an expression of interest the researcher will then contact the student further requesting their participation and addressing any questions. Arrangements will be made for the student to be individually interviewed. Students will be given the opportunity to choose the place venue and time of the interview. Prior to the interview taking place the participant completes the consent form (Appendix III). It will be made clear that there will be an opportunity for the participant to withdraw at any time. The interviews will be audio recorded with the participants consent.

The sample size for this study will be determined by data saturation. Poulit et al. (2001) suggest that where the information from participants is of significant depth saturation can be reached with 10 interviews as a minimum. The interviews will be audio recorded with the participants consent. Thematic analysis of the data will undertaken by steps outlined by Burnard (1991).
1(b) continued – only use if necessary.

The confidentiality of participants will be protected throughout the study. All data will be anonymised and pseudonyms will be used. Nobody other than the principal investigator and researchers will have access to the original data. The data will be stored on a password protected computer and in a locked filing cabinet and will be retained for 7 years.

It is hoped that the findings from this study will contribute to the local and national debate on the experience of students from the under represented groups on nursing and midwifery programmes.
Section 2: Recruitment of research participants.

a. Describe the population you will recruit from, including their gender, age range and ethnicity (if ethnicity is relevant). Provide information on any additional specific inclusion or exclusion criteria.

This study will involve students who have recently completed or are in their 4th year of the BSc Nursing (General, Mental Health & Intellectual Disability) and BSc Midwifery programmes who are from one of the groups recognised as being under represented in higher education; that is students who are socially, economically or culturally under-represented in higher education, mature students or students with a disability.

b. How will you source or identify your participants?*

A gatekeeper will circulate an email to students who have recently completed or are in their 4th year of the BSc Nursing (General, Mental Health & Intellectual Disability) and BSc Midwifery programmes asking for their participation (Appendix I).

*If you plan to recruit via a letter, email or a poster, a copy of this must be submitted to the committee with this application.

c. How many participants will you recruit? (the number should be the maximum that you will recruit, allowing for drop-outs and other losses).

| Number of participants | 15 |

d. Provide details of any financial remuneration or any other form of reward which the participants will receive

None

e. Where will the research work be done? (either "UL" or name the external location)

UL
Section 3: Consent

Remember that you must submit a participant informed consent form and information sheet with this document; or provide other evidence of how consent will be obtained where these are not possible (e.g. in telephone interviews, Internet based research). In the case of children (under 18) and adults unable to provide consent, please provide the documentation to be used to obtain parent or guardian consent. For work in schools provide a copy of the cover letter to the school principal.

a. If you are using adults or children who are unable to give consent, please explain how consent will be obtained. If your participants can't read or speak English (or Irish, if your research is aimed at Irish speakers), explain how you will obtain consent. In situations where obtaining free consent may be difficult (e.g. in prisons), explain how you will ensure that free consent is given. (Enter N/A if none apply to your project)

N/A

Section 4: Care and protection of research participants

a. Provide detailed information on any potential risks to the participant or researcher from procedures or techniques to be employed in this research. Where a substantive risk is identified, provide detail on steps that have been taken to minimise this risk. Note that risk is defined by the committee as the potential to cause short or long term discomfort, pain, physical injury or emotional distress that is greater than that which would be experienced in the participant’s everyday life.

It is not envisaged that the research will lead to any distress or inconvenience for participants
b. What is the total participation time for each participant (in hours/minutes)?

<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
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</table>

If there are multiple testing sessions for each participant, please provide a breakdown detailing how the total participation time is divided over the course of the experiment or research study.

N/A

d. Explain what the potential benefits of the study are. Explain why these potential benefits of the study justify any risks to participants (as outlined in section 4a) and participant time input (as described in section 4b). *(i.e. provide a justification of the predictable risks and inconvenience to participants weighed against the anticipated benefits for the participants and the wider community).*

It is hoped that the study will add to the body of knowledge regarding these underrepresented student groups experiences, helping to guide the development of future education programmes and contribute to the debate.
Section 5. Protection of participant confidentiality.

a. Who will have access to the data collected from participants?
The principal investigator and the researchers will have access to the original data.

b. How will confidentiality be ensured? (Outline the steps taken to ensure data security in collecting and storing information).
The confidentiality of participants will be protected throughout the study. Should the situation arise where the student may be identified, the data will be anonymised. Pseudonyms will be used. The data will be stored on a password protected computer and in a locked filing cabinet.

c. How long will the data be kept? How will data be destroyed at the end of the storage period?
(Note that you are obliged to store the data for between 7 and 10 years, and ensure that it is effectively destroyed at the end of this period)

Duration of data storage (years): (Ensure that you indicate from the list the number of years that data will be stored)
7

Date of Destruction: Note - Destruction date is calculated automatically. On page 1, please ensure that you have indicated the date for which approval from the ethics committee will no longer be required.
June 12, 2021

Destruction method:
Computer files wiped and paper records will be shredded.

Section 6. Feedback to Participants and Relevant Communities

Describe how the results of the research will be made available to the participants and to any community group that the research findings would be relevant to.

It is planned that the research will be published and a copy of the work will be placed in the library.
Section 7: Indemnity

All research undertaken by UL employees requires indemnity insurance. The insurance policy and exemptions are shown on the EHS Ethics Web Page.

If your planned research methodology is substantially different to that which you have obtained ethical approval for before at UL, and has identifiable potential risks to participants or experimenters you should contact Cliona Donnellan (cliona.donnellan@ul.ie) to confirm that the research project will be insured. You should also contact Cliona if the planned work requires invasive procedures. This may involve contacting the insurers, so allow several days for this process if it is required.

Note that UL’s current insurance does not cover clinical trials.

This research project will be covered by UL’s indemnity policy:

Yes ☐ No ☐

Document checklist: which documents are attached?

<table>
<thead>
<tr>
<th>Document</th>
<th>Yes</th>
<th>N/A</th>
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<tr>
<td>Volunteer information sheet</td>
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<td>☐</td>
</tr>
<tr>
<td>Parent / carer information sheet</td>
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<td>☐</td>
</tr>
<tr>
<td>Volunteer informed consent form</td>
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<td>☐</td>
</tr>
<tr>
<td>Parent / carer informed consent form</td>
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<td>☐</td>
</tr>
<tr>
<td>Letter to school principal</td>
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<tr>
<td>Questionnaire</td>
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<td>☐</td>
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<td>Interview / survey questions / focus group script</td>
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<td>☐</td>
</tr>
<tr>
<td>Recruitment letter / email / poster</td>
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<td>☐</td>
</tr>
<tr>
<td>Acceptance of UL child protection form</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>EHSREC or PEESSREC Procedures</td>
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</tbody>
</table>
### Declaration

The information in this application form is accurate to the best of my knowledge. I undertake to abide by the ethical principals outlined by UL ethics policy. If this proposal is approved by the Ethics Committee, I undertake to adhere to the study protocol without unagreed deviation and to comply with any conditions required by the ethics committee.

I undertake to inform the UL research ethics committee of any changes in the protocol, and to submit a Report Form upon completion of the research project.

<table>
<thead>
<tr>
<th>Name of Principal Investigator</th>
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<table>
<thead>
<tr>
<th>Signature of principal investigator (or HOD if PI is not on permanent contract)</th>
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<th>Date</th>
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8.3 Appendix C

Email sent by The Gatekeeper

Dear Student,

A student undertaking a Masters of Research with The Department of Nursing and Midwifery, under the supervision of Brid O’ Brien and Margaret Graham is seeking potential participants.

The research will explore the experiences of students from the under represented groups on BSc nursing and midwifery programmes. The Higher Education Authority of Ireland identifies the under represented groups in higher education as those who are socially, economically or culturally underrepresented in higher education, mature students and students with a disability.

If this study applies to you I would be delighted if you could share your experience with the researcher Deirdre O’Sullivan. Please find attached the participant information sheet.

If you are interested in participating please forward me your name, address, contact number and email and I will pass on your details to the researcher who will be able to provide you with further information.

It is hoped that this study will inform and influence future programme development.

Thank you in anticipation. If you have any questions please do not hesitate to contact me.

Regards,
8.4 Appendix D

Participant Information Sheet

Title: An exploration of BSc nursing and midwifery students from the under represented groups in higher education.

Researcher: name and contact details
Deirdre O’ Sullivan

Purpose: To undertake research that describes the experience of students from the identified groups to develop a better understanding of these experiences.

Description: The research involves taking part in individual interviews with the researcher to explore your experience during your BSc nursing or midwifery programme.

Confidentiality: All data will remain anonymous and confidential throughout the research. Your name and information gathered during the interview will be kept confidential and stored in a secure place.

Risks and benefits: It is not envisaged that the research will lead to any distress or inconvenience or distress for participants.

Voluntary nature of taking part in the study:
Your participation is entirely voluntary and you are free to withdraw at any time.

This study has received ethical approval from the Faculty of Education and Health Sciences Research Ethics Committee at University of Limerick EHSREC11- 49

If you have any further questions or concerns about your participation in the study, please do not hesitate to contact the researcher, name and contact details as above.

Additionally, you may wish to contact an independent source:
The Chairman of the Faculty of Education and Health Sciences Research Ethics Committee,
C/o University of Limerick.
8.5 Appendix E

Consent Form

Title: An exploration of BSc nursing and midwifery students from the under represented groups in higher education.

Researcher: name and contact details
Deirdre O’ Sullivan Deirdre.osullivan@ul.ie

Description of the research
The research involves taking part in individual interviews with the researcher to explore your experience during your BSc nursing or midwifery programme.

Confidentiality: All data will remain anonymous and confidential throughout the research. Your name and information gathered during the interview will be kept confidential and stored in a secure place.

Voluntary consent: I have read the participant information sheet provided on the study and agree to take part and have my contribution audio taped. I understand that I can withdraw from the study at any point. I have an understanding of what the study was about. Any questions were answered. I freely and voluntarily agree to take part in the study.

______________________                                                            ____________
Signature of the Participant               Date

______________________                                                            ____________
Researcher                 Date
Appendix F

Sample Interview Guide

Beginning of Interview

Thank you for agreeing and consenting to partake in the study. Your participation is entirely voluntary and you are free to withdraw at any time. If you wish to stop the interview or withdraw at any stage just let me know.

Tell me what your experience of the programme.

How did you fit into student life?

How did the university schedule fit in with your lifestyle?

What was your greatest challenge?

What would you like to see done differently?

Are there any other actions or outcomes you would like to see happen?

Is there anything else you wish to add?

Is it ok if I come back to you again if I need clarification on anything?

End of Interview

Thank you for agreeing to take part
8.7 Appendix G

*Example of Field Notes*

Interview No:

Age:

Gender:

Family structure:

Programme:

Comments
8.8 Appendix H

Email Seeking Further Clarification from Ethics Committee

Dear Deirdre

Thank you for your Research Ethics application which was recently reviewed by the Education & Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

Project Title: EHSREC11-49
Principal Investigator: Deirdre O’Sullivan
Other Investigators: Margaret Graham, Brid O’Brien
Recommendation: Not approved. Please resubmit taking the following points into consideration:

The sensitivity of the study has to be recognised in the cover form, in the risk assessment and in the application throughout. When research is being conducted with a minority group the researcher must be, at all times, sensitive in the way participants are dealt with and also in the collection of data.

The Principal Investigator must be a member of UL staff and the student named as ‘Other Investigator’.

Please clarify the inclusion criteria and if the researcher is asking and/or keeping track of the type of identified group to which each participant belongs. This data is highly sensitive and this application cannot be accepted until EHSREC clearly identifies who has access to such data and how access to data is obtained.

As the study involves 4th year students, a power issue can exist. EHSREC requires clarification with regard to the gate keeper (who this is and his/her role). Please clarify who will be conducting the interview? Will any of those people teaching the students be taking part in the study? If yes please explain how you overcome the power issue.
8.9 Appendix I

Email with Requested Confirmation

Please find below consideration of the points raised from my recent research ethics application. I am also attaching the reviewed cover sheet.

I hope that the points have been considered to the satisfaction of the Education & Health Sciences Research Ethics Committee however if any further information or detail is required I would welcome the opportunity to provide it for the committee.

Kind regards,

Deirdre O'Sullivan

Resubmit application EHSREC11-49

The points addressed have been taken in to consideration and addressed as follows:

· The principal investigator for this study is Brid O'Brien, lecturer in the Department of Nursing & Midwifery. The other investigators are Deirdre O'Sullivan (student, Department of Nursing & Midwifery) and Margaret Graham (lecturer, Department of Nursing & Midwifery)

· It is proposed that the invitation to participate in the study will be sent to all students who have recently completed or are in their 4th year of the BSc Nursing (General, Mental Health & Intellectual Disability) and BSc Midwifery programmes. This invites students within the under represented groups to come forward, if they so wish to consider becoming involved in the study. This approach of self declaration by participants reflects the sensitivity of potential participants. No information will be accessed from any other source. All potential participants have the choice to identify which group they feel associated with. At all times the voluntary nature of participation will be respected. All data will be anonymised.
Only the principal investigator (Brid O’ Brien), 2nd researcher (Margaret Graham) and student (Deirdre O’ Sullivan) will have access to the sensitive data. The data will be stored on a password protected computer and in a locked filing cabinet and will be retained for 7 years.

In recognition of the sensitivity around accessing and involving participants in the study who are students in The Department of Nursing & Midwifery a gate keeper has been recruited. The gate keeper, who is the senior administrator in The Department of Nursing & Midwifery, is not directly involved with potential participants and they would not be known to her. The role of the gatekeeper for this study will be to circulate an invitation email to students asking for their participation (Appendix I). The participant information sheet (Appendix II) will be included with this correspondence. The use of a gate keeper recognises the freedom of choice and voluntary principles underpinning the recruitment of participants for this research which are critical to and are embedded throughout the research.

In acknowledgement of issues that may arise around power balance between participants who are students and staff at the Department of Nursing and Midwifery none of the research team is involved in teaching the potential participants. It will be the student (Deirdre O’ Sullivan) who will conduct the interviews for this study.
8.10 Appendix J

Email Confirming Ethical Approval

Dear Brid, Deirdre, Margaret

Thank you for your amended Research Ethics application which was recently reviewed by the Education & Health Sciences Research Ethics Committee. The recommendation of the Committee is outlined below:

**Project Title**: EHSREC11-49

**Principal Investigator**: Brid O’Brien

**Other Investigators**: Deirdre O’Sullivan, Margaret Graham

**Recommendation**: Approved – Please remove student’s telephone number from the Information Sheet

Yours Sincerely
8.11 Appendix K

Data Analysis Process

Data Analysis

Screen shots provides example of how data was managed on computer
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<td>12/13/14Writing up, preparing and keeping the data close to hand and constantly referring to it. Also decisions made on how to present data in this instance it was decided to present data in depth in the findings chapter and offer discussion with the literature in the following chapter</td>
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Steps of coding and categorising

Step 3:

Unfulfilled potential or never had the opportunity (Julia 45-47) (Freda 15) (Gillian 5)
Picking the right time (Louisa 41-42)
Great fun enjoyed it (Freda 492)
Taking the first step on the journey/ the entry process (Irene 1091) (Freda 19/ 56)
(Millie 12-15)
Motivation: academic (Louisa 21) (Julia 79-80) or the professional (Freda, Irene)
(Gillian 9-11) qualification both (Julia)
First Placement: excellent experience for Louisa (251)
Bad experience for Millie (138-139)
Lack of knowing what was coming, no preparation (Irene 1170) (Millie 146-148)
(Julia 26-27/390-399)
Don’t expect to be treated any differently (Julia 8-10) Julia (382)
Don’t even think about making friends just want to do it (Julia 88-90) (Millie also)
(Freda 404-409) (Gillian 34-35)
Family/ Life balance during tough times (Irene 1062) (Julia 35) (Millie 26-28) (Julia
111-114, 148-150)
Managing time: organisation (Irene 1023…) (Louisa 5-13) (Millie 350) (Julia 403)
Freda (65-97) (Gillian positive time management)
Support and drawing strength: what to hold onto (Irene 902) (Freda 206)
Family support made it possible (Louisa, Julia 24-25) (Julia 330-331)
Knowing where to source support: obstacles to it… (Irene 407) (Freda 21/191-194)
(Louis 356) (Millie 477)
Peer support (433-434)
Just got on with it (Julia 21), put up with it (Julia 338) I knew I could so I Just did it
(Freda 89) Just did it (Freda 123) Gillian I just wanted to do it (82-83)
Feelings of isolation (Millie 50-51) (Julia 123-124)
Feeling really torn between family and course (Julia 153/497)
Strong coping skills (Millie 54-55) Knowing self at this stage (Millie 86-87) (Julia 302) (Freda 326 –328) (Gillian 151-153)

Struggling with pride (Millie 246-247) Freda (190-191)

Stepping up and speaking out (Gillian 229-230/ 261-263) (Millie 69-70/450)

Self advocating able to negotiate communicate and interact (Louisa 113-114) (Millie 168-170) (Freda 36-40 523-525)

Keeping identity: holding onto privacy /Vulnerable privacy having to seek help (Irene 785, 831) (Freda 304-308/613)

Journey of self development recognising the changes that have happened along the way (Louisa 262) (Millie 417) (Freda 259-261)

Burden of maturity/Acknowledgement of maturity of other commitments (Irene 534, 857) (Freda 8-13) (Gillian 218)

Pressure from self to perform (Millie 174-175/370) (Julia 509) (Freda 153/154 about FYP)

Burden of assumptions (Julia 184)

Connection between university and placement (Louisa 187-189) (Julia 306)
‘hard work’ stressful (Julia 198)

No socialisation into university life, it was secondary to the goal (Freda 88) (Millie through out)

Financial burdens (Irene 580) (Gillain 24/25,115-116) (Millie 334)

Financial situation worse at the end rather than the beginning, gave up a lot (Louisa 264) (Millie) (Julia 168 on) (Freda 641)

Means of securing a future (Irene 551)

Working within the system (Louisa 180)

Failure is not an option (Irene 738) (Millie 236-237 I am definitely not giving up) (Julia 233/ 407) (Freda 246 (very strong quote)

Realisation that there is not a pot of gold at the end and that it is a step on the life journey (Julia 63-37)

Moving on: what to do next very much part of experience

Pride in achievement (Freda 283)

Grateful

Can’t wait to be finished (Louisa 73-77)

De Motivated at the end/with the system (Louisa87-88) (Millie 124-126) (Millie 321-322) (Julia 63-35/278) (Freda 376)
No respect for us (262-263)

Struggling with pride (Millie 246-247)

Relief its over (Irene 1052) (Louisa 289)

The process of learning’ problem solving’ ‘practical’ Understanding the tricks (Irene 440) (5 496)

Hierarchy within the University system is domineering (Irene 755)

Unique/individual support approach was needed

Level of degree is important (Louisa 376)

Length of service in the health system is what recognised not qualifications (Louisa 409) (Millie 227-228) (Julia 240-249)

Striving towards professionalisation of nursing (Louisa 442-443) (Millie 99-100)
## Step 4:

| Resilience/ fortitude/spirit to carry on and not allow failure: Knowing and developing self which means they have the | Don’t expect to be treated any differently
| Support and drawing strength: what to hold onto
| Don’t even think about making friends just want to do it
| Just got on with it, put up with it
| Feelings of isolation
| Strong coping skills/Knowing self at this stage
| Struggling with pride
| Keeping identity: holding onto privacy /Vulnerable privacy having to seek help
| Failure is not an option Struggling with pride
| Struggling with pride
| Great fun enjoyed it

| Existing/surviving in the system | Knowing where to source support: obstacles to it…
| Peer support
| Giving up something to do it different motivation just want to do it
| Stepping up and speaking out
| Self advocating able to negotiate communicate and interact
| No socialisation into university life, it was secondary to the goal
| No respect for us
| The process of learning’ problem solving’ ‘practical’ Understanding the tricks
| Hierarchy within the University system is domineering
| Unique/individual support approach was needed

| Under pressure: Because they sacrificed so much /waited so long/ gave up so much on the way they felt under pressure to perform both for themselves their families and greater support structures | Knowing where to source support: obstacles to it…
| Family/ Life balance during tough times
| Managing time: organisation
| Family support made it possible
| Feeling really torn between family and course
| Burden of maturity/Acknowledgement of maturity of other commitments
| Pressure from self to perform
| Burden of assumptions
| Financial burdens
| Unfulfilled potential or never had the opportunity
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<td>Striving towards professionalisation of nursing</td>
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<td>Relief its over</td>
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</table>
Unfulfilled potential or never had the opportunity
Picking the right time
Taking the first step on the journey/ the entry process (Irene 1091) (Freda 56)
Motivation: academic or the professional (Freda, Irene) qualification both (Julia)
First Placement
Lack of knowing what was coming, no preparation no information (Irene 1170)
Family/ Life balance during tough times (Irene 1062) (Julia 35)
Managing time: organisation (Irene 1023….)
Support and drawing strength: what to hold onto (Irene 902)
Knowing where to source support: obstacles to it…. (Irene 407) (Freda 21)
Stepping up and speaking out (Gillain 229-230)
Keeping identity: holding onto privacy (Irene 785, 831)
Journey of self development recognising the changes that have happened along the way
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Pride in achievement
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The process of learning’ problem solving’ ‘practical’ Understanding the tricks (Irene 440) (5 496)
Hierarchy within the University system is domineering (Irene 755)
Unique/individual support approach was needed
Making a start Chasing the dream

- Unfulfilled potential or never had the opportunity
- Picking the right time
- Taking the first step on the journey/the entry process
- Motivation: academic or the professional qualification
- First Placement

The Journey

- Family/Life balance during tough times
- Managing time: organisation
- Support and drawing strength: what to hold onto
- Stepping up and speaking out
- Keeping identity: holding onto privacy

Reaching for the end

- Journey of self development recognising the changes that have happened along the way
- Failure is not an option
- Realisation that there is not a pot of gold at the end and that it is a step on the life journey
- Moving on: what to do next very much part of experience
- Pride in achievement

After 3 interviews the themes were:

- Financial security provides the security allowing them to engage and continue
- Mature student support between colleagues
- Guilt in relation to family commitments and the ability to manage competing demands
- Need to prove something, to themselves.
- Definitely as mature students they were left more unsupervised could have been pressure but some cope better than others. Need support but may not be as forthcoming.
- Envious of the approach of youth.
- Strive towards perfection
- Focus on academic result as a sign of achieve…
Ability to listen and find information from a range of sources more so than traditional students.

After 5 Interviews the themes

Motivation to undertake the programme is pressure
Sense of duty, accountability and responsibility can be overwhelming
Non completion is not an option this bring with it it’s own pressures
Financial pressure exist for all but they are managed and accounted for
All have expressed the fact that they have ‘ don’t the student life’ or ‘had the fun’
‘lived their life’ ‘reared their families and now it was time for them’ but this is the
sense of responsibility
Sense of responsibility on placement given & acceptance of more responsibility than
traditional students
Management of this responsibility
Confidence in asking questions and being assertive when it comes to delivering acre.
Nature of learning: practical; see profession in the practical light and strive to ‘do’
well whilst understanding the need to know why.
Need to fit in and adapt to clinical environment as quickly as possible.
Chasing and climbing the rainbow

**The emerging themes:**

**Summary**

The rainbow as a spectrum of colour with varying shades and hues, in which no one colour is the same provides an analogy which reflects the uniqueness of each students experience of their BSc Nursing or Midwifery programme. The concept of chasing and climbing a rainbow will be used to help develop and explore the emerging themes.

‘treat me as an individual’ Turquoise (Pg 6)

Theme One: Making a start: Getting started: Finding the bottom of the rainbow: Chasing the dream

![Rainbow Image](image)

**Not sure where the start is: have to cross a field first to get there as reflected in the picture: Rainbow bright and shiny: Almost is child like in the anticipation and venturing into the unknown: Distance could be too far: maybe seen as unobtainable**

Category/Sub theme:

Unfulfilled potential or never had the opportunity:

Picking the right time:

Taking the first step on the journey/ the entry process:
(OR Theme Two) Looking for the pot of gold: The pot of gold is significant as there is one strong motivation: academic or the professional qualification and this acts as the goal or the ‘pot of gold’

First Placement
Theme Two The Journey: Rain & thunder clouds on the way: overcoming obstacles: With a rainbow there is always rain and storm clouds

Category/Sub theme:

Family/ Life balance during tough times

Managing time: organisation

Support and drawing strength: what to hold onto

Stepping up and speaking out

Keeping identity: holding onto privacy

(Maybe another Theme) Journey of self development recognising the changes that have happened along the way
Theme Three: Reaching for the end

The rainbow in the picture has no end but just fades, could be considered to be entering; ‘the deep end’ or certainly the unknown: no completion but a progression to something else

Category/Sub theme:

Failure is not an option

Realisation that there is not a pot of gold at the end and that it is a step on the life journey

Moving on: what to do next very much part of experience

Pride in achievement

Final picture is soft, reflective, and has no distinct start or end, reflecting calm at the end of the storm, sense of journey without a finality
Use of colour:

Surmountable obstacles/ family life balance /persistence

I was fine getting through college and my wife facilitated me so there was no great challenge because I had loads and loads of time.

I thought that the theoretical parts of it would be difficult but as it happens it wasn’t really because the last time I went through a situation like that was my leaving cert in 1973 and I thought I would have an awful lot of catching up to do

Now it was tough enough because I was trying to breast feed, I remember that and I was going through my break up with my daughter’s Dad so it was very tough going.

I was going into 3rd year then, that was then another huge step for me due to the fact that I did have new born baby, she was 3 months old and I thought how am I going to manage

It was fine I managed them and still did this well

there were a lot times when I was studying for the programme that I couldn’t study, I couldn’t put in the time because of family commitments

Well my older ones are very supportive in that like they were saying you’re a great Mum, a great Mum, you know whereas the smallest boy would say, are you ever going to be finished, I want to you be finished you know. No more school whow who! You know.

You know there were times when I could have picked up the books and done a bit more but I didn’t do it. I knew I made a choice.

it’s hard trying to go from care staff to students it was harder going from student to care staff than from care staff to student I think.

You know a lot of my friends were going doing nights and weekends whereas I had the time off so I could put 100% into my college work a

I had to pay fees obviously because I had a degree already so you know, I worked at home. I was lucky like I had 2 jobs at home and it just worked out really well that I just went back to the jobs that I had when I was at college the first time so....

I had the going out and the quality of college life out of me so I wouldn’t have been going out during the week or doing anything the rest of them would be doing.

It was hard but like I loved the work. The content. Even though all the modules I did like... I knew I was doing the right thing. I suppose that kept me going.

I was tired. I was. And coming up to the assignments and stuff and you would think oh my God you know. But I just had to get them done and that was it.

The summers were nearly a break because I just had to do my own jobs you know.

I would be recruiting on my dad then, for the three or four weeks around exam time

in fairness now,my ex husband, his family are very good as well. He’s great as well. We had loads of support that way, so in that way it was very good.

It was harder in longer days and the earlier starts. umm... at that beginning xxx was at home so I would just get up and go to work and he would take them to school or whatever it was... umm... I don’t know it’s like a dizzy blur now. I don’t know looking back I can’t remember. You just did it. You got organised. making lunches and doing everything the night before...Yeah it feels like long time ago.
8.12 Appendix L

Programme Template Exemplar

Yellow Unrostered Placement
Purple Blocks Holidays
Blue Internship (Rostered) Placement

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Vacation 11 Weeks

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6 weeks Internship (Two weeks AL inclusive)
8.13 **Appendix M**

**Being Available Template**

1 **Intends to realise a vision of practice**
   Vision gives purpose and direction to practice. Holding intent, the practitioner is more likely to realise the vision in practice.

2 **Knows the other**
   Through empathic inquiry the practitioner appreciates the pattern of the person’s wholeness and the meanings they give to health. It is tuning in and flowing with the unfolding pattern of the person’s experience.

3 **Is concerned for the other; has compassion**
   Concern creates possibility within the caring relationship. The greater the concern for the other, the more available the practitioner is.

4 **Is effective in meeting the person’s needs as best as possible (aesthetic response)**
   Abilities constituting effective performance to
   1 grasp and interpret the clinical moment
   2 manage the advocacy –enablement tension
   3 make appropriate and ethical clinical judgement
   4 respond with skilful action to assist the person to meet their needs
   5 evaluate one’s efficacy

5 **Has poise (equanimity, emotional intelligence)**
   Practitioner knows and manages self within relationship so that their personal concerns do not interfere with being available to the person, where compassion makes the person vulnerable, poise manages the vulnerability

6 **Creates & sustains an environment where being available is possible**
   Creates & sustains collaborative & assertive patterns of relationships with other workers towards realising a shared vision of practice.
   Being political to maximise available resources to ensure availability to the student & counter coercive patterns of management
   Collaborative attitude & skill to manage conflict
   Having a constructed voice

Being Available Template Johns (2013 p67)