

**Capturing, exploring and understanding the experiences
of undergraduate student nurses undertaking a
Pre-registration nursing degree course: An Experience
Based Co-design study**

by

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ABSTRACT

Background: Nurse education in the UK has undergone significant changes in the last few decades such as the move to an all-graduate profession, the introduction of self-funded tuition fees and the new Nursing and Midwifery Council (NMC) education standards that change the way student nurses are supervised and assessed in clinical practice. Uncertainties about how these changes may impact student recruitment, expectations and experience of their course abound. Understanding and improving the quality of the student experience may enhance retention and reduce attrition. Yet the experiences of Pre-registration (Adult) nursing students' is under-researched in the UK.

Aims: To capture, explore and understand the experiences of students' undertaking the Pre-registration (Adult) nursing course, and co-design potential improvements to future experiences, through the application of an Experienced Based Co-design (EBCD) methodology.

Methodology: Using EBCD, a user design methodology, semi-structured interviews were conducted with student nurses (n=8), and emotional touchpoint mapping with student nurses (n=7) and key stakeholders (n=8) to gain insight into what shapes students' experience on the nursing course. Findings were analysed using thematic analysis. EBCD aims to both understand and improve user experiences of a service by co-designing improvement strategies for that service. Therefore, two Co-design events were conducted that enabled students (n=7) and key stakeholders (n=11) to collaboratively produce priority recommendations for course improvement.

Findings: Students had varied experiences on the nursing course, both positive and negative, particularly with student support. Expectations of sufficient support was evident at the beginning, and throughout the student's journey of the nursing course and appeared to align with students' sense of learner agency. Three priority recommendations for course improvement were identified from the findings including: facilitate and support student development of independent study skills, enhance student support in the clinical practice placement environment and clarify and enhance the role of the Academic advisor.

Implications: Findings from this study adds to existing but dearth research in the field of the Pre-registration (Adult) nursing student experience. It has highlighted areas for improvement on the Pre-registration nursing course that could impact future students' experience. Furthermore, this study appears to be the first documented as using EBCD in a higher education setting with the foci on students, that enabled students and key stakeholders in the nursing course to co-design priority recommendations for course improvement.

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GLOSSARY OF TERMS

Academic advisor - A member of the academic staff, usually a lecturer or senior lecturer, who supports a group of students pastorally for the 3-year duration of the nursing course.

Field - A field of nursing relates to the specific part of the Nursing and Midwifery Council nursing register student nurses enter on qualification. There are four fields of nursing practice including Adult, Children, Learning disabilities and Mental health. For this study participants were recruited from the 'Adult' field of nursing.

Cohort - A group of students who commence the same field of the Pre-registration nursing course on the same date and proceed through a programme together at the same time, for example September 2017 cohort.

Mentor - A registered nurse, midwife, or health and social care professional who facilitates learning, supervises, and assesses students in a clinical practice setting.

Personal tutor - The term 'Personal tutor' is used interchangeably with 'Academic advisor' by participants in this study and denotes the same role (See Academic advisor term above).

Services - For the purposes of this study 'services' refer to any education service that forms part of the Pre-registration nursing course the course, for instance facilitated learning sessions, interaction with Blackboard Learn and undertaking a work-based learning placement

Touchpoint - Are key moments or events that stand out for students on the nursing course. Some touchpoints are intense points of contact with an aspect of the course that can positively or negatively shape a student's experience.

Clinical practice placement - Also referred to as work-based learning in some university settings, the clinical practice placement is where students spend a set period of their course in a healthcare environment to achieve learning their learning outcomes while engaging in patient care and delivery of public health services.

Supernumerary - In clinical practice placements students have a 'supernumerary' status whereby they are not included as part of the staffing numbers but have some form of supported or protected learning time (NMC, 2019).

CHAPTER ONE

INTRODUCTION

'Education is not preparation for life; education is life itself' (Dewey, 1972)

1.1 Background to the study

This study captures the experiences of student nurses undertaking a BSc Pre-registration (Adult) nursing course and explored their journey through the course for the purpose of better understanding what shapes that experience and identify ways to improve future experiences on the course. The inspiration for this study originated from over twenty years' experience delivering the pre-registration adult nursing course and supporting students undertaking the course in a university in the Northwest of England. In that time pre-registration nurse education had undergone significant reforms with a potential to influence the overall student experience. For example, after the transfer of pre-registration nurse education from schools of nursing to Higher Education Institutions (HEI), the move towards an all-graduate profession began in 2008 following the Nursing and Midwifery Council (NMC) decision for a bachelor's degree to be the minimum academic level for future qualifying nurses (NMC, 2010). Policy drivers for these reforms in nurse education include the framework document 'Framing the Nursing and Midwifery Contribution: Driving up the Quality of Care' (Department of Health (DH), 2008) and the Willis report (2015) 'The Shape of Caring Review; Raising the Bar'. As a result of these changes nursing students became the second largest student body in universities after business study students (Willis commission, 2012; Higher Education Statistics Agency (HESA), 2021). Furthermore, a review of higher education funding and student finance resulted in a departure from student nurses tuition fees being paid in full by the National Health Service (NHS) to the introduction of self-funded tuition fees of over £9000 for student nurse education in England where the university under study is based (Browne, 2010). My interest was in understanding what current students experiences of the pre-registration nursing course was like on the back of the changes described above.

A further driver for the study was the notable drop in applicants for undergraduate nursing courses of >35% since the introduction of fees and simultaneously rise in attrition rates for pre-registration nursing courses (Universities and Colleges Admissions Service (UCAS), 2018). Undergraduate nursing course appeared to be losing more students than any other academic course, with UK attrition rates for pre-registration nurses averaging 24% (Buchan et al., 2019). Reasons articulated for the high attrition rates, or the loss of students from the

nursing programme, are varied and complex, such as nursing education programmes not meeting students' expectations, a demanding academic workload, poor clinical practice placement experience and lack of academic support (Chan et al., 2019). The widening access agenda that yielded an increase in non-traditional entrants has been proposed as a further influential factor on attrition (Brimble, 2015; Heaslip, 2017). The National Audit Office (NAO) (2007) in their report on student retention suggest much of what an institution does affects the quality of the student experience, and that institutions should act to improve the student experience, ultimately contributing to a better-quality education and leading to better value for money for students. Consequently, the quality of the student experience and the services provided whilst undertaking their course will play an increasingly important role in attracting and retaining pre-registration nurses. Identifying and understanding the students' experiences of their course is a necessary step in the move towards improving the student experience. Yet student experience of higher education is unusually under-researched in the UK, particularly when compared to the United States (US) and Australia where studies of student experience have been conducted for decades (Yorke & Longdens, 2008; Rosborough, 2018). What is more, student experience research tends to focus on the general student population which sometimes includes undergraduate nurses, rather than specifically on student nurses.

Nursing is a multifaceted profession, as a result nursing courses are often complex requiring nursing students to not only accrue knowledge but become competent, skilful practitioners before graduation. This means nursing students are exposed to a diverse range of learning situations early in their course such as classroom-based teaching, skills laboratories and 'real world' clinical practice. As such their student experience, although sharing some similarities to traditional university students, tend overall to be different than non-health related students' experiences of the curriculum. For instance, pre-registration nursing courses are delivered over a full academic year (three semesters) to meet the Nursing and Midwifery Council (NMC) minimum standard of 4600 hours divided equally between theory and practice learning over the three-year programme (NMC, 2010). Whereas other courses tend to be delivered over two academic semesters. This constrains nursing student's time to fully embrace student life or find part-time jobs over a summer period to support their studies. Furthermore, in 2018 the NMC introduced significant changes to the way student nurses practice, are supervised and assessed in the workplace learning environment (NMC, 2018a). The new NMC (2018a) standards governing curriculum design and delivery of undergraduate nursing courses will directly influence the overall student experience.

During my own experience of delivering education predominantly to undergraduate adult field nurses as a senior lecturer I had observed students have different experiences of what was evidently the same course, with some students appearing to have a poorer experience overall than other students. As a result I sought to understand the experiences of student nurses on an adult field undergraduate course. Exploring the available literature on student experience of pre-registration (Adult) nursing courses revealed a paucity of research when compared with the literature on Mental health and Child pre-registration nursing. Of the studies conducted the focus was almost exclusively on classroom/learning experiences or learning in the clinical practice environment. Very few studies explored the student experience of a BSc Pre-registration nursing curriculum from pre-entry to graduation. Furthermore, most published studies identified were surveys undertaken as part of the Quality Assurance Agency (QAA) process, aimed specifically at students learning and teaching experiences such as the Higher Education Academy 'Student Academic Experience Survey' (Neves & Hillman, 2016). Similarly, much of the literature on the experiences of student nurses focused on specific, and often narrow, aspects of that experience such as student nurse identity (Grealish & Trevitt, 2005; Andrew et al., 2011; Walker et al., 2014); transition from student nurse to graduate nurse (Kumaran & Carney, 2014; Malouf & West, 2015) and the quality of clinical practice placements (Courtney-Pratt et al., 2012). However, my interest lay in understanding both academic and non-academic aspects of the student experience or the 'total student experience' as espoused by Harvey et al. (1992). Notably, there were no published studies aimed at exploring the student nurse experience using an Experienced Based Co-Design (EBCD) model. An EBCD process was chosen as it enabled me to explore the student nurse journey through the whole course from pre-entry to the point of qualification. Therefore, this study is the first documented to use elements of EBCD as a methodology to capture, explore and understand the experiences of student nurses undertaking a BSc Pre-registration (Adult) nursing course, and enable student and key stakeholder participants to collaboratively identify and co-design course improvement priorities that potentially enhance future student experience of the nursing course.

1.2 Conceptualising the student experience

Articulating the concept of the 'student experience' is fraught with challenges, not least because an experience is unique to the individual describing that experience and can be influenced by a multitude of internal (personal) and external factors. Within education much of the literature on experience pertains to 'experiential learning' or the process of learning through experience as advocated by early educational theorists such as Dewey (1938/2015),

Lewin (1951) and Kolb (1984). However, 'experiential learning' theories aptly focus largely on the learning process and the experience of learning as a concrete activity, whereas a student's experience encompasses all aspects of student life (i.e. academic, social, welfare and support) with learning at the heart of it (Morgan, 2012).

The term 'student experience' was first used by Harvey et al. (1992) in their survey of HEIs analysing the 'total student experience'. Their initial report, in which they coined the term, was part of a national survey of over 4000 respondents including students, teaching, non-teaching and research staff (Harvey et al., 1992). They suggested that the 'student experience' was a key factor in the assessment of 'quality' in higher education, and the student experience was not restricted to the classroom but was a multifaceted concept (Harvey et al., 1992). Similarly, Temple et al. (2014, p.3) state the student experience is "the totality of a student's interaction with the institution". For nursing students their experience extends beyond the university and includes their experiences within the clinical practice environment predominantly within the NHS organisation.

Mukerji and Tripathi (2014) see the student experience as the value-added component that a student anticipates receiving from their course once enrolled. Since Harvey et al. (1992) initial survey multiple studies have attempted to deconstruct the term and identify those facets that make up the student experience, yet a universal definition of the student experience remains elusive and difficult to define (Benckendorff et al., 2009; Mujtaba, 2012) with some authors even suggesting it is "fruitless to attempt to define it as a single thing" (The 1994 Group, 2007, p.5). Instead, most authors accept the student experience as a wide-ranging concept meaning different things to different students and academic staff (The 1994 group, 2007; Ainley, 2008; Gibney et al., 2011; Mujtaba, 2012). In addition, because student experience is influenced by a variety of different factors an understanding of what constitutes the student experience will vary from one institution to another (Pitkethly & Prosser, 2001) and even one course to another. Jones (2018, p.1041) believes "this creates a challenge in identifying a suitable theoretical framework through which to appraise the student experience".

Bate and Robert (2007a) the architects of EBCD assert that all experience is personal and significant, how individuals understand, feel about and give meaning to an experience, as well as the context in which the experience occurs is subjective (Bate & Robert, 2007a). Although experience is an "inner subjective immaterial phenomenon" which can be difficult to access or observe directly, an individual's experience can be understood indirectly when

portrayed through the words and language used and gathered through personal narratives, semi-structured interviews and emotional mapping events (Bate & Robert, p.39, 2007a). As EBCD is the methodological approach utilised in this study the concept of 'student experience' will be framed by Bate and Robert (2007a) description above. As a user design methodology EBCD specifically focuses on capturing, exploring and understanding the subjective experiences of users of a service and enables a service user to collaboratively find ways to improve their experience of that service. Within this study the service user is represented by nursing students and the service is the BSc Pre-registration (Adult) nursing course.

Alongside the overarching methodology of EBCD guiding this study, Bate and Robert's (2007a) concept of 'experience' and Dewey's (1938/2015) 'Philosophy of experience' will form the theoretical framework for this thesis. Dewey, often considered the father of progressive education, first proposed his idea for a philosophy of experience in his 1938 paper '*Experience and education*'. In it Dewey maintains that experience is more than an internal phenomenon taking place as a vacuum within an individual but is shaped by sources outside of that individual. Moreover, experience is a continuum, in that it grows out of other experiences and leads to further experiences, in particular experiences arise from the assimilation of two aspects: continuity and interaction (Dewey, 1938/2015). Continuity is the influence each person's experience has on his/her future or later experiences, for better or for worse, whereas interaction is viewed as the situational influence on an individual's current experience (Dewey, 1934/2005). In other words, a current experience as perceived by a student is a product of the interaction between their past experiences and the present situation, and the value of the experience is judged by the effect that experience has on the individual's present situation and their potential future experiences. Dewey (1938/2015) further proposes progressive, forward-thinking education is contingent on the quality of a student's experience, with a quality student experience being composed of two features; immediate agreeableness or disagreeableness, (thus whether the experience was pleasant or unpleasant) alongside its influence on future experiences. Dewey views experience having both an intellectual (cognitive) and an emotional element that give that experience significance and propels experience into '*an experience*', thus "emotion is the moving and cementing force" of an experience (Dewey, 1934/2005, p.44). More specifically, "emotions are attached to events" (Dewey, 1934/2005, p.43).

Several fundamental premises of EBCD build on Dewey's concept of experience as described above and present a useful lens for understanding the student experience. For

example, EBCD similarly purports an individual's experience of a service is personal and must appeal on a cognitive and emotional level (Bate & Robert, 2007a). Likewise, Key moments, or events, within an experience generate identifiable emotions (Bate & Robert, 2007a). These Key moments, or events, are referred to as 'touchpoints' and are a central concept of EBCD (Bates & Robert, 2007a). Identifying and examining the crucial touchpoints of a service presents the opportunity for service providers to understand users experience of their service and enable re-design of those services to improve future experiences (Bates & Robert, 2007b). Since educators have a responsibility to understand what shapes students experience and to ensure the conditions conducive to shaping worthwhile experiences are established (Dewey,1938/2015) this study will capture and explore student experiences of the BSc Pre-registration (Adult) nursing course to better understand what shapes that experience and identify ways to improve future experiences on the course.

1.3 Place of the researcher within the study

The inspiration for this study originated from my twenty-year engagement with the delivery of the theoretical component and support of students undertaking an undergraduate pre-registration nursing education programme in a Northwest of England university. In that time I have been a Module leader, Cohort leader, Year lead and Course leader for the BSc Pre-registration (Adult) nursing course. A fulfilling aspect of my varied roles had always come from the satisfaction of feeling I had contributed to a 'good student experience' whether through my teaching, assessment support or pastoral support. What stood out to me in my various roles was the conversations with innumerable students that indicated some students were not always having a 'good student experience' that (in my naivety) I had expected all students to have. I began to wonder why some students had mostly positive comments to make about their experience on the nursing course, whilst other students described frequently poor or dissatisfying experiences. Around that time significant changes to pre-registration nursing were imminent, particularly around student funding, that would potentially impact the student experience of the course. This led to me exploring the available literature on student experience of pre-registration (Adult) nursing courses. This investigation revealed a paucity of research when compared with the literature on Mental health and Child pre-registration nursing. Furthermore, much of the available literature was narrowly focused on specific experiences, predominantly the clinical practice placement experience. The lack of research focused on the whole student nurse experience influenced my choice of methodology as EBCD enabled me to explore the student nurse journey through the whole course (pre-entry to the point of qualification).

1.4 The studies contribution to knowledge

This study contributes to knowledge in several ways. Firstly, this study adds to the exiguous knowledge and currently under researched concept of the student nurse experience of higher education in the UK. Secondly, this study draws together students experience of the whole journey through the nursing course, in contrast to those studies with a narrow focus on specific aspects of the student experience. The findings originating from this study contribute to discourse on student transition to higher education and student support in the academic and clinical practice placement environment. The findings from this study are timely in view of the major changes to nurse education and could impact future policy development around the quality of the student experience of pre-registration nursing education. Finally, this study presents the use of a novel methodological approach for conducting research in higher education. Notably, at the time of writing this thesis this study is the first documented draw upon elements of EBCD exclusively with student and key stakeholder participants in a university setting, making it distinct from other research studies conducted on the student experience of higher education. Therefore, this study offers rich insight into the benefits and challenges of utilising EBCD in a higher education setting,

1.5 Thesis structure

This chapter has set the context for this study by providing a background to the study, an overview of the theoretical framework underpinning this study and positioned the studies original contribution to knowledge. Chapter two presents the literature review for this study related to student experience and explores three key themes; the experience of being a nursing student, student nurse experience of the academic journey and student nurse experience of clinical practice also referred to as the work-based learning environment. The place of this study is also acknowledged in relation to the literature presented.

Chapter three introduces the methodology chosen for this study and begins by exploring the underpinning research paradigm including the epistemological and theoretical perspective that informed the research methodology. Chapter three examines the key tenets of EBCD as a methodology with a focus on the stages of EBCD, the significance of emotional touchpoint mapping and the process of co-design aimed at identifying priorities for course improvement. The study's aim and objectives are laid out alongside the data collection, analysis methods, and ethical considerations for the research undertaken.

Findings from this study are set out in chapters four, five, six and seven. Chapter four presents the findings from the semi-structured interviews with student participants. Three core themes are presented including 'navigating the academic journey', 'the clinical practice learning experience' and 'emergent networks of support'. From these three themes 18 touchpoints, or specific points of contact with the nursing course, are identified as significant for student participants within this study. These touchpoints formed a student journey map used as a visual aid to prompt discussion and encourage storytelling during the subsequent student emotional touchpoint mapping event and a key stakeholder emotional touchpoint mapping event. Chapter five provides an overview of the emotional touchpoint mapping process undertaken and a summary of the core themes and subthemes captured from the student and key stakeholder emotional touchpoint mapping events. Chapter six presents the findings from the student emotional touchpoint mapping event relating to five core themes including 'Student perceptions of disparate clinical practice learning experiences', 'the student experience of the clinical mentoring process', 'support with academic study - student perceptions of abandonment', 'the influence of academic staff on the student experience' and 'the effect of disparate approaches to Academic advisor support'. Chapter seven presents the three core themes generated from the key stakeholder emotional touchpoint mapping event including 'Academic advisor support - perceived ambiguity associated with the role', 'academic support - navigating the tension between support and independence', and 'being' or 'becoming' professional - key stakeholder's expectations of students'.

The priority recommendations identified and explored during the student and key stakeholder Co-design events for implementing course improvement are presented in chapter eight. The three priorities are 'enhance student support in the clinical practice placement environment', 'facilitate and support student development of independent study skills' and 'clarify and enhance the role of the Academic advisor.

A discussion chapter (chapter nine) completes this thesis by contextualising the findings in relation to wider theoretical perspectives around the emergent core themes from the study. In particular, the discussion focuses on the mechanisms for supporting students in higher education by relating to the findings to Tait's (2000) 'Taxonomy of student support' that incorporates three interrelated elements: cognitive, affective and systemic student support. The discussion chapter also includes a reflection on the use elements of EBCD in a higher education setting, the implications of this study for EBCD, the implications of this study for pre-registration nursing education and the limitations of the study.

1.6 Conclusion

This introductory chapter has provided a background context to current pre-registration nurse education in relation to the numerous changes that have occurred during the last three decades including the transition from schools of nursing within hospitals to higher education, the move to an all-graduate profession, the introduction of student fees and the new NMC standards governing education and clinical practice. An understanding of the term 'student experience' has been established as personal and subjective but influenced by a myriad of factors outside of the learning process resulting in a 'total student experience'. The theoretical framework guiding this study has been outlined as that of EBCD and Dewey's (1938/2015) 'Philosophy of Experience'. The following chapter will present a literature review of contemporary studies exploring student experience of higher education.

CHAPTER TWO

LITERATURE REVIEW

'Literature conveys the meaning of the past that is significant in present experience and is prophetic of the larger movement of the future' (Dewey, 1934/2005, p.359)

2.1 Introduction

Chapter one presented a background to pre-registration nurse education and the many recent changes to undergraduate nurse education. This chapter provides a review, critique and synthesis of the literature on the experiences of undergraduate student nurses. The rationale for completing this literature search and review is to position this study in the context of what is already known about students' experiences of pre-registration nursing courses. An outline of the structured approach used to undertake the literature search is described incorporating the search terms, inclusion/exclusion criteria and databases used to conduct the literature search. Key themes identified from the literature review are presented and explored. Throughout the literature review the proposed study is placed in context to gaps identified as arising from the literature.

2.2 Literature Search Strategy

Through the literature review researchers seek to critique and synthesise the literature on the research area being studied (Aveyard & Sharp, 2017) by providing both an overview and a critical assessment of previous research that has been undertaken (Boell & Cecez-Kecmanovic, 2014). A well-conducted literature search and review is essential to good quality research (Walsh & Downe, 2006). Charmaz (2014) argues a literature review gives the researcher a sophisticated knowledge of leading studies and theories in their field and enables the researcher to engage with this material critically and comparatively in relation to their proposed study. In addition, literature reviews enable a researcher to identify gaps in current knowledge, giving justification for a new study and focus for the research question, as well as meeting the requirements for the research governance frameworks and ethics committees (Aveyard, 2019). Consequently, completing a thorough, sharply focused literature review can strengthen an argument and credibility of a proposed study (Charmaz, 2014). Therefore, the decision was made to undertake a systematic literature search and review before gathering and analysing any data for this study with the understanding that as the research study progressed literature searching, and reviewing, would be an ongoing process.

The framework chosen to guide the literature search for this study was Kable et al.'s (2012) '12 step guideline to documenting a search strategy' who define a structured approach to searching the literature systematically and document the search strategy in a clear and articulate way (See Appendix 1 – 12-step guideline for structuring and documenting a literature search strategy). This form of research transparency allows future researchers to both evaluate and replicate the process in a similarly rigorous way, which is fundamentally important since the inception of multiple electronic databases and evidence-based search engines. Steps within this guideline include documenting the databases, policy sites and evidence-based search engines accessed, listing the search terms used (key text and free-text), listing the inclusion and exclusion criteria for the search and documenting a summary table of articles included in the literature review. Therefore, the purpose of this literature search was to identify published research studies examining the experiences of undergraduate pre-registered student nurses with their course. Due to the nature of this study involving student nurses as well as having an educational focus, it was decided to include both allied health databases and educational databases. The databases used in the search were ProQuest Education Journals, CINAHL Complete (The Cumulative Index to Nursing & Allied Health), OVID MEDLINE, EMBASE (Excerpta Medica database), and ERIC (Education Resources Information Center). In addition, there was a hand/electronic journal search of the snowball literature from the reference lists of retrieved papers. An initial search was conducted to ascertain any previous studies to use EBCD with student nurses in a higher education setting. Search terms were used in combination with database syntax language as detailed below:

Experience Based Co-design AND Preregistration OR Undergraduate AND Student* AND
Nurs* AND Experience

The search was limited to research studies published from 1990 onwards following the introduction of the 'Project 2000 Framework' which ushered in the move of student nurse education from schools of nursing to higher education settings, which was a landmark moment for nurse education within the UK. Although the proposed study is UK based the literature chosen for this review was not restricted to UK literature, however English language only research studies were included. An inclusion/exclusion criteria for the literature search was applied as described below.

The inclusion criteria:

- Undergraduate pre-registration student nurses (Adult)

- Papers from 1990 to present
- English language papers
- Qualitative and quantitative empirical studies
- International research studies

The exclusion criteria:

- UK colleges/college education programmes
- Medical student programmes
- Papers Pre-1990 (Pre-project 2000 programme)
- Post-registration courses and foundation degrees
- Non-English language papers
- Literature reviews/discussion papers/pilot studies (although these were read to provide context)

The initial search yielded no papers published on the use of EBCD with student nurses at the point of conducting this study, the literature search was re-run in 2020 and confirmed this to still be the case, suggesting this study is the first documented to use elements of EBCD to capture, explore and understand the experiences of student nurses undertaking a BSc Pre-registration (Adult) nursing course. The literature search was then re-focused on published papers exploring the student nurse experience of higher education. The term EBCD was removed from this further search of the databases as detailed below:

Preregistration OR Undergraduate AND Student* AND Nurs* AND Experience

This search yielded 1496 papers. Once duplicates were removed further elimination took place through reading titles and abstracts for articles germane to research topic reducing the search yield to 188 papers (See Figure 1 - Literature search strategy). All 188 papers were reviewed for relevance, of which 172 studies were rejected whilst 16 articles were selected as eligible studies for this current literature review (See Appendix 2 - List of literature identified as eligible for review). Reasons for rejecting studies related to there being poor or no discussion of their methodological approach and articles being published in non-peer-reviewed publications. The 16 eligible published studies that form the basis of this literature review were critically evaluated using the 'Criteria for appraising qualitative research studies' (Walsh & Downe, 2006) and the 'Critical Appraisal of a Survey' (Center for Evidence-Based Management (CEBM)) framework (See Section 2.3 Critiquing framework).

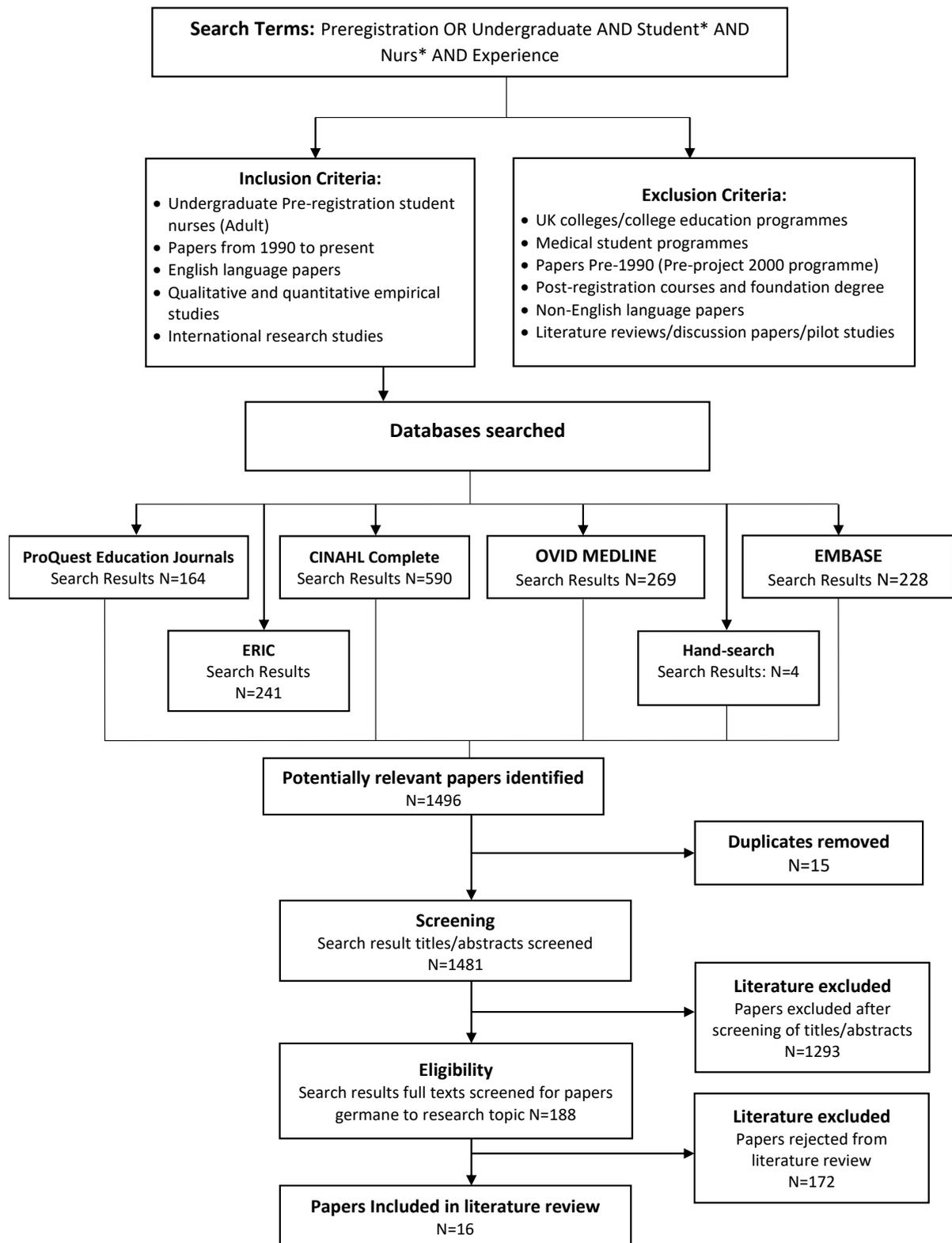


Figure 1 - Literature search strategy

2.3 Critiquing framework

Two critiquing tools were identified for critically appraising the quality of research chosen for this literature review. Critical appraisal is about making balanced informed judgements on the merit of a research study, its good and bad points, and its significance to the research field (Moule, 2015). Furthermore, it is the process of examining research evidence systematically to assess its validity, results and relevance when applied to quantitative research (Heale & Twycross, 2015) and its transferability, credibility, reflexivity and dependability when assessing the quality of qualitative research (Williams et al., 2018) before using it to inform a decision. Ross (2012) warns literature has the potential to be rated as good or bad evidence depending upon whether it supports the reviewer's viewpoint or not. In other words, reviewers can be biased towards the literature they are reviewing. Preventing bias requires reviewers to explicitly disclose the process applied when identifying and including studies during a literature review (Gough et al., 2012). Without this level of explicitness it is impossible to assess the appropriateness of such decisions, or whether those decisions were applied in a consistent and rigorous manner (Gough et al., 2012). Hence, reviewing the literature in a systematic manner is a key activity in critical appraisal as well as being able to demonstrate the systematic process that took place (Gough et al., 2012). Thus, the manner for demonstrating an open, transparent and systematic decision-making approach to assessing the validity of the studies chosen for this literature review was through the clear application of two critical appraisal tools. Although no consensus currently exists regarding the most appropriate critical appraisal tool, or criteria, to use when evaluating research, most critical appraisal tools share similar components aimed at answering three important questions: Is the research Valid? What outcomes should be expected following the implementation of this research? Is this research useable by its target audience? (Rychetnik et al., 2002).

Choosing an appropriate critical appraisal tool is dependent upon its specificity to determine the relevance, strengths and limitations of each paper and enable the reviewer to address the research question (Aveyard, 2019). Overall, the critical appraisal tool should be specific to the type of literature being reviewed (Aveyard, 2019), peer-reviewed, well designed, simple to implement and include guidelines for use (Crowe & Sheppard, 2011). The Downe et al. (2007) adaptation of the Walsh and Downe (2006) 'Criteria for appraising qualitative and mixed methods research studies' was chosen for this literature review as it met the criteria above (See Appendix 3 - Criteria for appraising qualitative and mixed methods research studies). Designed and published as a critiquing checklist for qualitative literature and mixed method studies positioned within an interpretive research paradigm, this tool was relevant for assessing the value of 13 out of the 16 studies identified during the literature search. The

original Walsh and Downe (2006) critiquing framework assessed the appropriateness and coherence of a studies scope and purpose, design, sampling strategy, analysis, interpretation, researcher reflexivity, ethical dimensions, relevance and transferability. However, Downe et al. (2007) simplified the criteria to include scope and purpose, design methods, sampling strategy and participants, analytical strategy, quality rating and emerging themes. Interestingly, Downe et al. (2007) added a 'quality rating' system, whereby studies are allocated a quality rating from A to D based on the quantity and significance of flaws, or weaknesses, within that study (See Table 1 - Quality rating (Downe et al., 2007)).

<p>A: No, or few flaws. The study credibility, transferability, dependability and confirmability is high.</p> <p>B: Some flaws, unlikely to affect the credibility, transferability, dependability and /or confirmability of the study.</p> <p>C: Some flaws that may affect the credibility, transferability, dependability and /or confirmability of the study.</p> <p>D: Significant flaws that are very likely to affect the credibility, transferability, dependability, and /or confirmability of the study.</p>
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Table 1 - Quality rating (Downe et al., 2007)

All qualitative studies in this literature review scored a C or above with most scoring B, thus having some flaws, that were unlikely to affect the study credibility, transferability, dependability and confirmability when applying the Downe et al. (2007) quality rating (See Appendix 4 - Literature summary table). Although four studies scored a C suggesting they contained some flaws/weaknesses that may affect the credibility, transferability, dependability and/or confirmability of the study, these flaws were not considered significant or noteworthy enough to warrant exclusion from this review. As the Walsh and Downe (2006) critical appraisal tool was designed for critiquing qualitative literature and mixed method studies, literature that utilised a quantitative survey methodology are included in the literature summary table but reviewed using the 'Critical Appraisal of a Survey' (Center for Evidence-Based Management (CEBM)) framework. The CEBM framework asks 12 appraisal questions related to study design, sampling and statistical analysis (See Appendix 5 - Critical appraisal of the quantitative surveys using the 'Critical Appraisal of a Survey' (CEBM) tool). Through this process of assessing and scoring the studies, common and reoccurring themes began to emerge. Similar themes were then grouped together until eventual three distinct themes related to student experience emerged from the literature and six subthemes (See Table 2 - Emergent themes and subthemes from literature review).

Theme	Subtheme	Literature					
The experience of being a nursing student		Magnussen and Amundson (2003)					
Student nurse experience of the academic journey	Transition into higher education	Andrew et al. (2009)	Birks et al. (2013)	Mckendry et al. (2014)	Porteous and Machin (2018)	Smith et al. (2018)	Mills et al. (2020)
	Expectations of academic learning	Last and Fulbrook (2003)	Magnussen and Amundson (2003)	Andrew et al. (2009)	Hamshire et al. (2013)	Mckendry et al. (2014)	Hamshire et al. (2017)
		Ten Hoeve et al. (2017)	Porteous and Machin (2018)	Smith et al. (2018)			
	Adapting to the role of university student	Birks et al. (2013)	Mckendry et al. (2014)	Ten Hoeve et al., 2017;	Porteous and Machin (2018)	Mills et al. (2020)	
Student nurse experience of clinical practice	Transition into the clinical practice environment	Andrew et al. (2009)	James and Chapman (2010)	Hamshire et al. (2013)	Liljedahl et al. (2016)	Hamshire et al. (2017)	Ten Hoeve et al. (2017)
		Donough and Van der Heever (2018)					
	Experience of clinical practice supervision	Last and Fulbrook (2003)	Andrew et al. (2009)	James and Chapman (2010)	Hamshire et al. (2013)	Papastavrou et al. (2016)	Hamshire et al. (2017)
		Ten Hoeve et al. (2017)	Donough and Van der Heever (2018)				
	Experience of socialisation, acculturation and sense of belonging within the community of practice	Andrew et al. (2009)	Mckendry et al. (2014)	Grobecker (2016)	Liljedahl et al. (2016)	Smith et al. (2018)	

Table 2 - Emergent themes and subthemes from literature review

2.4 The knowledge gap

Following an extensive search of the literature no study was found exploring the student experience of the BSc Pre-registration (Adult) nursing course using elements of EBCD as a methodology. Therefore, a distinct aspect of the study presented in this thesis is its use of EBCD to capture, explore and understand student nurses' experiences of the BSc Pre-registration (Adult) nursing course. Furthermore, analysis of the emergent themes displayed in Table 2 indicate only one study directly examines the experience of being an undergraduate nursing student (Magnussen & Amundson, 2003), whilst the remaining 15 explored specific and narrow aspects of the student experience, including student nurse experience of the academic journey and of clinical practice. For example, the pre-registration student nurses' experience of transition into higher education was considered by just six studies in this literature review, and none of the literature explicitly investigated transition into year two and year three. Many significant touchpoints in the latter years of the pre-registration nursing course can directly influence the student experience, yet this aspect of student experience remains unexplored. This suggests there is a gap in current understanding of the BSc pre-registration adult nurses' whole experience of the course. Since EBCD enables experiences to be mapped across users (students) journey through a service (the BSc Pre-registration (Adult) nursing course) the current study contributes to knowledge of the whole three-year course from pre-entry to qualification. The following literature review will reveal how the above gaps in knowledge were identified and how the current research study proposes to address some of these gaps.

2.5 Summary of literature chosen for review

The papers within this literature review used different approaches to conducting their research. Three studies applied a quantitative approach (Grobeck, 2016; Papastavrou et al., 2016; Hamshire et al., 2017). Ten studies used qualitative methodologies (Magnussen & Amundson, 2003; James & Chapman, 2010; Birks et al., 2013; Mckendry et al., 2014; Liljedahl et al., 2016; Ten Hoef et al., 2017; Donough & Van der Heever, 2018; Porteous & Machin, 2018; Smith et al., 2018; Mills et al., 2020) and three studies utilised a mixed methods approach (Last & Fulbrook, 2003; Andrew et al., 2009; Hamshire et al., 2013). Several of the studies in this literature review employed a post-positivist method. This philosophy follows similar principles to positivism but engages quasi-experimental research designs, namely a nonrandomised intervention study approach (Harris et al., 2006) whilst at the same time enabling more interaction between the researcher and the research participants (Willis, 2007). Post-positivist methods use wider criteria for data acceptability than is the case for

positivist research enabling large amounts of qualitative data to be categorized in such a way as to produce quantitative data for analysis using statistical methods (Gasson, 2009). Post-positivist methods frequently use 'Survey research' as their methodological approach (Creswell, 2008), as was the case with six of the studies for this literature review (Andrew et al., 2009; Birks et al., 2013; Hamshire et al., 2013; Grobecker, 2016; Papastavrou et al., 2016; Hamshire et al., 2017).

Within this review ten studies utilized alternative methods to survey research. Specifically, several papers utilised an interpretivist epistemology (James & Chapman, 2010; Hamshire et al., 2013; Liljedahl et al., 2016; Porteous & Machin, 2018; Mills et al., 2020), two papers used a constructivist epistemology (Mckendry et al., 2014; Smith et al., 2018), whilst three studies applied a descriptive epistemology (Magnussen & Amundson, 2003; Ten Hoeve et al., 2017; Donough & Van der Heever, 2018). Last and Fulbrook (2003) were the only authors to describe use of a Delphi study approach to explore attrition on a pre-registration nursing course, where three-rounds of questionnaires were administered to an 'expert' panel of student nurses until a consensus level of 75% was reached to explain why student nurses left the course. Mckendry et al. (2014) also addressed attrition issues in pre-registration nursing programmes with a focus on retention strategies, such as support mechanisms in the first year of study using a grounded theory methodology. Likewise, Smith et al. (2018) used a constructivist grounded theory approach to explore 17 undergraduate nursing students' satisfaction with learning in higher education.

Three studies explored different aspects of the lived experience of student nurses in higher education, with James and Chapman (2010) using Heideggerian phenomenology to explore the experiences of six undergraduate nursing students undertaking their first acute clinical practice placement. Ten Hoeve et al. (2017) used descriptive phenomenology to describe 17 nursing students experience of completing a Bachelor of Nursing programme. Whilst Porteous and Machin (2018) explored ten nursing students experiences of transition into higher education using Hermeneutic phenomenology.

Although Magnussen and Amundson (2003) state the use of a qualitative descriptive approach to describe and explicate the experience of being a nursing student in their study, they did not explain the tenets of the qualitative descriptive methodology used. Similarly, Donough and Van der Heever (2018) also employed a qualitative descriptive approach to their study of 36 undergraduate nursing students' experience of clinical supervision. Although Donough and Van der Heever (2018) describe using focus groups interviews to gather their

data, the principles underpinning their qualitative descriptive approach were not identified in their paper. Finally, Liljedahl et al. (2016) did describe their use of an ethnographic approach to conducting an observational study of the influences on the student nurse experience of the clinical learning environment in their research.

The studies above were conducted with various numbers of pre-registration nursing students in different years of study on the course. Four papers recruited participants from either year 1, or from all three years of the nursing programme. One study recruited from year 2, whilst two studies recruited from year three of the nursing course and five papers did not indicate their participants year of study (See Appendix 4 - Literature summary table). The smallest number of student recruits was for James and Chapman's (2010) phenomenological study which recruited six participants. The small participant numbers for this study can be explained by phenomenology's emphasis on quality of data rather than quantity, with the focus on individual stories of a lived experience. The highest number of study participants was for Hamshire et al.'s (2017) quantitative survey study, with a reported 1983 students from professional undergraduate courses taking part, including nursing students. A summary of the overall findings from these studies within this review can be found in Appendix 4. The overall themes identified from the studies in this literature review will be explored in relation to their impact on 'student experience' in the following sections. In addition to the 16 key studies used to form the themes for this literature review wider literature will be cited to add context and depth to some of the core themes discussed.

2.6 The experience of being a nursing student

Only one study within this literature review directly explored the experience of being a nursing student. Using a qualitative descriptive approach to their UK study Magnussen and Amundson (2003) interviewed a convenience sample of 12 undergraduate nursing students. Overall, four main themes were identified from the study: meeting conflicting demands, feeling overworked, feeling unprepared and seeking respect and support from one's faculty (Magnussen & Amundson, 2003). Student participants specifically described finding it difficult to maintain their work/life balance and this resulted in them struggling with the conflicting demands of work, study and family (Magnussen & Amundson, 2003). An interesting finding was that some students felt frustrated by the amount of 'busy work' designated by academics that they perceived as not necessary for their professional practice development which contributed to them feeling overworked (Magnussen & Amundson, 2003). A solution recommended by Magnussen and Amundson (2003) was to help students find strategies for improving their time management, such as introducing time management strategies in the

Leadership and Management module of the nursing programme. However, Leadership and Management modules tend to be delivered at the end of pre-registration nursing courses to prepare students for their graduate nursing roles, whereas issues with poor time management occur earlier in the course resulting in students feeling stressed and overwhelmed.

Another interesting finding related to how unprepared students felt for qualification as a registered nurse. Participants in Magnussen and Amundson's (2003) study expressed having insufficient knowledge for the demands of the profession. Wider literature shares Magnussen and Amundson (2003) conclusions around student nurses' sense of feeling unprepared and ill-equipped for their graduate roles (Newhouse et al., 2007; Milton-Willey et al., 2014; Moreton et al., 2017). Magnussen and Amundson (2003) advocate embedding Benner's (1984) '*From Novice to Expert*' concept as a way to assist students understand the process of working towards an expert practitioner and feel more prepared for their professional roles. Yet, a pragmatic approach to managing anxiety around this significant point of transition is not offered in Magnussen and Amundson (2003) study. Transition from student to registered nurse may be established as a significant touchpoint by participants in the proposed study. If so, deeper understanding of students' experiences of this transition point through use of EBCD could enable the co-design of clearer approaches to supporting students feel better prepared for qualification.

Finally, Magnussen and Amundson (2003) found the lecturer/student relationship to be a major source of stress for many students, particularly during clinical skills sessions where some students describe feeling criticised, disrespected and 'put on the spot'. Several themes identified by Magnussen and Amundson (2003) emerged in some of the later studies presented in this literature review. Notably, Magnussen and Amundson (2003) original study is now over 17 years old and undertaken in the USA, since then no study has directly researched the pre-registration student nurse experience which is the aim of the study presented in this thesis. Instead, successive studies have focused on specific aspects of the nursing student experience.

2.7 Student nurse experience of the academic journey

Student's experience of the academic journey was the second most explored theme within the literature after student nurse experience of clinical practice, with a total of 11 studies directly investigating one or more aspect of the academic journey. Six studies focused on the student experience of transition into higher education and the factors that influenced a

smooth or challenging transition (Andrew et al., 2009; Birks et al., 2013; Mckendry et al., 2014; Porteous & Machin, 2018; Smith et al., 2018; Mills et al., 2020). Nine papers explored student expectations of the academic learning experience in relation to the course content and experiences with teaching staff (Last & Fulbrook, 2003; Magnussen & Amundson, 2003; Andrew et al., 2009; Hamshire et al., 2013; Mckendry et al., 2014; Hamshire et al., 2017; Ten Hoeve et al., 2017; Porteous & Machin, 2018; Smith et al., 2018). Whilst five studies examined the strategies and mechanisms students utilised when adapting to the role of university student (Birks et al., 2013; Mckendry et al., 2014; Ten Hoeve et al., 2017; Porteous & Machin, 2018; Mills et al., 2020).

2.7.1 Transition into higher education

Within the literature the move into higher education and year one of the pre-registration nursing course was shown to be a pivotal period of transition. Students often transition from school or college to university, from living at home to living independently, and from paid employment to a full-time student role (Mills et al., 2020). Most students in the Mckendry et al. (2014) study appeared very satisfied with their move onto the course, whilst 10% of students in Birks et al.'s (2013) study reported a problem free transition. For those students with prior study experience at higher education level the transition appeared easier than for those starting a degree course for the first time (Birks et al., 2013; Smith et al., 2018). Factors associated with an easy transition included early adaptation to university life (Birks et al., 2013), finding a balance between personal/family commitments and university learning and study (Mckendry et al., 2014), interacting with student peers (Smith et al., 2018) and accessing available support early in the course (Porteous & Machin, 2018). Factors associated with a more challenging transition include struggling to adapt to a new learning/social environment (Porteous & Machin, 2018), perceived lack of support (Porteous & Machin, 2018; Mills et al., 2020), perceived excessive course demands (Ten Hoeve et al., 2017; Mills et al., 2020) and practical problems navigating the university systems (Birks et al., 2013; Mckendry et al., 2014).

Adapting to university life was a struggle for students who lacked basic study skills such as time management and computer skills (Birks et al., 2013). However, these skills are not inherently present in all students and may require learning and development in the early stages of their course. Transition problems are exacerbated as students attempt to juggle family life, childcare, shift work and academic study (Magnussen & Amundson, 2003; Birks et al., 2013; Mills et al., 2020). This is particularly evident on pre-registration nursing course that recruit large numbers of mature and diverse students (Birks et al., 2013; Mckendry et al.,

2014; Mills et al., 2020). The first few months of a nursing course can feel like a difficult balancing act for some students. An interesting finding from Mills et al.'s (2020) study was that those students who struggled to 'switch off' from the demands of the course found the balance negatively tipped, with the increasing pressure resulting in exhaustion and stress.

Stress and anxiety was a common theme within several studies exploring student transition to higher education. As a potential stressor a difficult transition can negatively impact students learning experience (Mills et al., 2020). For example, problems associated with timetabling and accessing the virtual learning environment had all been successfully resolved in Mckendry et al.'s (2014) study yet had caused unnecessary anxiety for the student participants. Increased levels of anxiety was also evident in Porteous and Machin's (2018) study during the first four months of the course. This anxiety related to what Porteous and Machin (2018, p.60) themed 'uncertainty' related to the "process of transition and adjustment" around the unknown aspects of the course, fears around to adapting to the new ways of learning and apprehension around their professional transformation. Mckendry et al. (2014) suggests student anxiety arises out of a sense of unfamiliarity, particularly when students feel unprepared for university pre-entry.

Andrew et al.'s (2009) study explored how professionally, and socially prepared students were for the first year of the nursing programme. Their findings indicate first year student nurses need additional support mechanisms to help them adapt to the academic and clinical environment, failure to adapt quickly during the early stages of the course can lead to attrition and problems with progression through the course (Andrew et al., 2009). Additional support mechanisms included extra support from mentors, more on-line learning resources and better understanding of the first-year student experience through the involvement of all stakeholders (Andrew et al., 2009). The proposed study aims to recruit both students and key stakeholders in the pre-registration nursing course to gain better understanding of the student experience across all three years and design improvement recommendations that may help support students better adapt to the clinical and academic environment.

In both the Birks et al. (2013) and Ten Hoeve et al. (2017) studies students specifically expressed feeling unprepared and lacking the skills to adjust to their new undergraduate roles. Participants in Hamshire et al.'s (2017) study expressed feeling unprepared for the academic workload, resulting in a sense of feeling 'out of their depth'. Both Birks et al. (2013) and Smith et al. (2018) suggest students must adjust to the intensified academic demands. Birks et al. (2013) report 'issues faced in adapting to the role of a university student in the

first year of study' as the strongest theme to emerge from their study of 112 student nurses. Several of these issues included "the initial shock of study', 'the actual task of studying', 'juggling study commitments and meeting deadlines', and understanding 'what was expected of me as a student'" (Birks et al., 2013, p.29). The type and amount of material to be learned over the time allocated seemed overwhelming, particularly to first year students.

Wider research such as Andrew et al. (2008) found it was during the first year of study that most of the attrition from nursing courses occurred, and interestingly students who left in the first semester described themselves as feeling unprepared for university and deciding early-on that the course was unsuitable for them (Ten Hoeve et al., 2017). In contrast, students who left in the second semester claimed they wanted to remain on the course but crisis events in their life left them unable to manage their studies. Furthermore, students who left in the second semester were more likely to eventually return to nursing, whereas students who left in the first semester were unlikely to consider returning (Andrew et al., 2008). Hamshire et al. (2017) report as many as 42% of their 1983 study participants had considered leaving their undergraduate course. Several studies suggest student nurses face discipline related challenges alongside the challenges of studying at university level, making the transition even more significant (Andrew et al., 2009; Birks et al., 2013; Ten Hoeve et al., 2017; Porteous & Machin, 2018; Smith et al., 2018; Mills et al., 2020). Pressure related to additional professional responsibilities can contribute to students struggling with some aspects of the course (Porteous & Machin, 2018). Barton (2007, p. 345) describes the move into nursing as akin to a "rite of passage", involving a transition from one way of life to another; whereby students need to learn to behave like nurses. In professions such as nursing, much of the learning is centred on a way of being, and tacit knowledge (Eraut, 2000; Booth et al., 2007). In other words, student nurses not only face the same challenges as other students in learning to manage their time and learning effectively but have an added pressure of moving from novice to expert, a term infamously coined by Benner (1984), and developing clinical competence. Students in one study within this literature review expressed feeling unprepared and overwhelmed by the professional and academic expectations of them (Magnussen & Amundson, 2003).

It is evident from the literature above that transition onto the pre-registration nursing course can be a critical period of stress and anxiety for many students. Feeling unprepared for university can exacerbate difficulty adapting to the role of a university student in the first year of study and was shown to be associated with higher student attrition. Identifying emotional touchpoints associated with transition to the pre-registration nursing course could offer some

understanding into how students' experience transition. Furthermore, effective measures to support students through their transition could be devised during the student and key stakeholder Co-design event proposed in this EBCD study.

2.7.2 Expectations of academic learning

The literature revealed that students' expectations of the pre-registration nursing course was largely commensurate with their experience. Most participants in studies by Hamshire et al. (2013) and Mckendry et al. (2014) report their expectations being met and at times exceeded, resulting in a generally positive experience. Positive experiences were aligned with having realistic perceptions of the course (Mckendry et al., 2014) and appeared to be influenced by students' former educational experiences and how well-informed they were about the course (Hamshire et al., 2013). Both studies acknowledge some students' expectations were not met and for those students' disparity between their expectations and the reality of higher education study resulted in dissatisfaction (Hamshire et al., 2013; Mckendry et al., 2014). In particular, student dissatisfaction with the course related to the academic content (Hamshire et al., 2017), workload and level of academic writing (Hamshire et al., 2013) and structure and organisation of the nursing course (Mckendry et al., 2014; Ten Hoeve et al. 2017).

Early work by Last and Fulbrook (2003) indicate students had anticipated more practical i.e. clinical skills, teaching on the nursing course than they received with 91% of students expressing there was insufficient clinical skills teaching, and 97% suggesting too much emphasis was placed on the theoretical components of the nursing course. For many students in this study the perception of inadequate practical teaching left them feeling underconfident in their nursing skills and struggling to relate theory to practice, particularly in the first year of the course (Last & Fulbrook, 2003). Later evidence from the literature suggest students continue to expect nursing courses to be more hands-on. For example, participants in Mckendry et al. (2014) study expressed disappointment with the paucity of clinical skills teaching received on their nursing course. Ten Hoeve et al. (2017, p.30) report students feeling "stressed and unprepared" for the theoretical learning on the course and wanting more practical nursing skills teaching. Smith et al. (2018) suggests students assess and judge the worth of their learning, giving attention to the information they perceive as most relevant to their goal of nursing (Smith et al., 2018). Student satisfaction occurs when students view the course content as appropriate and valuable for shaping their knowledge and learning journey (Smith et al., 2018). Conversely, dissatisfaction occurs where they perceive discrepancies between their expectations and actual experiences, and where they feel unprepared for the academic rigors of the nursing course.

Within the literature it is noted that some student nurses feel unprepared and out of their depth with the academic demands of the course (Birks et al., 2013; Last & Fulbrook, 2003; Hamshire et al., 2013; Hamshire et al., 2017; Ten Hoeve et al., 2017). Specifically students in Hamshire et al.'s (2017) study reported feeling 'shocked' by the academic workload and 42% expressed feeling unprepared for the extent of work required. Comments made by students in the study by Andrew et al. (2008) suggest the type and depth of the content of the course, alongside the amount of work and academic skills required influenced many students' decision to leave their nursing course (Andrew et al., 2008). Students who had left the course described feeling that they were not prepared for the amount of academic work required and they had struggled with skills such as essay writing and in-text referencing (Andrew et al., 2009). Magnussen and Amundson's (2003, p.264) study indicates many student nurses feel pressure to strive for excellence knowing that "their future success as professionals' rests on a thorough understanding of the material they are learning". Consequently, the type and amount of material to be learned over the time allocated can seem overwhelming, particularly to first year students as one student from Magnussen and Amundson's (2003, p.264) study comments, "the first semester was very tough for me. I had no life. I have no life. My parenting suffers, which I feel guilty about. But I've done well in nursing school. You know, I want to be a nurse". The comments above suggest some students face the dilemma of having to choose between commitment to the course at the expense of their personal life or a life outside nursing at a cost to their success on the course. This can particularly be the case for some mature students who find childcare responsibilities, family commitments, and financial difficulties an issue that can affect their studies (Birks et al., 2013).

The Higher Education Statistics Agency (HESA) (2015) define a mature student as those who are aged 21 or over. According to Universities UK (2014) 52% (713,955) of all undergraduate enrolments at HEIs in England were by mature students, with nursing courses accounting for a significant proportion (20%) of those enrolments. This figure is much higher in the area for the proposed study with mature students representing 67% of the total adult field of the nursing course (Smith, 2015). Through the process of widening access mature students have been encouraged into nurse education over the last decade. However O'Brien, et al. (2009) believe older students are expected to fit into structures that already exist, and that were originally formulated with 'traditional' (18 - 21 year) students in mind. Notably, for many mature students it may have been several years since they were last in full time education.

Wider literature suggests mature students are disadvantaged by the fact they may not have been involved in education for a number of years, as result they tend not to 'perform' as well as the rest of their cohort and need time to adjust to being full time students (Fleming & McKee, 2005). O'Brien et al. (2009) concur that mature students tend to struggle with the academic components of their course and have difficulty balancing home and university life. However, in a study by El Ansari (2002) of 460 students attending various health care modules 'mature' students performed better and showed higher satisfaction than 'traditional' students. Interestingly, the highest satisfaction was amongst the 'older' mature students (>25 years) followed by the mature student participants (21-25 years), with the lowest satisfaction being amongst the 'traditional' students (<21 years) (El Ansari, 2002). El Ansari (2002) assert the idea of mature students being at a disadvantage when studying at university as a myth, what is more younger students are more likely than older students to leave their nursing programme (Pitt et al., 2012). This position is supported further through research by Donaldson et al. (2010) who found in their study of 638 adult nursing students, at a Scottish HEI, that mature students were more likely to successfully pass year one modules/assessments on their nursing course than their younger counterparts. Interestingly, they even suggest age could be the most reliable predictor of success at recruitment interviews (Donaldson et al., 2010). Much of the research on mature students focuses on attrition and success on their courses rather than enabling them to voice or share their unique experiences.

Although not specifically intending to focus on mature students the proposed study could enable the researcher to capture and understand older students' experiences since mature students represent a large proportion of students on undergraduate nursing courses. Furthermore, the proposed study would enable the researcher to work closely with students, through the co-design element of the process, to identify those disparities between students' expectations and experiences.

2.7.3 Adapting to the role of university student

Adapting to their new role as student nurse on the pre-registration nursing course requires students to develop new skills and adopt effective coping strategies. Several studies within the literature describe students developing what they termed 'juggling' skills (Birks et al., 2013; Mckendry et al., 2014; Mills et al., 2020). The nursing course necessitates a need to juggle multiple demands on time and resources including home and family demands alongside social, financial, academic and clinical practice pressures (Birks et al., 2013; Mills

et al., 2020). Managing all these demands becomes a “careful balancing act” (Mckendry et al., 2014, p.875) which for some students can have a direct effect on their physical, mental and emotional health and wellbeing (Mills et al., 2020). Strategies that emerged from the literature as fundamental to helping students find equilibrium consisted of seeking support from family, peers and academics.

Relying on support from family was evident at the beginning of the nursing course, but as students progressed through the course more support was sought from peers (Ten Hoeve et al., 2017; Porteous & Machin, 2018). Some students turn to their peers for support as they often share a sense of belonging with other students. The concept of peer support is nothing new amongst student groups, but for nursing students peer support fosters a sense of belonging and can have a positive impact on the socialisation process (Chapman & Orb, 2001). Peer support networks have been shown to play a positive role in enhancing student’s health and wellbeing on the course (Ten Hoeve et al., 2017; Mills et al., 2020). Peer support allows for sharing experiences, reinforcing knowledge and enhancing confidence. Knowing peers face similar challenges on their journey through the first year improves students' self-confidence (Porteous & Machin, 2018). Porteous and Machin (2018) acknowledge peer support networks foster a sense of community in students and contributes to development of resilience.

Peers on the same course are viewed as a 'strong resource' to turn to for ideas and support (Birks et al., 2013) as participants feel the experience of being a student nurse can only be understood by other nursing students (Chapman & Orb, 2001). As a result, an informal student grapevine often operates in undergraduate nursing courses (Chapman & Orb, 2001). Through this grapevine students communicate their fears and worries with others deemed 'in the same boat', putting things into perspective and helping them realise they are not alone. However, the grapevine could also have a negative effect and is not always viewed as positive. For instances, some students in a study by Chapman and Orb (2001) reported feeling more anxious and fearful prior to commencing a placement area due to information they received on the grapevine about a clinical practice area. Chapman and Orb (2001) argue being 'forewarned' is not inevitably 'forearmed' for some students.

Support from academic staff was also strongly indicated in the literature as valuable for helping students adjust to their new role (Mckendry et al., 2014; Ten Hoeve et al., 2017). Two studies highlighted communication with approachable and professional teaching staff as an effective source of academic support (Birks et al., 2013; Mckendry et al., 2014). Notably, it

was considered important for academics to facilitate communication with students and foster a sense of connection (Birks et al., 2013). Porteous and Machin (2018, p.60) proposes an “integrated partnership approach between university, practice staff and the student” as fundamental to helping students develop the coping skills necessary for the challenges of academic life and the clinical practice setting. However, Porteous and Machin (2018) do not indicate what that partnership should incorporate. Participants in Birks et al. (2013) study wanted more personal interactions and engagement with lecturers. Where students sense a lack of support from teaching staff, dissatisfaction with the nursing course was noted in the literature (Ten Hoeve et al., 2017). The importance of student-lecturer interaction and relationships in higher education is unsurprising given that academic staff are the main point of contact between student and institution.

Although the literature indicates some students wanted more contact with lecturers, Magnussen and Amundson (2003) signifies student-lecturer interaction needs to be positive to be effective. A negative interaction with their lecturers was one of the most common sources of anxiety for students in Magnussen and Amundson’s (2003) qualitative descriptive study of the experience of being a nursing student. Interestingly, making mistakes during nursing procedures came only second as a source of anxiety to negative student-Lecturer interactions (Magnussen & Amundson, 2003). Study results suggest lecturers are viewed as pivotal in student’s learning experiences. Many of the negative experiences for students on their courses appeared to be either caused or characterized by inattentive and unapproachable staff for whom students appeared not to be a priority (Magnussen & Amundson, 2003). Porteous and Machin (2018) report some participants in their study describing a negative experience with staff making them feel undervalued, unable to seek their support and difficulty to communicate with. Inattentive staff were those classed as frequently unavailable, unresponsive or unapproachable. By contrast, approachability was identified as a highly valued trait and key characteristic of a good relationship between lecturer and student by Birks et al. (2013). Participants in Porteous and Machin (2018, p.58) study similarly valued “helpful, approachable, caring” academic staff who made themselves available, and listened to student’s concerns.

Through the EBCD process this study will provide insight into student participants experiences of support from academic staff on the BSc Pre-registration nursing course and make some contribution to existing knowledge. Furthermore, through recruiting both student and key stakeholder participants for the Co-deign event this study creates the opportunity for

dialogue to occur between students and lecturers/senior lecturers around the student-lecturer relationship/interaction.

2.8 Student nurse experience of clinical practice

Clinical placements offer valuable practice learning experiences for students (Hamshire et al., 2013). Students studying BSc Pre-registration nursing spend half of the course in the clinical practice placement environment. In the UK this is represented by a minimum of 2,300 hours compared to around only a 1000 hours in Canada, Australia and the USA (Mills et al., 2020). In addition, like nurses employed by the NHS, students are required to work various shift patterns including day and night duty, weekends and bank holidays (Mills et al., 2020). Unlike NHS staff, student nurses in the UK are not paid for their attendance on clinical placements.

Within the literature students' experience of the clinical practice environment was the most explored theme with a total of 13 studies directly investigating one or more aspect of the clinical practice placement experience. Seven studies identified facets of the transition into the clinical practice environment as significant to the student experience such as expectations of and preparation for the first placement (Andrew et al., 2009; James & Chapman, 2010; Hamshire et al., 2013; Liljedahl et al., 2016; Hamshire et al., 2017; Ten Hoeve et al., 2017; Donough & Van der Heever, 2018). Eight papers explored student Experience of clinical practice supervision (Last & Fulbrook, 2003; Andrew et al., 2009; James & Chapman, 2010; Hamshire et al., 2013; Papastavrou et al., 2016; Hamshire et al., 2017; Ten Hoeve et al., 2017; Donough & Van der Heever, 2018). Whilst five studies examined the Experience of socialisation, acculturation and sense of belonging within the community of practice (Andrew et al., 2009; Mckendry et al., 2014; Grobecker, 2016; Liljedahl et al., 2016; Smith et al., 2018).

2.8.1 Transition into the clinical practice environment

The clinical practice learning environment is distinct from a higher education environment and requires some adjustment from student nurses. Notably, clinical placement areas where direct patient care occurs can be physically, mentally and emotionally demanding, requiring students to work effectively as part of the wider clinical team. Successful transition into clinical practice can be influenced by students' expectations and prior experiences of clinical practice. In particular, the first clinical practice placement was shown by two studies to significantly influence student nurses' success in the first year of study on the course (Andrew et al., 2009; Ten Hoeve et al., 2017). What is more, initial exposure to the nursing profession is a significant influence on students' impetus to continue the course (Andrew et al., 2009).

Overall findings from the literature indicate most student nurses looked forward to their first clinical placement and largely found placements to be a positive experience. Within Andrew et al.'s (2009) study 76% of participants described looking forward to their first clinical placement, and students in Hamshire et al. (2013) and Hamshire et al. (2017) reported enjoying placements. A successful first clinical practice placement appeared to influence student retention and overall satisfaction on the course. A positive first clinical placement experience influenced student's decision to continue with the nursing course in three studies (Andrew et al., 2009; Hamshire et al., 2017; Ten Hoeve et al., 2017). Furthermore, the first few weeks of clinical practice appeared to be a major benchmark for students' practice learning experience. By the end of this period many students feel they have begun to understand the nature of nursing and what is expected of them (Andrew et al., 2009). Although most students were excited to experience clinical practice, 19% articulated having anxiety about placement and 3% expressed dreading their first placement in Andrew et al. (2009) study. Similar results have been reported in subsequent studies (James & Chapman, 2010; Hamshire et al., 2013; Donough & Van der Heever, 2018).

First year student's fears and anxieties relate to the 'unknown' aspects of the clinical practice placement environment (Donough & Van der Heever, 2018). Participants in James and Chapman's (2010) study described feeling overwhelmed and disorientated by the unfamiliar and busy environments they experienced in some clinical practice placement areas. This was particularly the case for participants who had minimal exposure to a clinical practice environment prior to commencing the nursing course (James & Chapman, 2010). Student nurses in Liljedahl et al.'s (2016) study felt overwhelmed by the responsibility of patient care, with pressure to deliver patient care safely and competently. A perceived lack of sufficient knowledge to deliver good care was a theme identified in Ten Hoeve et al.'s (2017) study with negative experiences of clinical placements related to feeling unprepared for practice.

Feeling unprepared for clinical practice emerged as a concern in Andrew et al.'s (2009) study with only 41% of students reporting an understanding of what was expected of them at the beginning of their placement with this figure rising to 84% by the second week of practice. Feeling unprepared for their first clinical placement was shown to reduce confidence for some students in James and Chapman's (2010) study. Unlike more confident students who actively sought out learning opportunities early in their placement, students who lacked confidence tended to be less involved with conducting clinical procedures and were perceived as disinterested and lacking initiative (James & Chapman, 2010). James and Chapman (2010)

conclude a student's level of confidence directly influences their clinical placement experience.

Overall, the findings above suggest that although most students look forward to their first clinical placement some students experience anxiety and fear prior to commencing the placement. This anxiety appears to arise from fear of the unknown, with less than half of the students in the studies reviewed having a clear understanding of their role as student nurses. Feeling unprepared for the first clinical placement reduces student's confidence overall and can result in a negative clinical practice experience. Evidently a negative first clinical practice experience influences student's decision to leave the course. Conversely, students who have positive experiences once in the clinical practice area tend to express more satisfaction with the nursing course than students who have negative experiences in practice. Clearly a positive first clinical practice experience influences attrition rates in the first year of the BSc nursing course. Therefore, the proposed study seeks to use the EBCD approach to identify and explore those touchpoints related to clinical practice placements that positively or negatively affect the student experience on the BSc Pre-registration nursing course.

2.8.2 Experience of clinical practice supervision

Several studies within the literature identified the mentor-student relationship to be the most influential factor on the student experience and satisfaction with their clinical practice placement (Last & Fulbrook, 2003; Andrew et al., 2009; James & Chapman, 2010; Hamshire et al., 2013; Papastavrou et al., 2016; Hamshire et al., 2017; Ten Hoeve et al., 2017). The NMC definition of a mentor is a person who "facilitates learning and supervises and assesses students in a practice setting" (NMC, 2008, p.45). At the time of this study the NMC required all student nurses to be mentored by an NMC registered nurse, midwife, nursing associate, or other registered health and social care professional for a minimum of 40% of their time in the placement area (NMC, 2008). The remaining 60% of students time is spent working with other members of the nursing team, including qualified and unqualified staff such as Health Care Assistants (HCA). Within the literature satisfaction with the mentor-student relationship was based on the clinical practice setting, the mentor's approach to supervision and the frequency of contact between student and mentor. The quality of mentoring was considered a "make or break component of the first placement" by Andrew et al. (2009, p.17).

This was evident in Papastavrou et al.'s (2016) findings where greater satisfaction was noted in students with a mentor who offered regular one-to-one supervision i.e. three times per week. Furthermore, good mentors were perceived as helping students develop clinical

competence and socialisation into the clinical practice setting (Papastavrou et al., 2016). This corroborates earlier findings by Last and Fulbrook (2003) where student satisfaction correlated with mentors being committed to helping them meet their learning needs. By contrast, a negative placement experience was associated with mentors lacking the time to support student learning (Hamshire et al., 2013).

Hamshire et al. (2017) report 54% of students perceiving mentors having insufficient time to support students, yet 99% of their participants had noted mentor support as critical to a positive clinical placement experience. First-year students viewed the support of mentors or clinical supervisors as essential to alleviating their anxieties around clinical practice (Donough & Van der Heever, 2018; Hamshire et al., 2017). Whereas a perceived lack of mentor support contributed to student attrition early on the nursing course (Ten Hoeve et al., 2017). Lack of mentor supervision results in reduced enthusiasm, deterioration in clinical practice performance and subsequent disillusionment with nursing in general for students who feel unsupported in the clinical environment (Last & Fulbrook, 2003).

Heavy workloads and time constraints on mentors undoubtedly affects the amount of time they can spend with students. Within the literature some mentors report disillusionment and lack of enthusiasm due to lacking the time to properly teach students (Last & Fulbrook, 2003). Due to workload demands some mentors feel disinclined to invest what time and energy they do have in supporting students (Last & Fulbrook, 2003). One study attributed this to a lack of 'ownership' or 'duty' towards students since nurse education had moved to universities (Last & Fulbrook, 2003). This results in some students feeling like a 'burden' to their mentor (James & Chapman, 2010) and 'unwelcomed' in the clinical area (Ten Hoeve et al., 2017). Mentors lacking time to support students' often impacts on students meeting their learning goals and subsequently resulted in a negative clinical placement experience for participants in Ten Hoeve et al.'s (2017) study. An interesting finding from one study was that student satisfaction with clinical supervision decreased as they progressed through the course. Papastavrou et al. (2016) noted the highest satisfaction to be amongst first year students who had positive clinical experiences and lowest amongst final year students. Papastavrou et al. (2016) conclude as students' climb the competence ladder their supervision and learning requirements change, but not all mentors successfully adapt to these changing needs.

It is evident that mentor support has an influential impact on student nurses, and a lack of support inhibits student learning and results in a negative student experience (James & Chapman, 2010; Hamshire et al., 2013). Similarly, the clinical practice placement is key to a

good experience and a successful first year (Andrew et al., 2009). The proposed study will provide insight into student participants experiences with mentors in the clinical practice placement by identifying those emotional touchpoints that are pivotal in either positively or negatively affecting the BSc Pre-registration nurse's journey through the course. Furthermore, through the process of co-designing experiences revealed during emotional touchpoint mapping can help compose recommendations for course improvement.

2.8.3 Experience of socialisation, acculturation and sense of belonging within the community of practice

It has clearly been established that some undergraduate students' experience anxiety whilst transitioning onto their course. Alongside coping with academic issues, students also identify concerns around personal and social issues such as being away from family for the first time, making friends and fitting-in. But for student nurses there is the added pressure of professional socialisation and acculturation. It is already understood that students' socialisation within nursing is an important part of their education. Professional socialisation is a concept that has been documented in nursing as far back as Becker and Geer (1958), with socialisation within nursing seen as a complex and continuous interactive process through which professional identity, and role, is learned and established. Student nurses begin to align their professional identity with their community of practice within the first year of the nursing course (Porteous & Machin, 2018). Since nurses operate collectively in an interactive social system, student nurses must then adopt the norms, values and rules that characterize that 'collective working group' during the professional socialization process (Randle, 2003). Several papers within this review revealed student nurses start to feel part of the profession by developing a sense of professional identity and 'belonging' (Andrew et al., 2009; Mckendry et al., 2014; Grobecker, 2016; Liljedahl et al., 2016; Smith et al., 2018).

Within the literature students' sense of belonging had a direct influence on their placement experience. Liljedahl et al. (2016) argue a prerequisite for successful student learning in the practice setting is a sense of belonging. A sense of belonging positively or negatively influences students' confidence, motivation and learning within the clinical practice environment (Grobecker, 2016). Students' knowledge, attitudes and ideas towards nursing are shaped and reshaped throughout the course by their interactions with other students, clinical practice staff and nurse academics (Smith et al., 2018). It is specifically shaped by participation and observation in the clinical practice environment a student nurse is exposed to (Smith et al., 2018). As such student nurses want to 'fit' into the clinical practice environment and feel part of their clinical practice placement area and team. When placement

areas facilitate 'belongingness', students feel safe, comfortable, satisfied and happy, and were more willing and motivated to engage in clinical practice learning (Levett-Jones & Lathlean, 2008). They were also less likely to feel stressed and anxious (Grobeck, 2016). Furthermore, having a sense of belonging results in acceptance of the profession leading to more motivation and commitment to the course (Mckendry et al., 2014). In other words, when students feel like they 'fit in' it may be perceived as validating their skills and competence as 'real nurses' which in turn fosters in them an affinity or sense of comradeship with their colleagues.

On the other hand, students who sense a lack of belongingness express greater stress, anxiety and dissatisfaction with their clinical practice experiences. Using the Belongingness Scale-Clinical Placement Experience (BES-CPE) Grobeck (2016) found an inverse relationship between a sense of belonging and perceived stress. Meaning where students felt a sense of belonging, they reported less stress. Conversely, stress increased where students perceived a low sense of belonging. Early research by Levett-Jones and Lathlean, (2008) revealed an absence of belongingness resulted in a negative and long-lasting impact on students' confidence, anxiety levels and learning. Students were seen to 'sacrifice' their supernumerary status and learning opportunities so as to become 'an extra pair of hands' so they would be seen as more useful and accepted into the nursing team (Levett-Jones & Lathlean, 2008). Thus, some student nurses may internalise rejection and lack of acceptance as related to how hard they appear to work. Ten Hoeve et al. (2017) suggests feeling welcomed by the clinical practice team results in a more positive experience which then directly influences some students' decision to remain on the nursing course.

With 50% of the pre-registration nursing course taking place in the clinical practice environment it is evident from the literature above that students need to feel welcomed and perceive a sense of belonging in order to start developing their professional identities early in the course. Where students lack a sense of belonging their clinical experiences are perceived as more negative which appears to be a contributing factor to student attrition. The proposed study could provide insight into student participants experiences of socialisation and acculturation by identifying those emotional touchpoints that contribute to students' sense of belonging in the clinical practice placement environment and to the wider nursing profession.

2.9 Conclusion

In summary, this literature review has identified and examined the research on the undergraduate nursing students' experiences of higher education. Overall, 16 studies met the inclusion criteria for this review. Three major themes and six subthemes emerged from the chosen literature including; the experience of being a nursing student, student nurse experience of the academic learning journey (transition into higher education, expectations of the academic learning, and adapting to the role of university student), and student nurse experience of clinical practice (transition into the clinical practice environment, experience of clinical practice supervision and experience of socialisation, acculturation and sense of belonging within the community of practice). Findings from the literature suggest student nurses often feel overwhelmed and unprepared for the nursing course, particularly in relation to the academic demands of the course. In addition, many students feel stressed and anxious during their transition to the clinical practice learning environment. Where students experience good support from mentors and feel welcomed into the clinical environment, they are more likely to perceive a sense of belonging which reduces their stress and anxiety.

Although all the studies included in this literature review were important contributors to the discourse on student experience much of the literature focused on specific, and often narrow, aspects of that experience rather than enabling student nurses to identify those aspects of their experience that are significant to them. Equally there were no published studies uncovered for this review aimed at capturing, exploring and understanding the key moments or events (touchpoints) that form and shape the student nurse experience using an Experienced Based Co-Design model. Although most universities employ student feedback tools such as Module Evaluation Questionnaires (MEQ) and Course Evaluation Questionnaires (CEQ) to support some changes in their processes, these mechanisms have limited value in enabling key stakeholders (e.g. students, academic staff, admin staff etc.) to work together to improve course provision. EBCD offers a unique opportunity for service users, in this case student nurses, to be involved in the change, or design process, itself (Bate & Robert, 2007b).

Therefore, based on this review it is clear the experiences of undergraduate student nurses have been inadequately explored in the nursing education literature, suggesting there are gaps in our knowledge about students experiences of their pre-registration nursing course. Student insights of the higher education environment are invaluable and as such student nurses need to be included in the process of exploring that environment through their own experience and re-designing those experiences. Consequently, this current study hopes to

plug this knowledge gap by capturing, exploring and gaining some understanding of the experiences of undergraduate student nurses undertaking a BSc Pre-registration (Adult) nursing degree course using an Experience Based Co-design approach. Furthermore, the proposed study will also explore the student experience across the whole course, rather than at an isolated point, by capturing first, second and third-year student nurses' experiences.

CHAPTER THREE

METHODOLOGY

‘Scientific method is the only authentic means at our command for getting at the significance of our everyday experiences of the world in which we live’ (Dewey, 1938/2015, p.88)

3.1 Introduction

The previous chapter presented a review of the literature and research available focused on undergraduate nursing students’ experiences of higher education. Gaps in knowledge of students experience of pre-registration nursing courses were identified and the need for the current study outlined. This chapter presents the methodology utilised to conduct the current study including an exploration of the stages of Experienced Based Co-Design (EBCD) approach adopted to explore the student experience of the BSc Pre-registration (Adult) nursing course. Particular attention is given to the research paradigm and theoretical perspective that informed the research methodology and study design choices employed throughout the research. At the beginning of this thesis ‘experience’ was theoretically framed by Dewey’s ‘Philosophy of experience’, therefore this chapter will begin by establishing the principles of Dewey’s philosophy that underpin this study.

3.2 Theoretical framework underpinning this study

Establishing a theoretical framework for a study helps align a researcher’s epistemology, and theoretical perspective as well as directing the study aim, objectives and methodology. Dewey’s (1938/2015) ‘Philosophy of experience’ where he presents experience as a subjective personal phenomenon, shaped by events and conditions outside individuals, formed the theoretical framework for this thesis. Dewey (1938/2015) purports current experience grows out of past experiences (Continuum/Interaction) and potentially influences future experiences based on how pleasant or unpleasant (agreeableness or disagreeableness) the experience was. In other words, a current experience as perceived by an individual is a product of the interaction between their past experiences and the present situation, and the value of the experience is judged by the effect that experience has on the individual's present situation and their potential future experiences. Furthermore, Dewey views experience having both a cognitive and an emotional component that give that experience significance, with the more memorable experiences having specific emotions attached to them (Dewey, 1934/2005, p.43). This concept of viewing experience as having an emotional element offers a lens for which to explore subjective experiences, identify those

satisfactory experiences, and potentially understand what may constitute those less satisfactory experiences.

Although the emphasis of Dewey's work was on human experience (Simpson, 2006), his theory of inquiry is often viewed as "the centrepiece of his philosophy, shaping his conception of science, knowledge, values, practice and society" (Willower, 1994, p.18). Underlying assumptions of Dewey's philosophy have been viewed as having a significant influence on design research (Dixon, 2019). Most notably, Steen (2013) reports two key themes to emerge from Dewey's philosophy as its focus on individual's concrete knowledge of their own personal experiences and its endeavour to empower people to improve their situations or experiences. Both Steen (2013) and Dixon (2019) see the Deweyan process of inquiry as holding similar principles to co-design. Specifically, Dewey describes a process of inquiry comprising of five stages, "Perceiving a situation as 'questionable'; Exploring and formulating the problem provisionally; Simultaneously exploring and further developing the problem ('perceptual') and possible solutions ('conceptual'); Exploring the relations between problems (ends) and solutions (means); and Trying-out solutions in practice to find out whether or how they can help to solve the problem" (Steen, 2009, p.1). Dixon and French (2020) further denote a Deweyan approach to inquiry as compelling the inquirer to define a problem, explore solutions, implement those solutions (experimentation) resulting in workable conclusions. Tenets of this process of inquiry are recognisable in design research, and particularly in EBCD, the approach chosen for conducting the current study as will be explored in the following sections.

3.3 Research paradigm

A research paradigm or worldview is "a basic set of beliefs that guides action" (Guba, 1990, p.17). Thus, a researcher's belief and how they see the world is reflected in their choice of paradigm, with this worldview directing the research process and impacting a researcher's choice of methodology and study methods (Kivunja & Kuyini, 2017). Different worldviews influence a researcher's orientation towards either a qualitative, quantitative or mixed methods approach in their research (Creswell, 2009). Identifying and documenting the theoretical assumptions of a researcher can justify choices made during the research process and ensure the soundness of a study (Crotty, 1998). Crotty (1998) suggest researchers address questions around four distinct elements that formulate their theoretical assumptions at the start of the research process relating to epistemology, theoretical perspective, methodology and methods (Crotty, 1998):

What epistemology informs our perspective?

What is our theoretical perspective?

What methodology governs our choice of methods?

What methods do we propose to use? (Crotty, 1998, p.2)

For Crotty (1998) each element informs the next, with continuity evident in a researcher's decision-making process originating from their epistemological standpoint and ending in their choice of methods for conducting their study. The distinction between qualitative and quantitative research is determined at the methodology/methods level, whereas decisions related to the philosophical worldview, for example positivism versus constructivism, occurs at the higher epistemology and theoretical perspective levels (Crotty, 1998). The following sections explore the four elements of epistemology, theoretical perspective, methodology and methods as they relate to the research process utilised within the study presented in this thesis.

3.3.1 Epistemology

A researcher's epistemological position informs their assumptions about knowledge, what it is and how it is acquired. The term epistemology was introduced to the English language by Scottish philosopher James Frederick Ferrier (1808-1864), but its origin is from the Greek word 'episteme' meaning knowledge and 'logos' meaning study or science (Truncellito, 2016). Therefore, epistemology is considered as the study (or science) of knowledge and is a way of understanding and explaining "how I know what I know" (Crotty, 1998, p.3). As a science of knowledge epistemology is concerned with the analysis of knowledge, its relationship to belief and truth (Ladyman, 2007). A researcher's position on what constitutes knowledge can result in them falling into one of several different epistemological camps: objectivism, constructionism or subjectivism (Crotty, 1998).

Objectivism is the belief that reality exists as a distinct, independent meaningful entity outside of human consciousness and experience (Crotty, 1998). Humans merely discover an object's meaning by studying it (Crotty, 1998). Therefore, the essence of what is being observed is not influenced by human bias and vice versa, resulting in universally applicable knowledge (Levers, 2013). Objectivist researchers view phenomena as external to the individual and traditionally favour experimental ways of examining phenomena (Cohen et al., 2011). Hence, objectivists assume different researchers will obtain the same results if they conduct an experiment using the exact same process in comparable circumstances (Parahoo, 2014). Hence, from an epistemological standpoint objectivist research studies are often used to

explain, predict, and control (Grant & Giddings, 2002). Research within the social sciences has seen a move away from objectivism towards subjectivism (Guba, 1990).

Subjectivist assumptions regard knowledge to be dependent on individual's perception and understanding of reality (Moon & Blackman, 2014) Furthermore, subjectivist knowledge is "always filtered through the lenses of language, gender, social class, race, and ethnicity" (Denzin & Lincoln, 2005, p. 21). Thus, there is no universal knowledge beyond an individual's reflections and interpretations (Levers, 2013). For subjectivists, the subject and object, observer and observed, or mind and world cannot be separated (Moon & Blackman, 2014). Researchers who hold a subjectivist epistemology regard the knower and respondent as co-creators of knowledge and understanding (Denzin & Lincoln, 2011). The value of subjectivist research is in revealing how an individual's experience shapes their perception of the world (Moon & Blackman, 2014). Bate and Robert (2007a) present the 'subjective pathway' as a major focus of the EBCD approach to user design. In contrast to an 'objective pathway' with its focus on the different steps in a process, for example how a student logs-on and navigates the university intranet, the 'subjective pathway' is concerned with how the process is experienced, particularly "...the events, people, and issues along that pathway which shaped the experience" (Bate & Robert, 2007a, p. 32).

Constructionism is the view that knowledge, or reality, is constructed through human interaction with their world (Crotty, 1998), though a 'real world' exists outside of human knowledge individuals construct understanding based only on their experiences of that world (Nola & Irzik, 2006). Objects and events in the world are without meaning until humans through conscious awareness, engagement and experience of those objects and events attach meaning, hence "meaning is not discovered but constructed" (Crotty, 1998, p.42) and "Knowledge and truth are created by the mind" (Petit & Huault, 2008, p.4). Fundamentally, "God alone can know the real world because He knows how and of what He has created it. In contrast, the human knower can only know what the human knower has constructed" (Von Glasersfeld, 1989, p.123). A central tenet of constructionism is the idea that meaning can only be constructed when there is an interaction between a subject (the interpreter) and the world (the interpreted) (Crotty, 1998), and those constructs are determined by the interpreter's previous experiences, beliefs and background knowledge (Ultanır, 2012). For Crotty (1998) our view of the world is already shaped by a cultural lens where meaning is often already socially ascribed, thus 'construction of meaning' cannot take place in isolation but is 'socially constructed'.

Constructionism differs from constructivism in that the former refers to the social processing of collective experiences and generation of meaning, whereas the latter focuses on the individual cognitive processing of experiences (Crotty, 1998). In other words, constructivists make sense of the world by mentally attaching unique meaning to their individual experiences, whilst constructionists emphasise the interaction between the individual, the experience and the (social) context of that experience. Social constructions of reality frequently form the bases of qualitative research inquires (Gorman & Clayton, 1997) where an individual's construction of their own reality lays at the heart of the inquiry (Pickard & Dixon, 2004). Although more commonly associated with pragmatism, aspects of Dewey's philosophy can be observed in constructionism where he states "in an experience, interaction occurs between an individual, objects, and other people. The experience becomes what it is because of this transaction between an individual and what constitutes his or her environment. The environment consists of whatever conditions (objects or people) interact with an individual's internal personal needs, desires, capacities, and purposes that create the resulting experience" (Dewey, 1938, pp. 43-44).

Constructionism as a significant epistemology has become rooted in the study and design of many educational processes (Kynigos, 2012) with EBCD as a form of Participatory design (PD) and Action Research (AR) holding a constructionist epistemology which maintains knowledge is inherently co-constructed (Frauenberger et al., 2015) through individuals' amalgamation of already held beliefs and knowledge, and interaction with new experiences, events and activities (Ulltanır, 2012), such as those experienced when students enter a higher education setting for the first time. Therefore, the epistemological assumption of the current study would fit with constructionism, as a key aim of this research is to capture, explore and understand the student experience of the nursing course including the social processes (social context of the experience) and the interactions students engage in (or touchpoints), in order to co-design priority improvements on the nursing course that enhance the student experience. Research driven by constructionist epistemologies tend to be driven by an interpretivist theoretical perspective and adopt qualitative methodologies in the research process.

3.3.2 Theoretical perspective

The second of Crotty's (1998) four elements is the theoretical perspective which provides the "philosophical stance informing the methodology" (p.3) which subsequently determines the methods adopted within a research study. Each theoretical perspective contains assumptions about how people view the world and know what they know. Key theoretical perspectives in

research include positivism and interpretivism (Crotty's, 1998). Positivism was originally conceived by Auguste Comte (1822) within the modern era of science as the development and systematic re-construction of scientific knowledge (Halfpenny, 2014). Comte (1830, as cited in Halfpenny, 2014, p.14) believed a "fundamental character of positivist philosophy is to consider all phenomena as subject to invariable natural laws". In other words, nature is ordered and regular, rather than haphazard and random, as such all-natural phenomena can be rationally and empirically observed and experimented on (Polit & Beck, 2009; Cohen et al., 2011). Positivism quickly became associated with 'the experimental' sciences (Denzin & Lincoln, 2011). Thus, a researcher who holds a positivist theoretical perspective tends to conduct research aimed at proving or disproving hypothesis, using quantitative methodologies to objectively study, discover and interpret facts.

Fundamentally, positivists only accept true knowledge as arriving from the objective observation of phenomena. Consequently, positivism is not the epistemological position that informs the assumptions about knowledge, what it is and how it is acquired within the current study. In particular, human perceptions, behaviour and interactions within the social and organisational setting of a university are not ordered regular phenomena, or subject to invariable natural laws that are easy to observe, as required from a positivist understanding within the physical sciences. In particular, the social world cannot be studied objectively and in the same way as can objects in the natural world (Bhaskar 1978; Allsop, 2013). As Ormston et al. (2014) discuss, the social world and natural world are very different since people have 'agency' and can choose what they do, whereas the natural world is governed by immutable laws. Thus, the experiences of the students within the current study take place within the social world of a university and NHS organization, with their own established culture, values, norms and traditions which guide student behaviour, potentially affecting their experiences. Today positivism has come to be recognized as the dominant paradigm within health, social science and nursing research (Butler-Kisber, 2010; Polit & Beck, 2009; Allsop, 2013). Ross (2012) even suggests positivism in the form of quantitative research holds more prestige and has made a greater impact on healthcare interventions and policy than other forms of research. However, an alternative theoretical perspective in social science research is that of interpretivism.

Interpretivism is seen as a postmodern way of understanding knowledge and how it is formed. Snape and Spencer (2003) see interpretivism as a way of overcoming some of the perceived limitations of positivism. The central purpose of interpretivism is "to understand the subjective world of human experience" (Cohen et al., 2011, p.17). Interpretivism stresses the importance

of understanding the social world as it is interpreted by those being studied (Ormston, et al., 2014). For interpretivists “truth and knowledge are subjective, as well as culturally and historically situated, based on people’s experiences and their understanding of them” (Ryan, 2018). Therefore, interpretivism as a theoretical perspective enables a researcher to gain a deeper understanding of a phenomenon (Creswell, 2014). Interpretivists tend to conduct research in natural settings utilising qualitative methodologies such as grounded theory and methods such as interviews (Pham, 2018). Interpretivist researchers own values and beliefs naturally influence the way they gather, analyse and interpret data (Ryan, 2018). As such interpretivist research is concerned with exploring the world using “both participants and the researchers understanding” (Snape & Spencer 2003, p.17). Interpretivist principles and values align with the aim and objectives of the current study which is to capture, explore and understand the student experience of the nursing course, and the qualitative methodology utilised for analysing those experiences. Qualitative methodologies are generally accepted as the predominant approach to studying human experiences and interactions through an interpretivist lens.

Aspects of the Deweyan framework align with the application of a qualitative approach to conducting the current study. In his paper ‘*Qualitative thought*’ Dewey (1930/1984) expresses a view that qualitative factors and constructions are as vital a characteristic of our theory of knowledge as scientific thinking expressed in physical science. To ignore the reality of qualitative existence is to indirectly misconceive “the world in which the ordinary experience of the common man is lived” (Dewey, 1930/1984, p.116). Dewey’s theory of inquiry is often viewed as emerging as a compelling alternative to both scientific positivism and subjectivist relativism (Willower, 1994, p.20).

There is no fixed definition and no single accepted way of undertaking qualitative research (Snape & Spencer 2003; Denzin & Lincoln, 2011; Creswell, 2013). However, Snape and Spencer (2003, p.3) have proposed “qualitative research is a naturalist, interpretative approach concerned with understanding the meanings which people attach to phenomena within their social worlds”. Therefore, “qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2011, p.3). There is no specific theory or paradigm that uniquely belongs to qualitative research, instead it claims use of multiple theoretical paradigms (Denzin & Lincoln, 2011). Creswell (2013) further suggests qualitative research shares several characteristics, firstly it takes place in the natural setting, secondly it employs multiple methods of data collection and analyses, and unlike positivist approaches the

researcher plays an instrumental part in the process. There are many methodologies that fit within a qualitative research paradigm such as ethnography, phenomenology, grounded theory, Participatory Action Research (PAR) and Experience Based Co-design (EBCD).

3.3.3 Research methodology

The research methodology forms the third domain of the four elements of a researcher's theoretical assumptions (Crotty, 1998). A research methodology is the design or strategy for meeting the aim and objectives of a study (Parahoo, 2014). Crotty (1998, p.3) differentiates between the research 'methodology' and research 'methods' by defining methodology as the "strategy, plan of action, process or design" that lays behind our choice and use of particular research methods, whereas research methods are simply procedures and techniques used to collate and analyse generated data. Research 'methodology' and research 'methods' are often confused (Grix, 2002) or used interchangeably by researchers (Parahoo, 2014). Although considered a broad term for describing the strategy used to answer a research question or test an hypothesis, a methodology must consist of the following elements; a method for collecting data, source of data, time and place of data collection and a method of data analysis (Parahoo, 2014). Stating the research methodology enables transparency around the decision-making processes adding rigour and reliability to a research study. As this study aims to capture, explore and understand the undergraduate nursing student experience, as well as recommending potential improvements to the course, a methodology that incorporated qualitative and user design elements was considered as an appropriate approach to conducting the research. EBCD was chosen as the research methodology as it is a qualitative inquiry approach to exploring phenomena, in this case student experience, that does not fit within a quantitative research paradigm. In addition, the user design elements of EBCD can be situated within the Deweyan framework (See section 3.2 Theoretical framework underpinning this study). Tenets of the EBCD research methodology utilised with the current study is presented in the following sections.

3.3.4 Experienced Based Co-Design

As the purpose of this study was to firstly capture, explore and understand the experiences of student nurses undertaking the BSc Pre-registration (Adult) nursing course and secondly to work collaboratively with study participants to identify and co-design priority improvements on the nursing course that enhance the student experience, an Experienced Based Co-Design (EBCD) methodology was utilised. EBCD is a 'user focused' design methodology, in which users of a service are integral to the process of improving the service (Bate & Robert, 2006). As the architects of EBCD Bate and Robert (2007a) believe service users possess

unique knowledge and insight into how a service can be improved due to personal experience of that service. Therefore, a key aim of EBCD is to make the service better for the user, and for the user to be involved in the design process itself (Bate & Robert, 2007a). For this study the 'user' denotes student nurses', and the 'service' refers to aspects of the BSc Pre-registration (Adult) nursing course that affects the student experience.

EBCD is a relatively new approach to improving experiences and was espoused for the first time in healthcare settings by Bate and Robert (2006). Subsequently EBCD has evolved as a methodological approach to undertaking change or experience research in over 80 projects worldwide (Donetto et al., 2014). Historically, EBCD has been influenced by what Robert (2013) describes as four overlapping strands: Participate action research, User centred design, Learning theory, and Narrative, all of which have historically been used in various educational and organisational settings as distinct methodological approaches.

Originally termed Experienced Based Design (EBD) the name was later changed to Experienced Based Co-Design (EBCD) with the 'Co' prefix placing a greater emphasis on the collaboration between the user and the service provider (Donetto et al., 2014). Fundamentally, users of a service are invited to directly contribute to the design of that service (Bate & Robert, 2007a; Donetto et al., 2014). Over the past 20 years there has been a move towards more patient-centric services as part of wider healthcare reforms. However, the frameworks used to provide insight to, and improve, patient care has relied on traditional approaches such as surveys and complaints processes (Dewar et al., 2010; Robert, 2013). Bate and Robert (2006) believe those existing methods, approaches and perspectives, particularly the underlying theories that drove them, could not be relied on to deliver the required patient-centric change in a timely manner and on the scale required. In particular, they felt the need to find a 'better' more effective approach to large scale change within the NHS that specifically made the users "integral to the design process itself, focusing on their experience moving through the service and interacting with its various parts" (Bate & Robert, 2006, p.307).

Engagement is viewed as a central element to improving service experiences, with EBCD emerging as a fitting approach (Palmer et al., 2015). As a result, "the traditional view of the user as a passive recipient of a product or service gives way to the new view of users as the Co-designers of that product or service, and integral to the improvement and innovation process" (Bate & Robert, 2006, p.308). This co-design approach involves the service user and service provider reflecting on their experiences of the service and jointly identify priorities

for change (Donetto et al., 2014). Approaches to capturing and understanding student's experiences within higher education settings have relied heavily on surveys (i.e. NSS), or more informal module and course evaluations. This study invites students to be Co-designers in potentially improving student experience of their nursing course (as will be discussed in section 3.7 of this chapter and in chapter 8).

Bate and Robert (2006, p.308) define experience of a service as relating to “how well people understand it, how they feel about it while they are using it, how well it serves its purpose, and how well it fits into the context in which they are using it”. EBCD makes “someone else’s personal experience the object and focus of attention” with the researcher becoming “mindful of experience from the first-person point of view” (Bate & Robert, 2007b, p.48). Likewise, EBCD enables a deeper understanding of how users perceive, experience and interact with all aspects of an organisation, particularly the look, feel, processes and structures of the service (Palmer et al., 2015). In other words, there is much more to a service than just its external delivery or provision, on the contrary the internal experience plays as significant a part as the quality and usability of the service. An efficient service can still result in a poor experience; equally a poor-quality service can provide a good experience as perceived by the user of that service (Bate & Robert, 2006). For example, a lecture could be delivered on the designated date, at the allotted time and by a knowledgeable and experienced teacher, in an appropriate comfortable classroom, but some students may still perceive their experience of that session as poor. Bate and Robert (2006) suggest the design of the human experience should be targeted and considered as important as the service, environment, interactions and processes themselves. Fundamentally, the focus of EBCD is to create a whole experience that both appeals and works on a cognitive and emotional level, not just a service (Bate & Robert, 2007a). EBCD enables the service user and service providers to come together and share their experiences of that service (Tollyfield, 2014). However, experience is difficult to access or observe directly, as it is an inner, subjective, immaterial phenomenon; often a reconstruction of something lived through (Bate & Robert, 2006). Furthermore, expressing fully the meaning of an experience can be hard for research participants’ (Dewar et al., 2010). Arguably, this can make the study of experience difficult. However, Bate and Robert (2006) suggest a way of capturing, exploring and understanding experience can be through the identification of key moments and places, termed ‘touchpoints’, where individuals come into direct contact with a service and therefore where their subjective experience is shaped.

3.3.4.1 Touchpoints

Touchpoints are a central concept of EBCD and involve identifying the key moments or events that stand out for users as crucial to their experience of a service (Bates & Robert, 2007a). Temkin (2010) refers to these touchpoints as 'moments of truth' as experienced by the participants' themselves, and it is those touchpoints that represent the most intense points of contact within a service that shape a user's experience of that service both good and bad (Locock et al., 2014). As well as being literal points of contact with the course touchpoints are also considered as "intensely personal points on the journey where one recalls being touched emotionally (feelings) or cognitively (deep and lasting memories) in some kind of way" (Bates & Robert, 2007b, p.49). For Bates and Robert (2007a) touchpoints are the 'big moments' users of any service will reflect back on and tell stories about years after their experience of that service. Thus, EBCD places particular emphasis on the emotional aspects of those touchpoints, not least because an individual's emotions are often an appraisal of and response to personally meaningful events (Mauss & Robinson, 2009). Therefore, for student nurses there will be personal touchpoints during their three-year course where they will develop emotional and cognitive associations, for example two significant touchpoints on the nursing course that emerged from the current study included the first day of course and the first clinical practice placement experience. By mapping those emotions and analysing those touchpoints a deeper understanding of the student journey through their undergraduate course can be formed. Once these interaction points or 'touchpoints' are identified and made sense of, a process of co-designing those touchpoints on the course can begin with users of, and key stakeholders in, the service.

Although previous EBCD projects were all based in healthcare settings, the tenets of EBCD can be useful for 'experience research' in higher education settings, for example within the current study. At the time of writing this thesis this study appears to be the first documented as using EBCD in a higher education setting with a focus on students as 'users' of higher education services. For the purposes of this study 'services' refer to any point of direct contact (touchpoint) with the course, for instance facilitated learning sessions, interaction with Blackboard learning and undertaking a clinical practice placement. Furthermore, studies in student experience have traditionally relied on survey approaches in a similar way to those utilised in healthcare settings as indicated by Dewar et al. (2010), which seldom engage participants in an active way in the research process to generate effective change. However, the current study aims to capture, explore, understand the student experience, and involve students and key stakeholders in the co-design of potential improvements to future experiences, through the application of the EBCD process. Users of EBCD recognise the

approach as both a methodological philosophy and a method for conducting research (Donetto et al., 2015), therefore the following section will describe the EBCD methods used.

3.3.5 Experienced Based Co-Design model

The final of Crotty's (1998) four elements is the research methods. Research methods are denoted as those techniques and procedures employed to gather and analyse data (Crotty, 1998). EBCD is viewed as a methodology that offers a set of methods or tools for conducting user design research. An EBCD model for gathering experience related data from service users (patients and carers), staff and the project management team was proposed by Bate and Robert (2007b) during their pilot study exploring the experiences of head and neck cancer patients then simplified to a four-step approach aimed at supporting users of EBCD through the process (See Figure 2 - The four steps of EBCD) (NHS Institute for innovation and improvement (NHSIII), 2009).

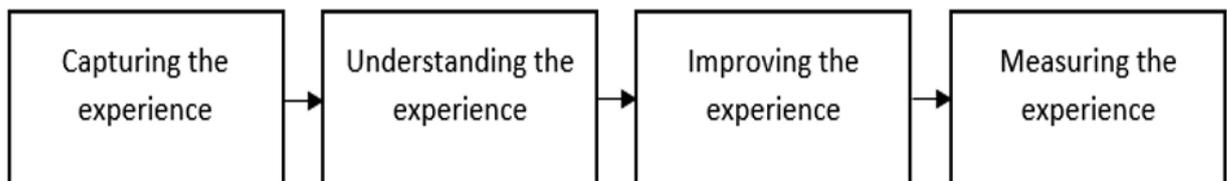


Figure 2 - The four steps of EBCD

By 2014 Donetto et al. (2014) had created an EBCD cycle broken down into six distinct stages: setting up the project, engaging staff and gathering experiences, engaging patients and gathering experiences, bringing patients and staff together for a Co-design meeting, forming small Co-design teams and holding a celebration event. This model has become the most frequently used approach to conducting an EBCD study and was adapted for use in the current study (See Figure 3 - Adapted Experience Based Co-design process). For the purposes of the current study the first five stages of the six-stage EBCD process was adapted for the higher education setting and applied to the current study. Notably, stage two and stage three were reversed to enable student experiences to be gathered prior to key stakeholder experiences. This was a significant change to the original EBCD cycle as this enabled a student journey map to be devised and utilised during the preceding student and key stakeholder emotional touchpoint mapping events. Donetto (2015) acknowledge the application of the EBCD process is inherently flexible and has been tailored by many projects to the contexts and needs of different organizations. As a result, “the EBCD approach proposed by Bate and Robert (2007a) has undergone a variety of adaptations in response to

a variety of local contingencies and organizational circumstances” (Donetto, 2015, p.235). The rationale for swapping stage two and stage three was so that individual semi-structured interviews with current undergraduate Pre-registration (Adult) nursing students could be conducted and their accounts of their experiences used to systematically identify touchpoints on the course.

Within EBCD users of a service are considered as best placed to understand how they experience and interact with a service, how using that service makes them feel and how well a service works for them. Therefore, these initial interviews gave early insight into student participants experiences of the course and the key touchpoints within the nursing course. Touchpoints identified from the semi-structured interviews were used to form an objective ‘process map’, known for the current study a student journey map across the three-year course from pre-entry to qualification, charting specific points of contact between students and aspects of the course. This ‘student journey map’ was then used during the emotional touchpoint mapping events to capture key stakeholder (staff) experiences and more student experiences. Similar adaptations to the EBCD approach have been previously reported by Donetto (2014) who identified researchers not conducting staff interviews as they sought to understand the experiences of patients only, and some occasions eliminating specific phases of the EBCD approach altogether (Donetto, 2015). During stage five small co-design working groups coproduced potential improvements for the BSc Pre-registration (Adult) nursing course (See Chapter 8). Recommendations were made for implementation of those priority course improvements to be completed as post-doctoral work, resulting in this model no longer being cyclical for the current study. The five stages of the EBCD process utilised for the current study are presented in more detail in the following sections.

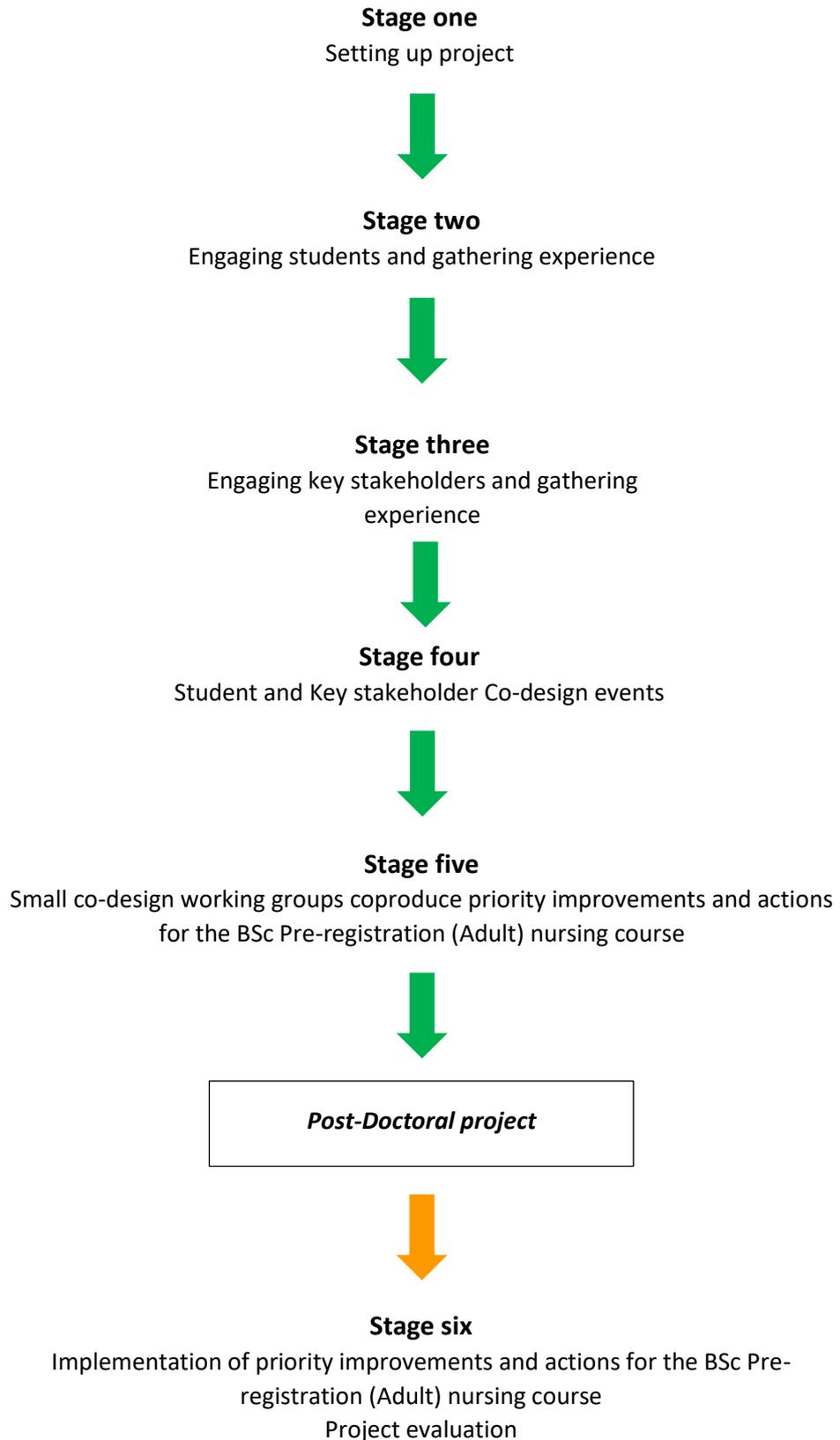


Figure 3 - Adapted Experience Based Co-design process

3.4 Stage 1 - Setting up the project

To set up the project the research site, course and participant population was identified for the study at a northwest university where the researcher is employed as a Senior lecturer. A research ethics application was submitted with the aim and objectives of the study established before the commencement of any data collection (See Appendix 6 - STEMH Ethics Committee approval).

3.4.1 Research Aim

The aim of the research is to capture, explore and understand the experiences of undergraduate nursing students on the BSc Pre-registration (Adult) nursing course, and co-design potential improvements to future experiences, through the application of the EBCD process.

3.4.2 Research Objectives

- Capture and explore the student experience of a BSc Pre-registration (Adult) nursing course in one Northwest university
- Identify touchpoints (direct points of interaction on/with the course) experienced by student participants across the three-year BSc Pre-registration (Adult) nursing course
- Devise a student journey map through the three-year BSc Pre-registration (Adult) nursing course incorporating the touchpoints
- Explore and clarify previously identified touchpoints and map emotional highs and lows along the student journey through the nursing course
- Explore student emotional touchpoints from the key stakeholder perspective
- Conduct an Experience Based Co-design event with students and key stakeholders
- Produce recommendations and priorities for improving the student experience

3.4.3 Ethical considerations

As participants for the study would be recruited from students currently undertaking the Pre-registration (Adult) nursing course, and key stakeholders in the course, particular care was taken to negotiate research governance and ethics. All ethics documentation was completed and submitted to the University Ethics Committee for Science, Technology, Engineering, Medicine and Health (STEMH). As the current study involved interviewing students whilst they were enrolled on the nursing course key ethical considerations included issues of informed consent, confidentiality and anonymity, potential risk to participants, and perceived coercion and power differential between student and researcher. Any research involving

human respondents invariably raises ethical issues requiring the researcher to strike a balance between the needs of the researcher in the pursuit of truth, and the rights of the participants (Cohen et al., 2011). This is particularly the case when lecturers, involve their students as participants in their research studies as was the case in the current study. This dual role of teacher/researcher is referred to as double agency (Edwards & Chalmers, 2002), which Nutt and Bell (2002) believe can result in divided loyalties and conflicts of interest within the student/lecturer relationship, particularly in instances where the researcher potentially has direct teaching responsibilities for those same students they are recruiting from. Double agency can lead students to perceive a power differential (unequal relationship) resulting in some students feeling under pressure to participate in a study.

To avoid students feeling obligated, or under pressure, to take part in the study participants were recruited only from modules on which the researcher had no direct teaching, supervision or assessment responsibilities during the period of the study. At the time of the study the university employed a system of anonymous marking which ensures there was anonymity within the student assessment process. In addition, group assignment support had replaced individual supervision for all students on the BSc Pre-registration (Adult) nursing course, however at the point of recruitment potential participants were advised they could opt to request a different module supervisor (via the module leader) if they found themselves allocated to the researcher's supervision group in future modules. When recruiting key stakeholders for the emotional touchpoint mapping and Co-design event an agent or third party was used to recruit potential candidates and avoid potential coercion, as some of these key stakeholders were peers, managers and team members.

Additional ethical concerns related to informed consent, confidentiality and anonymity of participants, and the risks involved in participating in the study. Students were reassured, via the Participant Information Sheet (PIS) and consent form, that there was no risk to future grades or their place on the course based on anything they disclosed during the semi-structured interviews or emotional touchpoint mapping event. Furthermore, non-participation was an option at any stage in the process, and refusal to participate would not result in discrimination or negative consequences in relation to their position or grades on the course. Written consent and verbal consent was sought from the student participants prior to the semi-structured interviews, emotional touchpoint mapping and Co-design events, to give participants the option to withdraw if they no longer wanted to take part in the study, as Webster et al. (2013) acknowledge, consent should be a process and not a single event.

A final ethical consideration related to the use of 'trigger films' during the Co-design events. Within some EBCD studies initial participant interviews are recorded and edited to produce short clips that act as triggers for discussion during emotional touchpoint mapping and Co-design events. Filmed patient narratives have frequently been used to trigger discussion in Co-design events (Adams et al., 2014). However, for this study filming student interviews was carefully considered in relation to ethical issues and possible future repercussions on study participants. Filming student interviews and using the film clips in emotional touchpoint mapping and Co-design events, can result in 'deductive disclosure' as it risks participants being recognised by current peers and academics responsible for the teaching and assessment of student participants. Notably, many previous EBCD research was conducted with participants at the end of their patient journey who reflected on their past experiences. By contrast, student participants within this study were reflecting on both past and current experiences as they were still at various points of their journey through the pre-registration nursing course. Therefore, the use of 'trigger films' had the potential to negatively influence student participants future experiences of the course if their narratives were based on events that had involved a key stakeholder recruited to the Co-design event. To avoid exposing participants to any future ramification of taking part in the study and protect their interests' steps were taken to retain anonymity and confidentiality. Thus, the semi-structured interviews and emotional touchpoint mapping events were audio recorded on handheld portable recording devices following consent being given. Once the audio interviews were transcribed verbatim quotes from the interviews related to each touchpoint were pre-affixed to a student journey map depicting touchpoints across the three-year nursing course. In the absence of trigger films, these pre-affixed verbatim comments served as prompts, provoking discussion and reflection on personal experience of the touchpoints.

Arguably some authors view 'trigger films' as critical for generating discussion, however many other EBCD studies have also chosen not to film study participant interviews due to time and resource issues (Donetto et al., 2014) or in response to staff reluctance and patient nervousness (Cooper et al., 2016). Although the decision not to use trigger films is not in keeping with most EBCD studies a review by Donetto et al (2014) of 57 EBCD studies conducted internationally revealed only 53% used trigger films, whilst 49% audio recorded their patient interviews. As researchers have a great responsibility to act in the best interest of their study participants both during and after study completion the decision not to film interviews felt like the right decision.

3.4.4 Equipment and facilities

All semi-structured student interviews, the emotional touchpoint mapping events and Co-design events were conducted on-site at the university where the study was being conducted, in available private meeting/classrooms, away from researchers own office. They were arranged at a mutually convenient time and scheduled for when student participants were on site where possible to avoid students incurring extra travel time and costs whilst participating in the study. As discussed above within the EBDC approach filmed narratives from participant interviews have frequently been used to trigger discussion in the Co-design events (Adams, et al., 2014). Within this study film recording was not conducted during the interviews, emotional touchpoint mapping events or the Co-design event to retain participants anonymity and confidentiality, as filmed interviews potentially make individuals identifiable by current peers and academics responsible for the teaching and assessment of student participants. Instead, the semi-structured interviews and emotional touchpoint mapping events were audio recorded on handheld portable recording devices following consent being given. Other equipment utilised during the emotional touchpoint mapping events included sticky notes, bubble graphics and a map of the student nurses' journey through their three-year course developed following the semi-structured interviews. Refreshments were also provided at the emotional touchpoint mapping events and Co-design event, funded by the lead researcher as some students and key stakeholders attended these events during lunch breaks (in between scheduled classroom sessions).

3.4.5 Confidentiality and storage of data

Unique participant codes were allocated to all transcribed data, to retain anonymity and protect confidentiality. Transcription was conducted by the researcher and all transcribed data was stored electronically on a password protected database in accordance with the Data Protection Act (DPA) (1998), the UCLan Data Protection Policy (UCLan, 2015) and the General Data Protection Regulation (Information Commissioner's Office (ICO), 2018). This data will be kept for 5 years from the end of the study in accordance with the University's policy on Academic Integrity, after which it will be deleted and destroyed. The consent forms, sticky notes, bubble graphics and map of the student nurses' journey are stored in a secure "locked filing cabinet", in a locked office, on-site at the University where the study was conducted in accordance with university policy (UCLan, 2015). Data from the audio digital recordings was transferred to a university secured computer and stored within password-protected files, and the data then deleted from the hand-held audio digital recorders. The audio digital recordings were retained on a university secured computer and stored within password-protected files, these will also be stored electronically for 5 years following

completion of the study in accordance with the UCLan Data Protection Policy (2015) after which it will be deleted and destroyed.

3.5 Stage 2 - Engaging students and gathering experiences

Engaging students with the research study involved a series of briefing and recruitment events. Student participants were drawn from cohorts across all three years of the course and were enrolled as undergraduate Pre-registration (Adult) nurses at the time of the study. Recruitment took place over three years between January 2017 and January 2020. Students were recruited from six separate cohorts of students to include participants from different points of the course: September 2014, September 2015, September 2016, September 2017, September 2018 and March 2015. There were no respondents from two cohorts: March 2014 and March 2016. Reasons for this are unclear. However, the March 2014 cohort was a much smaller intake of only 64 students compared to the student numbers in the September cohorts (up to 480 students). In addition, March 2014 cohort were on their final placement from December 2017 until the beginning of March 2017, before the finish of their course, with study days each Friday of placement (mostly off campus), therefore many of them may have been feeling the pressure of completing the course.

Briefing and recruitment took place at the beginning of scheduled whole group taught sessions (key lectures) to capture whole cohorts. Taught sessions where 10 minutes could be spared to discuss the study without negatively affecting student learning were identified and used. An agent, or third party, not involved with the study delivered each briefing. The briefing consisted of an introduction to the study and study aims, why the students had been approached and invited to participate in the study, and what would happen if they agreed to take part in this study. A Participant Information Sheet (PIS) and expression of interest form (See Appendix 7) was left with the students at each briefing event with the intention of giving students time to read the information provided and make an informed decision about their willingness to participate. Crucially, during briefing students were advised that non-participation was an option at any stage in the process without consequences and would not affect their place on the course or impact any future marks or assessments. Students were also advised that any data gathered during the semi-structured interviews and emotional touchpoint mapping would be anonymised at the time of transcription, thus if they chose to withdraw from the study after the data collection and transcription their data may still have been used as part of the study. In addition, flyers were placed around the university during the second data collection phase for the emotional touchpoint mapping event to capture the interest of those students who may have missed the briefing sessions (See Appendix 8 -

Study flyer for student participants). Data collection for the study took place over four phases using a combination of data collection methods including semi-structured interviews, emotional touchpoint mapping events and Co-design events (See Figure 4 – Data collection phases).

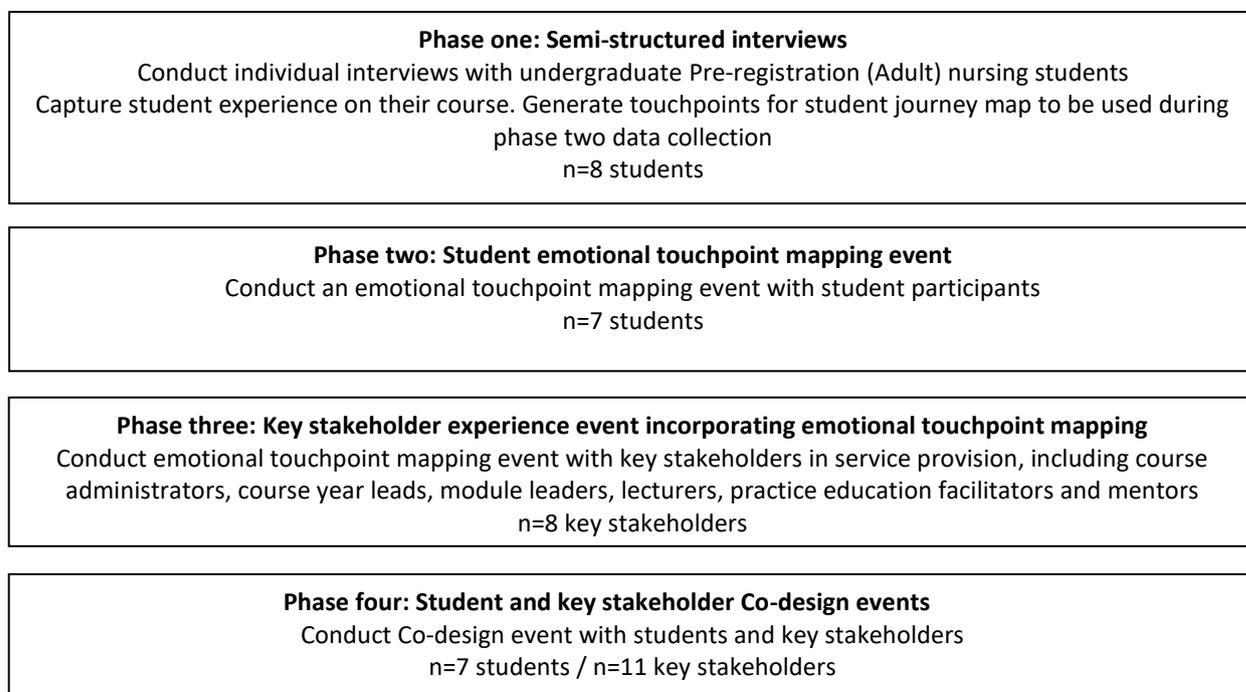


Figure 4 - Data collection phases

3.5.1 Sampling strategy, student demographics

Within the current study purposive sampling, a purposeful non-random strategy undertaken when researchers intentionally choose cases or participants' according to specific characteristics, criteria or features was used, (Polit & Beck, 2009; Silverman, 2010; Davis et al., 2013). Purposive sampling can be used when there is a need to access people who have in-depth knowledge about specific issues or phenomena, therefore within the current study those perceived as having in-depth knowledge about their experiences on the adult field of the pre-registration nursing course are undergraduate student nurses currently enrolled on the course and key stakeholders who manage and deliver the programme. Within phase one, two and four of the data collection process the target population for the purposive sample was student participants enrolled at different stages of progression across the three years of the BSc Pre-registration (Adult) nursing course who volunteered to take part in the study. Although female students still represent the majority population, Pre-registration nurses are a diverse non-homogenous group which includes a growing number of Black, Asian and

Minority Ethnic (BAME) and male students (NMC, 2015). In addition, mature students, defined as those aged over 21, represent 67% of the total adult field of the nursing course at the university currently under study (Smith, 2015). Although maximum variation sampling (a type of purposive sampling) of the respondent sample was not intentionally employed the student participant sample table below indicates a variety of participants in terms of age, gender, ethnicity and year of study were recruited for this study (See Table 4 - Participant sample). Similarly, an inclusion/exclusion criterion was applied to students recruited for the study (See Table 3 - Student participant inclusion/exclusion criteria). Student participant demographics from the semi-structured interviews, student emotional touchpoint mapping and Co-design event are summarised in table 5 and figure 5 in relation to cohort, year of study, age, gender and ethnicity (See Table 5 – Student participant demographics and Figure 5 - Representation of respondents). In total 22 student participants were recruited to the study. To maintain their anonymity throughout this thesis participants are identified by a unique participant code for example, SP01 for student participant 1.

Inclusion criteria	Participants enrolled as a student on the undergraduate Pre-registration (Adult) nursing course within the university where the study was being conducted
Exclusion criteria	Students who have transferred to the Adult field of the Pre-registration nursing course from another field of the Pre-registration course (i.e. Child / Mental Health fields)
	Students who have transferred to the Adult field of the Pre-registration nursing course from another university's Pre-registration nursing course
	Students currently undertaking the MSc route of the Pre-registration nursing course

Table 3 - Student participant inclusion/exclusion criteria

Data Collection	Study Participant Total	Maximum Variation		Total
<p style="text-align: center;">Phase one Semi-structured interviews</p>	N=8 students	Gender	Male	N=1
			Female	N=7
		Ethnicity	BAME	N=1
			White	N=7
		Age	18 - 21	N=1
			> 21	N=7
		Year of study	Year one	N=3
			Year two	N=2
			Year three	N=3
<p style="text-align: center;">Phase two Student emotional touchpoint mapping event</p>	N=7 students	Gender	Male	N=0
			Female	N=7
		Ethnicity	BAME	N=1
			White	N=6
		Age	18 - 21	N=0
			> 21	N=7
		Year of study	Year one	N=1
			Year two	N=0
			Year three	N=6
<p style="text-align: center;">Phase three Key stakeholder emotional touchpoint mapping event</p>	N=8 key stakeholders	N/A	N/A	N/A
<p style="text-align: center;">Phase four Student and key stakeholder Co-design events</p>	N=7 students	Gender	Male	N=2
			Female	N=5
		Ethnicity	BAME	N=1
			White	N=6
		Age	18 - 21	N=0
			> 21	N=7
		Year of study	Year one	N=4
			Year two	N=4
	Year three		N=4	
N=11 key stakeholders	N/A	N/A	N/A	

Table 4 - Participant sample

Id - Code	Year of study	Gender	Event
01	Year 2	Female	Semi-structured Interview
02	Year 1	Female	Semi-structured Interview
03	Year 1	Female	Semi-structured Interview
04	Year 1	Female	Semi-structured Interview
05	Year 3	Female	Semi-structured Interview
06	Year 2	Female	Semi-structured Interview
07	Year 3	Female	Semi-structured Interview
08	Year 3	Male	Semi-structured Interview
09	Year 3	Female	Emotional touchpoint mapping event
10	Year 3	Female	Emotional touchpoint mapping event
11	Year 3	Female	Emotional touchpoint mapping event
12	Year 3	Female	Emotional touchpoint mapping event
13	Year 3	Female	Emotional touchpoint mapping event
14	Year 3	Female	Emotional touchpoint mapping event
15	Year 1	Female	Emotional touchpoint mapping event
16	Year 3	Female	Co-Design event
17	Year 3	Female	Co-Design event
18	Year 3	Male	Co-Design event
19	Year 3	Female	Co-Design event
20	Year 3	Male	Co-Design event
21	Year 2	Female	Co-Design event
22	Year 2	Female	Co-Design event

Table 5 - Student participant demographics

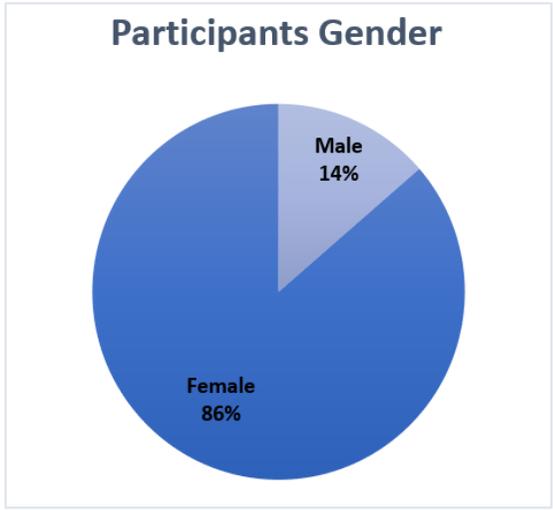
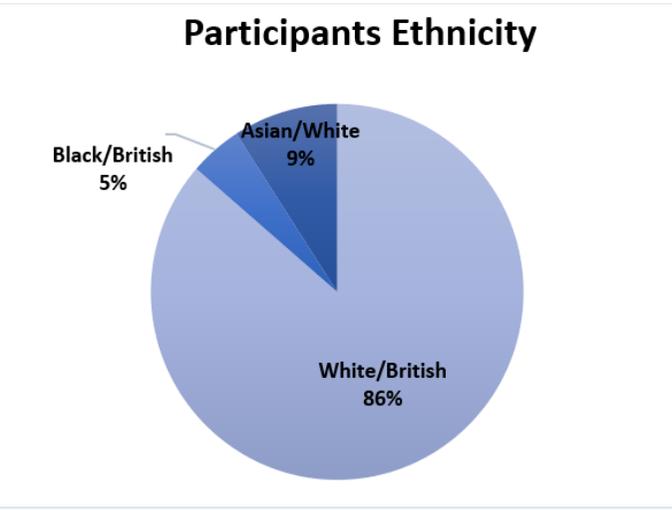
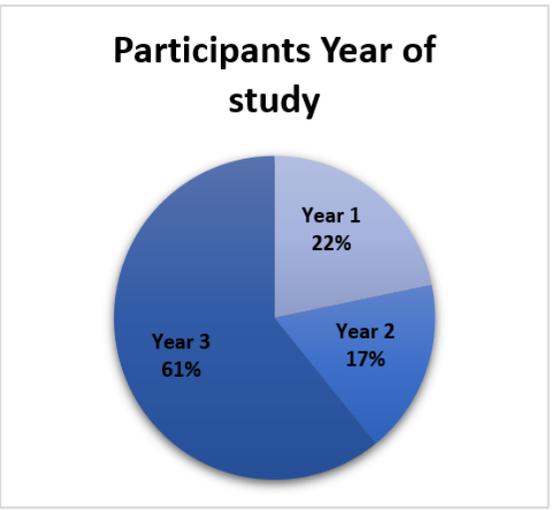
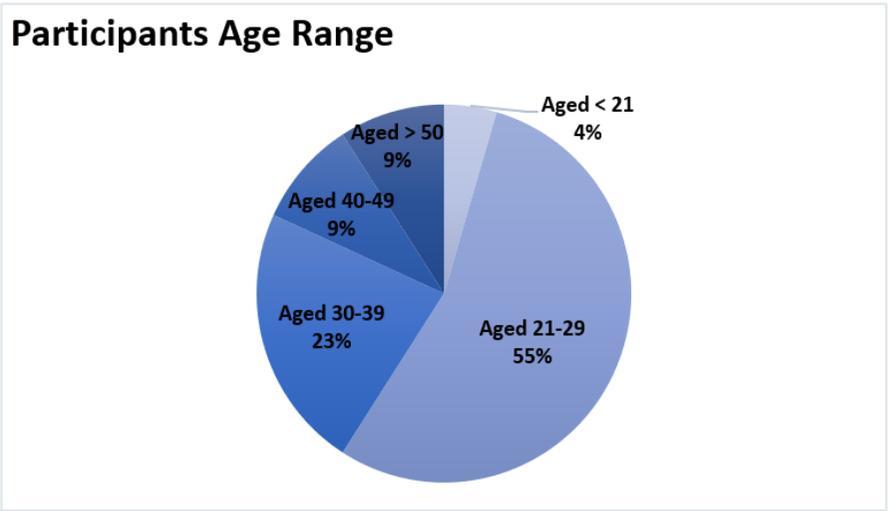
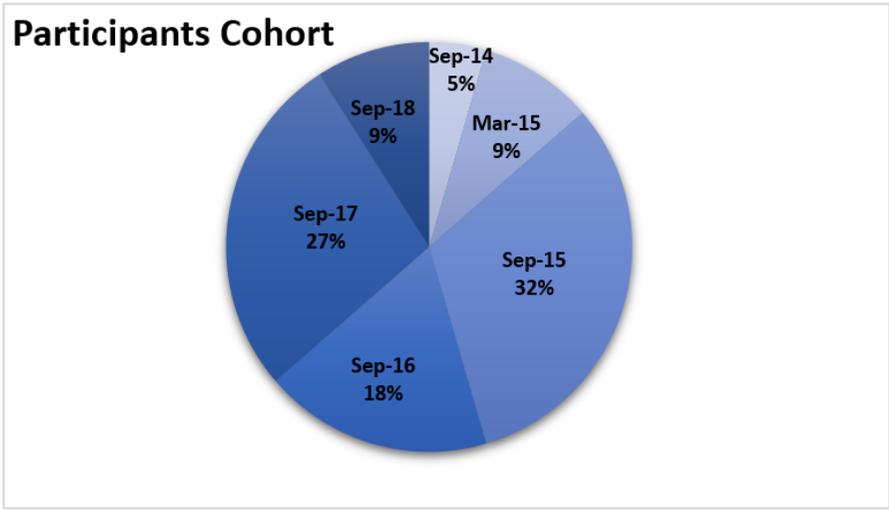


Figure 5 - Representation of respondents

3.5.2 Student participant semi-structured interviews

During phase one data collection individual semi-structured interviews with undergraduate Pre-registration (Adult) nursing students were conducted to capture stories, or accounts, of their experiences on their course and use their experiences to systematically identify touchpoints. Within EBCD these initial interviews enable the researcher to gain early insight into participants experiences of a service and the key touchpoints within that service (Bates & Robert, 2007b). Touchpoints identified from the semi-structured interviews were used to form an objective 'process map', known as a 'clinical care pathway' within healthcare projects (Bates & Robert, 2007b). For the current study this was a map of the student journey across the three-year course from pre-entry to qualification, charting specific points of contact between students and aspects of the course. It is these touchpoints that represent points of contact within the course and form the 'objective pathway' that are crucial to student's experience of that course, for example the first day of the course. The 'student journey map' was used during the student emotional touchpoint mapping event to enable participants' to determine which were particularly emotional touchpoints from their experience of the nursing course, alongside acting as a trigger for discussion in place of the trigger films.

Prior to each semi-structured interview students were reminded of the purpose of the study and that they could withdraw from the study at any time up to the anonymisation of data and asked to complete a consent form if they chose to take part in the research (See Appendix 9 - Student participant consent form for semi-structured interviews). All semi-structured interviews were conducted on-site at the university main campus at each participants' convenience and recorded using a handheld portable recording device with written consent from the participant. Interviews ranged from 24 minutes to 58 minutes in length, with most interviews lasting around 40 minutes. A standard one-page topic guide which had received ethics approval formed the bases of each interview (See Appendix 10 - Semi-structured interview topic guide). However, participants were encouraged to discuss their own personal experiences even when that meant deviating from the topic guide. Once transcribed by the researcher all semi-structured interviews were analysed using Braun and Clarke (2006) 'Six phases of thematic analysis' for touchpoints with the course (See Section 3.8 Data analysis).

3.5.3 Student participant emotional touchpoint mapping event

The objective of the emotional touchpoint mapping event was to capture student participant's emotional highs and lows along their journey through the nursing course. During an emotional touchpoint mapping event participants are asked to map their emotions as they relate to the touchpoints most poignant to them on the student journey map produced from the previous

semi-structured interviews (Bates & Robert, 2007b). The process began with participants being reminded of the purpose of the study and that they could withdraw from the study at any time up to the anonymisation of data. They were then asked to complete a consent form if they still wished to take part in the research (See Appendix 11 - Student participant consent form for emotional touchpoint mapping event). After this student participants began exploring the student journey map containing touchpoints generated from the semi-structured student interviews. Participants were then asked to add their own experiences and comments to the journey map in the form of post-it note comments and stickers, with a specific focus on describing their feelings and emotions as they linked to the touchpoints that most related to them. 'Emotional mapping' is a significant process in EBCD as this transforms an 'objective pathway' into a 'subjective experience map' with these "emotionally charged touchpoints" providing an informed vantage point into the bigger picture of a service users whole experience and how the different processes fit together to form the whole (Bates & Robert, 2007a, p.53). Notably it is the positive and negative subjective experiences described by students that adds meaning to the student journey. Using verbatim quotes from student participants in the current study figure 6 demonstrates how the subjective experiences of some students relate to specific touchpoints early in the BSc Pre-registration (Adult) nursing course (See Figure 6 - Example of a subjective experience map).

During the emotional touchpoint mapping event an audio recorded group interview, similar to a focus group, took place with all student participants once emotional mapping was completed. The objective of the audio recorded interview was to gain an in-depth understanding of some of the stories and experiences identified on the post-it notes and explore participants thoughts and feelings whilst conducting the emotional mapping of the touchpoints. The audio recording was then transcribed and analysed for core themes and subthemes using the Braun and Clarke (2006) 'Six phases of thematic analysis framework'.

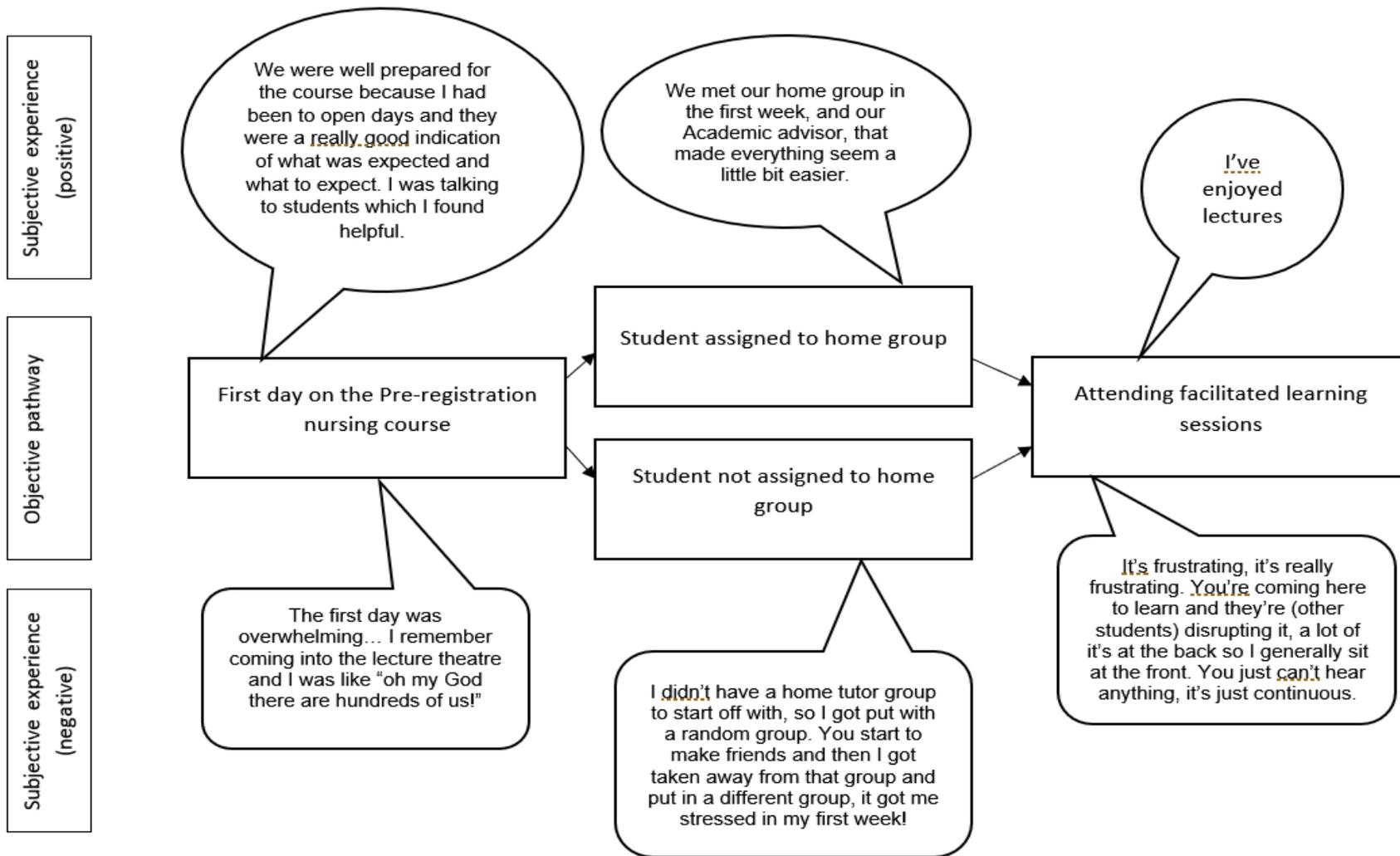


Figure 6 - Example of a subjective experience map

3.6 Stage 3 - Engaging Key stakeholders and gathering experiences

Within this study key stakeholders are considered as 'knowledgeable people' in relation to the provision of the course, i.e. the education providers. During phase three data collection purposive sampling was utilised to recruit key stakeholders based on their key role in relation to the BSc Pre-registration (Adult) nursing course. Thus, specifically identified course administrators, the course leader, each year leader, module leaders, lecturers and senior lecturers who teach an assess on the programme, work-based learning facilitators, nurse educators and clinical placement co-ordinators were emailed information about the study, the study aims, why they had been approached and invited to participate in the study, and what would happen if they agreed to take part in this study. A Participant Information Sheet (PIS) and consent form (See Appendix 12 - Key stakeholder Participant Information Sheet (PIS) and consent form for emotional touchpoint mapping event) was included in the email to give them time to carefully read the information provided and make an informed decision about their willingness to participate in the study. In total 16 key stakeholders were recruited to the study, eight for the key stakeholder touchpoint mapping event and 11 for the Co-design event. Notably, three key stakeholders attend both the touchpoint mapping event and the Co-design event. To maintain their anonymity throughout this thesis key stakeholder participants are identified by a unique participant code for example, KS01 for Key stakeholder 1 (See Table 6 - Key stakeholder demographics from emotional touchpoint mapping event and Co-design event). The three key stakeholders who attend both events were allocated a sperate code for each event, again to retain a level of anonymity, resulting in 19 key stakeholder id codes overall.

3.6.1 Key stakeholder emotional touchpoint mapping event

The objective of the key stakeholder emotional touchpoint mapping event was to establish their thoughts and feelings in relation to the student participants experience of various touchpoints with the nursing course. After exploring the student journey map key stakeholders were encouraged to add their own comments, feelings and emotions in the form of post-it notes. This was followed by an audio recorded group interview similar to the focus group that took place during the student emotional touchpoint mapping event. The objective of the audio recorded interview was to enable the researcher to explore some of the key stakeholders post-it notes comments in more depth. Subsequent to the event the audio recorded interview was transcribed and analysed for core themes and subthemes using the Braun and Clarke (2006) Six phases of thematic analysis framework.

3.6.2 Key stakeholder demographics

Id - Code	Designation	Event
KS01	Work-based learning lead	Emotional touchpoint mapping event
KS02	Principal lecturer	Emotional touchpoint mapping event
KS03	Pre-registration nursing course administrator	Emotional touchpoint mapping event
KS04	Pre-registration nursing course Year lead	Emotional touchpoint mapping event
KS05	Nurse Educator	Emotional touchpoint mapping event
KS06	Lecturer/Module leader	Emotional touchpoint mapping event
KS07	Lecturer/Academic advisor	Emotional touchpoint mapping event
KS08	Senior lecturer/Academic advisor	Emotional touchpoint mapping event
KS09	Senior lecturer/Academic advisor	Co-design event
KS10	Senior lecturer/Module leader	Co-Design event
KS11	Senior lecturer/Course leader	Co-design event
KS12	Lecturer/Module leader	Co-design event
KS13	Lecturer/Academic advisor	Co-design event
KS14	Nurse Educator	Co-design event
KS15	Pre-registration nursing course Year lead	Co-design event
KS16	Pre-registration nursing Course leader	Co-design event
KS17	Pre-registration nursing Admissions tutor/Senior lecturer	Co-design event
KS18	Lecturer/Module leader	Co-design event
KS19	Lecturer/Academic advisor	Co-design event

Table 6 - Key stakeholder demographics from emotional touchpoint mapping event and Co-design event

3.7 Stage 4 - The Student and Key stakeholder Co-design event

The overall objective of the Experience Based Co-design event was for students and key stakeholders to set mutually agreed priorities for co-designing and implementing course improvements to future educational provision. Fundamentally, the co-design process within EBCD requires staff and service users to meet, reflect on their experience of a service (whether receiving or providing that service) (Bate & Robert, 2006) and through collaboration identify improvement priorities, then devise and implement changes to that service (Donetto et al., 2014). Co-design events deliberately engage service users and service providers in dialogue. This enables both groups to share and understand each other's perspectives (Boyd et al., 2012). Within this study the co-design process involved students working alongside course leaders, module leaders, lecturers, senior lecturers and practice educators (key stakeholders) to identify priority areas of the BSc Pre-registration (Adult) nursing course for co-design and improvement, and together devise plans for implementing those changes.

Two Co-design events were held on site at the University's main campus. The first Co-design event recruited seven students and seven key stakeholders, however on the day of the event only the key stakeholders attended. Four students emailed their apologies and one student 'mixed up the days' and missed the event. Therefore, the first event went ahead with just key stakeholders and a second event was organised for a few weeks later with both student and key stakeholder participants. For the second Co-design event seven more students were recruited and attended the event alongside four different key stakeholders. In total 11 participants attended the second Co-design event. Consent was gained from both student and key stakeholder participants, including consent to photograph the event (See Appendix 13 - Student and key stakeholder participant consent form for Co-design event). Although the intention was to hold one joint Co-design event with both students and key stakeholders, a review of previous EBCD studies by Donetto et al. (2014) reveals a more usual approach is to hold a separate user/staff event followed by a joint event. Therefore, the process described above was deemed not to have a detrimental effect on the overall results of this study.

The format of the Co-design event was based around the 'double diamond design model' (British Design Council, 2005) selected because participants work through a process of exploring issues more widely (divergent thinking) before conducting a more defined focused exploration of the issues (convergent thinking). The Double Diamond framework is a useful Co-design tool and can be specifically tailored to different user groups (West et al., 2017). The double diamond model is divided into four stages; discover, define, develop and deliver (Huq & Gilbert, 2017). The discovery stage of the Co-design event involved all participants

exploring the student journey map and sharing their own thoughts and feelings around the comments and touchpoints (See Figure 7 and 8 - Co-design event discovery stage, image 1 and 2).



Figure 7 - Co-design event discovery stage, image 1

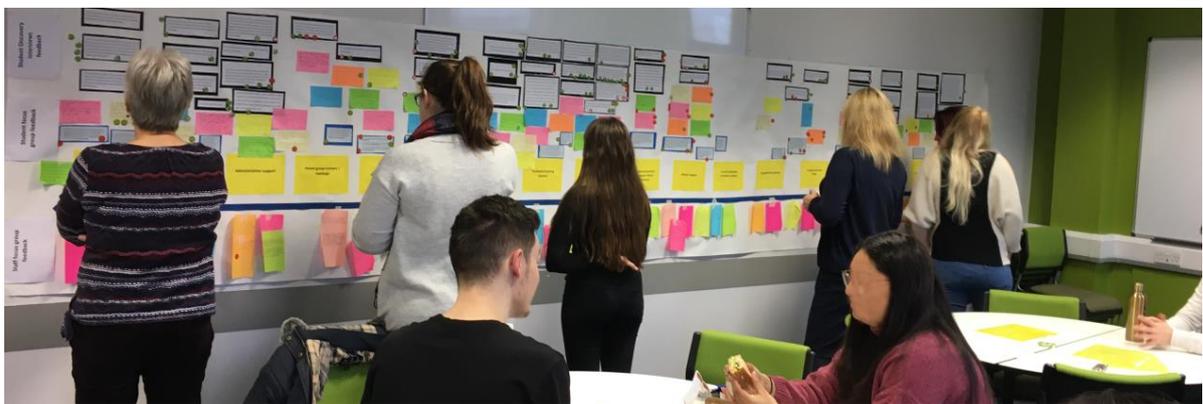


Figure 8 - Co-design event discovery stage, image 2

3.8 Stage 5 - Small co-design working groups

In stage 5 of the EBCD process a summary of the core themes in the form of (defined) problem statements that emerged from the emotional touchpoint mapping events were explored in small co-design working groups using the 'KJ brainstorming technique' (See Appendix 14 - Problem statements tabulated from student and key stakeholder emotional

touchpoint mapping events). The KJ brainstorming technique is a group consensus approach to prioritising problems and solutions (Spool, 2004) originating from the early work of Japanese anthropologists Jiro Kawakita in the 1950s (Hunt et al., 2016a) (See Table 7 - KJ brainstorming technique adapted for Co-design event). Using the KJ brainstorming technique each small co-design working group developed possible solutions at a wider level before collaborating as a group to agree priority improvements to the future delivery of the nursing course (See Figure 9 - Small co-design working groups recording and sharing ideas and solutions, Figure 10 - Grouping or clustering ideas and solutions). The priority improvements from the Co-design events are discussed in chapter 8 of this thesis.

Steps in the process	KJ method	Application to Co-design event
Step 1	Recording ideas	Student and key stakeholder participants were divided into small working groups of 3-4 participants. After reading an allocated problem statement each individual silently writes down ideas/solutions to the stated problems on separate post-it notes
Step 2	Sharing ideas	Individuals within each working group takes turns to share all their ideas whilst others within the group listen. Those listening can develop their ideas or add new ideas if inspired to do so.
Step 3	Grouping or Clustering	Working together participants group similar ideas or concepts together. Each group of concepts/ideas is named with a single word or short phrase that best captures the core concept underlying the ideas in that group.
Step 4	Voting	The participants then vote on which solutions matter most. Each person gets a set number of votes (or “dots”) that they can place on the solutions they want most prioritised. The solutions that get the most dots represent the priorities for action

Table 7 - KJ brainstorming technique adapted for Co-design event



Figure 9 - Small co-design working groups recording and sharing ideas and solutions



Figure 10 - Grouping or Clustering ideas and solutions

A traditional approach to conducting Co-design events within EBCD is to have a joint Co-design event (stage 4) where staff and service users reflect on and share their experiences, followed by the small Co-design working groups (stage 5) where small groups work redesigning services to address the agreed priorities (Fylan et al., 2021). However, a variety of approaches has been noted in several EBCD studies (Donetto et al., 2014). Previous adaptations to the EBCD approach include holding one joint co-design event with no follow-up co-design meetings to shorten the co-design process (Donetto et al., 2014). Instead, those projects placed a stronger emphasis on journey mapping and identifying priorities together (Donetto, 2015). For this study, the decision was taken to conduct stage 4 (the student and key stakeholder Co-design event) and stage 5 (the small co-design working groups) simultaneously as part of the one event. Reasons for this included the time and logistics of arranging several smaller co-design events for students and staff who may have had concerns about the demand on their time. A further reason was to ensure the momentum gained during stage 4, the sharing of experience and identifying priorities for change, was continued into stage 5 (working on solutions), as appeared to be this case in this study.

3.9 Data analysis

The purpose of qualitative data analysis is to understand and make sense of the data in a way that enables meaningful interpretation that will ultimately represent the data (Creswell, 2009). Data analysis is the active and generative process of “deep and prolonged data immersion, thoughtfulness and reflection” (Braun & Clarke, 2019, p.591). Both narrative analysis and thematic analysis methods were reviewed for analysing the data in this study. Narratives in the form of stories and storytelling, have developed as a key method of

capturing touchpoints within EBCD (Locock et al., 2014), suggesting narrative analysis may have been an appropriate approach for analysing the data in the current study.

Several narrative approaches were explored including structural narrative analysis, dialogic narrative analysis and thematic narrative analysis (Riessman, 2008). Dialogic narrative analysis focuses on context, social/cultural settings and interactions (Riessman, 2008), it considers how the story connects people and centres on the relationship between a story, storyteller and listener (Frank, 2010). Whereas structural narrative analysis as the name suggests focuses on how a narrative is structured or put together. In other words, how the story is told, and the way language is used to tell the story holds more significance than the story being told (Frank, 2012). The Labovian model is a frequently used structural narrative analysis approach (Labov & Waletzky, 1967) within many social research studies. Labov and Waletzky (1967) present a framework for both identifying and analysing narratives that include orientation (the characters, time, place, and initial behaviour), complication (the action), evaluation (the point of the story), resolution (result of the action), and coda (ends the story for the listener and returns them to the current moment). In other words, what is the story about, who was involved, where and when did it take place, what happened and why is it important? Notably, fully formed stories contain all the above elements (Hyvarinen, 2008). Labov's model is described as 'event-centred' in that it expresses narrative in terms of its representation of events (Patterson, 2013). A central element of the current study is its use of EBCD with a focus on touchpoints, with many of these touchpoints likely to be presented as unfolding 'events' during the semi-structured interviews and emotional touchpoint mapping events, making this a fitting method for analysing the data generated. Similarly, dialogical narrative analysis gives a voice to the student participants in the current study as individual storytellers, suggesting dialogic narrative analysis as a potential approach to data analysis.

However, after careful review both a dialogical narrative analysis and structural narrative analysis were disregarded for use in this study. Dialogic analysis was eliminated as it gives prominence to the standpoint of the storyteller (Frank, 2012). However, as EBCD is a collaborative approach many other interacting stories and voices from key stakeholders such as mentors, lecturers, administrative staff etc. need to be included in the analysis. Structural narrative analysis was rejected as it can be 'narrowly structuralist' (Holstein & Gubrium, 2012), thus the focus of structural analysis becomes how the story is told (structured), the language used, and the sequence of events rather than the story being told. Riessman (2008, p.77) sees this as a shift in focus from the "narrators experience to the narrative itself". Furthermore, Labov (1997) views true narrative as having a well-formed beginning, middle,

and end. Therefore, within a strictly Labovian analysis, allowance is not made for any partially constructed account of personal experience (Patterson, 2013). Instead, each story must be considered as a whole rather than fragments of stories, which can result in relatively few participants stories being used in the research (Frank, 2012). Whilst transcribing the semi-structured interviews and emotional touchpoint mapping events for the current study it became clear that many of the students and key stakeholder stories were not discrete events or fully formed narratives, based on Labov's classification of a narrative. Therefore, thematic analysis was explored as an alternative approach to structural and dialogic narrative analysis for analysing the data gathered in this study.

Interestingly, although Bate and Robert (2007b) used narrative interviews as part of their data collection in their original EBCD study, they identified thematic analysis as their method to analysing the transcribed data rather than narrative analysis. Furthermore, a review of 11 EBCD studies dated from 2006 and published in national or international journals indicate there is no consensus around a data analysis approach within EBCD. Although all studies identified EBCD as their methodological approach, six studies did not state their process for data analysis including the seminal work of Bates and Robert (See Bate & Robert, 2006; Bate & Robert, 2007b; Pickles et al., 2008; Dewar et al., 2010; Leeman & Wardekker, 2011; Carr et al., 2011). One study described their analysis involving two researchers comparing and contrasting touchpoints (Tsianakas et al., 2012a). A further study used statistical analysis to test a co-design technique aimed at optimizing psychosocial recovery outcomes in those affected by mental illness (Palmer et al., 2015). Only three articles identified a specific qualitative data analysis approach to their study, and in all three cases this was thematic analysis (See Tsianakas et al., 2012b; Locock et al., 2014; Tollyfield, 2014). Based on the review of narrative analysis methods described above, and the exploration of prior EBCD research which predominantly signifies the use of 'thematic analysis' within their studies, a thematic analysis approach was chosen for analysing the data in this study as described in the following section.

3.9.1 Thematic analysis

Thematic analysis is a process for discovering patterns within qualitative research data by analysing, organizing, describing, and reporting those patterns as themes (Braun & Clarke, 2006). Thematic analysis is one of the most frequently used forms of data analysis in qualitative research (Guest et al., 2012). Although the intention of a thematic analysis is to identify themes or patterns in data sets, a good thematic analysis should also interpret and make sense of those themes rather than simply summarising the data (Maguire & Delahunt,

2017). Thus, thematic analysis is most suitable for research studies that seek to discover through interpretation (Alhojailan, 2012) such as in the current EBCD study. Although a significant amount of data analysis within qualitative research is essentially thematic, Braun and Clarke (2006, p.79) argue thematic analysis as an analysis method is “poorly branded”, often given a different identity such as content or discourse analysis and rarely receiving the recognition it deserves. Several reasons for this abound, firstly there is insufficient literature outlining the process for thematic analysis, and therefore no clear agreement about how to use this method to conduct a rigorous and relevant analysis (Nowell et al., 2017). Secondly, thematic analysis is portrayed as one of the easiest research tools to use, and therefore too simple to produce high quality data analysis (Vaismoradi et al., 2013). As such it is the most recommended approach for researchers at the beginning of their research careers (Vaismoradi et al., 2013). Furthermore, some research students are advised thematic analysis “is not sophisticated enough for a doctoral project” (Braun & Clarke, 2014, p.1). Vaismoradi et al. (2013) disagree, believing the use of thematic analysis does not necessarily produce simple or low-quality findings (Vaismoradi et al., 2013). Braun and Clarke (2014) go on to defend the use of thematic analysis as a robust method for coding datasets, and for identifying patterns across qualitative data, even suggesting it should be the first qualitative analysis method researchers learn to use, as it develops core skills that lay the foundation for conducting many other kinds of research analysis.

Clarke and Braun (2013, p.2) identify thematic analysis as an “analytic method, rather than a methodology”. Maguire and Delahunt (2017) believe this makes thematic analysis a more flexible approach for analysing data as it is not tied to any particular theoretical perspective or epistemological. Instead, it is possible to apply thematic analysis to a wide range of theoretical frameworks or qualitative approaches (Clarke & Braun, 2013), such as EBCD. Many authors use thematic analysis as a tool for analysing data within other qualitative methods, although Nowell et al. (2017) consider thematic analysis as a method in its own right. Thematic analysis provides a well-structured approach for examining different research participant perspectives, highlighting similarities and differences, and generating unanticipated insights (King, 2004). Braun and Clarke (2006) identify two approaches to thematic analysis: deductive (or theoretical) thematic analysis and inductive thematic analysis. Researchers who use theoretical thematic analysis examine data via the lens of pre-existing theoretical frameworks whereas an inductive approach is data-driven and reflexive (Braun & Clarke, 2006). Cited over 73,000 times Braun & Clarke (2006) present a sophisticated and systematic step-by-step approach to using thematic analysis that has been widely adopted by many subsequent qualitative research studies (See Figure 11 - Braun and

Clarke (2006) Six phases of thematic analysis). Though this six-phase model is presented as consecutive steps, a researcher will find themselves reflectively and iteratively moving back and forth between each phase as their analysis develops (Nowell et al., 2017). For the current study an inductive approach using Braun and Clarke (2006) six phases of thematic analysis was utilised for analysing the research data.

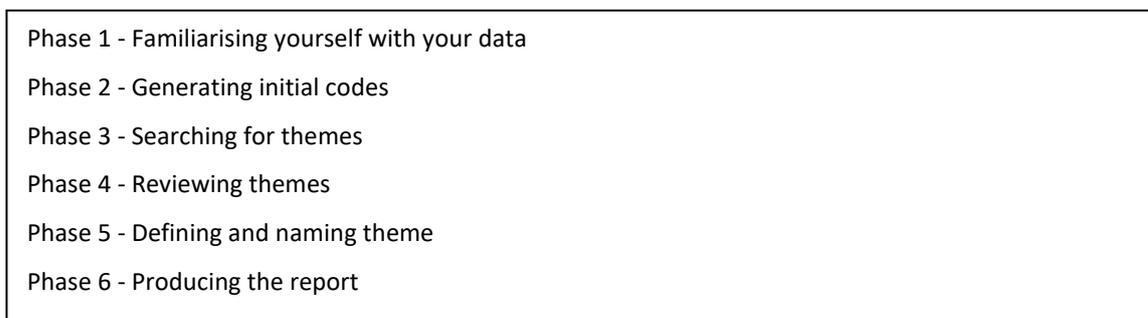


Figure 11 - Braun and Clarke (2006) Six phases of thematic analysis

The first phase requires researchers to familiarise themselves with their data through a process of listening to audio data and reading datasets until they become so immersed they “learn the content of the dataset inside out” (Clark & Braun, 2014, p.2). During this phase researchers must start identifying interesting features, and possible patterns relevant to the research question (Braun & Clarke, 2006). Within the current study the researcher became familiar with the data by personally transcribing all the semi-structured interviews, the emotional touchpoint mapping events (students and key stakeholders), and the final experienced based Co-design events. During transcription the researcher was able to listen to the audio recordings and read/re-read transcripts for accuracy, thus becoming fully immersed in the data. During phase two of Braun and Clarke’s (2006) six phase model the researcher becomes familiarised with the data and begins to generate initial codes. A code is simply a way of labelling data. Any interesting feature of the data can be identified as a code (Braun & Clarke, 2006), but the real purpose of coding within thematic analysis lays in its ability to form connections, or patterns, across the data (Alhojailan, 2012). In this way coding data becomes a systematic process during which specific statements, or data sets, begin to form categorized themes (Creswell, 2014). Some initial codes form main themes, whilst some codes form subthemes (Braun & Clarke, 2006). Vaismoradi et al. (2013) describes subthemes as sharing the central idea of a theme but with more detailed focus on one prominent aspect of that theme. Searching for themes (phase 3) and reviewing themes (Phase 4) requires a researcher to understand what constitutes a theme as opposed to a code.

A theme organizes codes into unified groups of ideas with shared attributes, common points of reference and generalisability (Vaismoradi et al., 2013). A theme should “capture the key idea about the data”, or “something important”, as it relates to the research question (Braun & Clarke, 2006, p.82), and contain repeating ideas (Vaismoradi et al., 2013). Thus, within this phase analysis shifts to a much wider focus than the coded statements (Clark & Braun, 2014). Themes should link to form a consistent picture, or explanatory model, that relates to the overall study question (Bazeley, 2009). Furthermore, themes do not simply ‘emerge’ from data and are not waiting to be discovered, instead the process of identifying themes is an active one (Braun & Clark, 2006), requiring the researcher to be consistent and transparent throughout the whole process (Jugder, 2016). Themes can be analysed at two levels, a semantic or latent level. A semantic approach uses the direct statements, or words, of participants to formulate themes, or what Braun and Clarke (2006, p.84) describe as “the explicit or surface meaning of the data”. Thus, semantic content relates to the literal meaning of data and description of the patterns forming. Whereas a latent approach goes beyond the obvious surface meaning, and instead begins to “examine the underlying ideas, assumptions, conceptualisations and ideologies that are shaping or informing the semantic content of the data” (Braun & Clarke, 2006, p.84), or hidden meaning. Javadi and Zarea (2016) describe this as a more analytical approach than a semantic method, requiring a researcher to move from description to interpretation of the patterns forming, and discussion on how findings fit with a wider meaning or frameworks. Thematic analyses tend to draw on both a semantic and latent approach to identifying themes, as the manifest content of semantic coding signpost a researcher to a more latent level of meaning (Joffe, 2012).

Within the current study initial codes formed semantic themes generated from the first eight semi-structured interviews, based on instances where study participants described an experience or emotional touchpoint on pre-registration nursing course. These themes, and verbatim quotes from the interview transcripts, were used to create a visual map of the course with initial touchpoints identified across that map (See Appendix 15 - Map of the student journey through the course). This map was mounted on the wall during the emotional touchpoint mapping event to enable different study participants to generate discussion, review the initial themes, explore and develop possible new codes and themes in accordance with phase 4 of Braun and Clarke (2006) model. Once the emotional touchpoint mapping events were transcribed, thematic analysis was undertaken with more focus on the latent content (See Appendix 16 - Example thematic analysis from student emotional touchpoint mapping event). Defining and naming themes (Phase 5) is a process of continuing data

analysis in order to refine each theme, generate detailed definitions and theme names as they relate to the overall story of the data analysis (Braun & Clarke, 2006). Clark and Braun (2014, p.3) describe this phase as where “the most substantive, interpretive analytic work is done”, with detailed and complex definitions of each theme being produced, and Braun and Clarke (2006, p.92) believe this where a researcher identifies “the essence of what each theme is about”. Following this phase a researcher will begin selecting data extracts (verbatim quotes) and narratives to be used in the overall analysis and final report (Phase 6).

Computer Assisted/Aided Qualitative Data Analysis (CAQDAS), in other words the utilisation of computer software to assist with qualitative research analysis was used during the analysis phases of this study. Bold (2012) notes that “software packages do not do the analysis”, instead the benefit for the researcher is that they assist with the practicalities of sorting and classifying data. NVivo was specifically chosen as this was both the software the researcher had access to and had extensive training in the use of prior to analysing any data.

3.9.2 Trustworthiness

The validity and reliability of a research method can be determined by the level it “measures what it sets out to measure” (Parahoo, 2014, p.38). The strength of a research studies data is defined by its reliability and validity (Lewis & Ritchie, 2003). However, concepts of rigor, validity and reliability are often shunned in qualitative research due to their long association with empirical research (Polit & Beck, 2009). Consequently, qualitative research such as the current study tend to favour a “parallel perspective” related to a study’s “trustworthiness” (Polit & Beck, 2009, p.490). Lincoln and Guba (1985) first posited the idea of trustworthiness to parallel quantitative criteria for ensuring scientific rigour. The criterion for trustworthiness is framed by credibility, transferability, dependability and confirmability (Guba, 1990).

Credibility relates to a study’s internal validity (Lincoln & Guba, 1986) or the extent of the relationships between different factors established in a study. Lincoln and Guba (1986) suggest credibility can be establish in a study through prolonged researcher engagement in the field of study, persistent observation of the concept under study, triangulation or cross-checking of the data, peer debriefing, negative case analysis and member checks. As evident from the current study prolonged engagement and persistent observation with the participants under study occurred over the researchers 20-year experience teaching and supporting students and key stakeholders on the pre-registration nursing course as a Senior lecturer, module leader, cohort lead and Academic advisor. Triangulation and member checks occurred through the application of a variety of data collection methods and the

process of emotional touchpoint mapping and co-design where study participants themselves identified the experiences that best reflected their own on the student journey map, and collaboratively decided the themes and concepts that would form the priority recommendations for course improvement alongside the key stakeholders. Debriefing took place during monthly meetings with a PhD supervisory team who were experienced researchers with many years' experience in nurse education.

Dependability relates to the reliability of the study findings (Lincoln & Guba, 1986). The monthly supervision meetings and ensuing 'record of supervisory meeting notes' provided an audit trail of the research process employed and offered an opportunity to ensure dependability of the study results. Pandey and Patnaik (2014) perceive the feedback from researchers external to a study as invaluable for critiquing decisions made during the research process. Furthermore, clearly outlining the stages of the EBCD process adapted for use in the current study enables the reader to appraise dependability of this study. A measurable and transparent audit trail of the data analysis process (as indicated in section 3.8 Data analysis) facilitates confirmability of study results by exposing the level of objectivity achieved during the process (Lincoln & Guba, 1986).

Transferability of a study's findings is perceived as analogous to generalisability (Polit & Beck, 2009), assessed by the reader of that research and determined by the "thick description of the situation studied" (Guba, 1990, p.113). Within the current study detailed descriptions of the semi-structured interviews, emotional touchpoint mapping events and Co-design events alongside the rich data collated on the student journey map and presented in the finding's chapters enable the reader to judge the features of this study that hold application for both similar student populations on pre-registration nursing courses as well as the general student population.

3.10 Challenges to using Experience Based Co-design

EBCD has been successfully established as an effective process for improving patient experience in a health care setting, however this was the first study documented to use elements of EBCD exclusively in a university setting with student and staff participants. Although the use of aspects of EBCD contributed to the uniqueness of the current study, it also posed several challenges. Firstly, there were no comparative studies exploring the student experience across the whole undergraduate course using EBCD in the nursing or general student population. Similarly, there were no published studies examining touchpoints along the student journey through the course. This initially made the literature review difficult

for this thesis, therefore a broader systematic search using the search terms 'Pre-registration undergraduate student nurse experience' was applied to situate the current study. The lack of prior research studies using an EBCD approach in a university setting with undergraduate nursing students offered no opportunity to ensure methodological congruence with similar research studies. Consequently, the current study begins the process of filling the gap in the literature for research focused on touchpoints within pre-registration nursing course, and the applied use of elements of EBCD within HEI settings.

Adopting elements of an EBCD approach as part of a PhD generated practical challenges with managing a realistic timeline and conducting co-design. Previous EBCD projects in the NHS tended to have a short timeline with most projects completed in under 18 months (Donetto et al., 2014; Locock et al., 2014). Unlike those EBCD projects that map a few hours, a few days, a few weeks or even months of a patient's journey through the health care system the current study explored the student journey across the entire three-year course. As a result, the whole project took over six-years to complete and generated a multitude of touchpoints along that three-year journey. Consequently, the longitudinal timeline impacted the timing of the data collection phases. Therefore, the semi-structured interviews conducted as part of phase 1 data collection began in January 2017, phase 2 and phase 3 data collection (emotional touchpoint mapping events) took place from November 2017 completing in May 2019. In total data collection took over three-years, this meant when the Co-design event was conducted in January 2020 all but one of the student participants who had contributed to phase 1 and phase 2 data collection had graduated from the course and were unable to take part in the Co-design event. Other EBCD studies based in the NHS have reported similar problems that resulted in three EBCD studies utilizing staff members only to work on service improvements, and one study excluding the Co-design event entirely from their project (Donetto et al., 2014).

3.11 Conclusion

This chapter has explored the research paradigm underpinning the current study. EBCD was introduced as the methodological approach for conducting the study using qualitative methods. Through application of Crotty's (1998) 'four elements' the study was positioned within an interpretivist theoretical perspective shaped by a constructionist epistemology. This meant participants subjective lived experience was the focus for data collection using qualitative techniques including semi-structured interviews and emotional touchpoint mapping events, and data was analysed through an interpretivist lens using a thematic

analysis approach. Therefore, by understanding students' subjective experiences of the BSc Pre-registration (Adult) nursing course, the mechanisms that generate those experiences could potentially be re-designed to improve future student experiences.

CHAPTER FOUR

PRESENTATION OF FINDINGS FROM SEMI-STRUCTURED STUDENT INTERVIEWS

'We always live at the time we live and not at some other time, and only by extracting at each present time the full meaning of each present experience are we prepared for doing the same thing in the future' (Dewey, 1938/2015, p.49)

4.1 Introduction

The following chapter presents the findings of the semi-structured student interviews from phase one data collection of this study (See Figure 4 - Data collection phases). Core themes and subthemes that emerged from the student participant semi-structured interviews are presented alongside touchpoints. Three core themes, and eleven subthemes make up the Pre-registration students experience. The three core themes include 'navigating the academic journey', 'the clinical practice learning experience' and the 'emergent networks of support'. Overall, 18 touchpoints were generated and formulate a student journey map used as the focus of the student and key stakeholder emotional touchpoint mapping events in phase two and three data collection for this study (See Figure 13 - Overview of core themes, subtheme and touchpoints from semi-structured interview). Touchpoints are organised in chronological order to form the student journey map through the course and are colour coordinated to the core theme each touchpoint emerged from (See Figure 14 - Touchpoints on the nursing students' journey through the course). Although some touchpoints occur several times across the course for instance 'Module assessments' and 'Module Assessment Group Support', these are plotted only once on the student journey map. Decisions about the sequential order of the touchpoints was determined by when students were most likely to have contact with the service on the course, for instance students are most likely to have contact with 'Administrative support' during the application process before going onto their 'First clinical practice placement'.

Throughout this chapter touchpoints are signposted using an arrow text box and a hand symbol representing a participant coming into direct contact with the nursing course where subjective experience was potentially shaped, for example during the course enquiry, interview and selection process (See Figure 12 - Example Touchpoint).

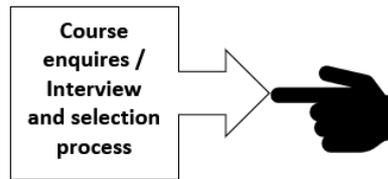


Figure 12 - Example Touchpoint

Core themes and subthemes are supported by verbatim quotes from participants' transcripts to evidence links between the raw data and its interpretation using the 'Long data excerpts approach'.

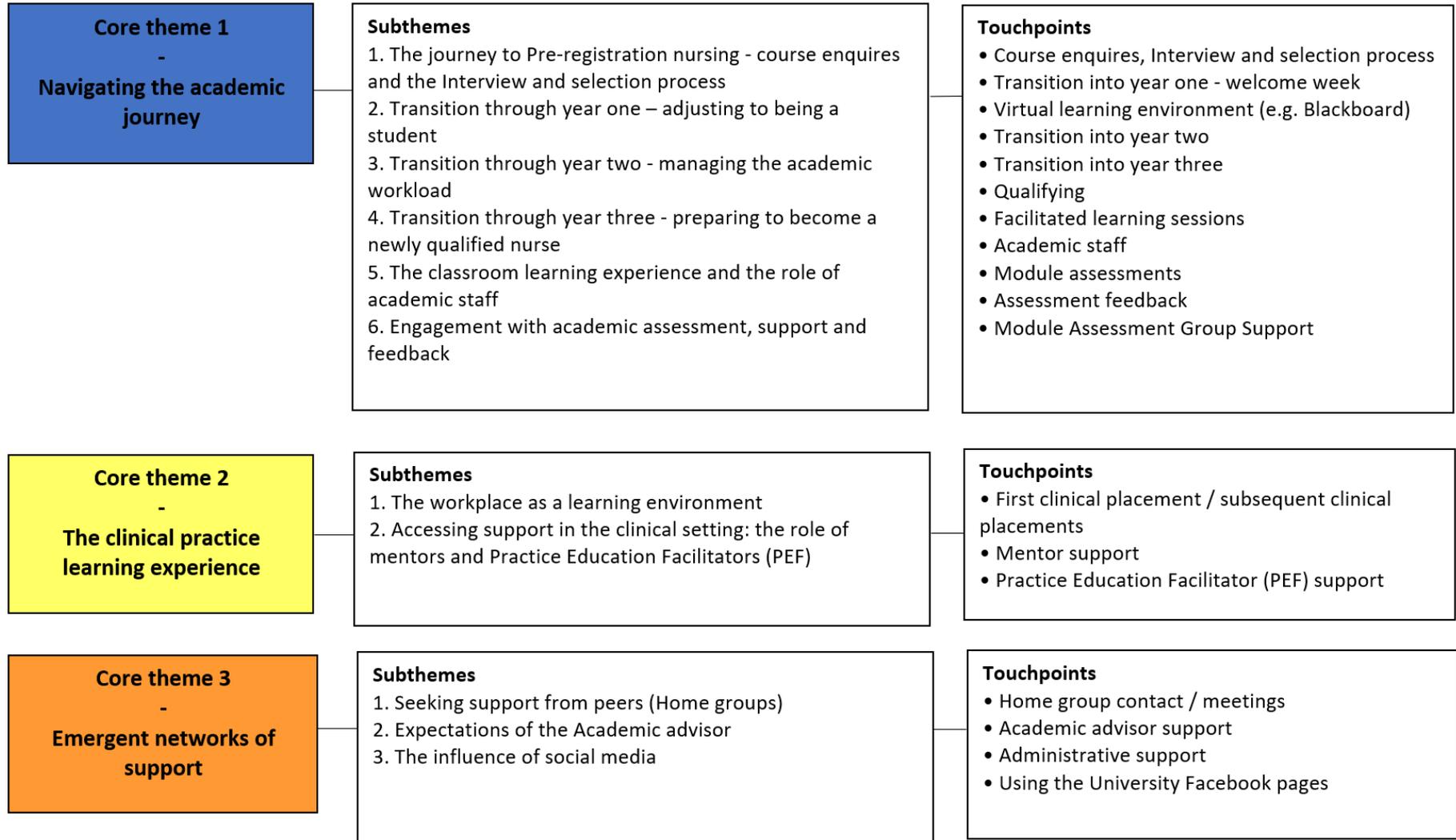


Figure 13 - Overview of core themes, subtheme and touchpoints from semi-structured interview

Student journey through the Pre-registration nursing course	Pre-entry	Enrolment	Pre-registration Nursing course year-one			Pre-registration Nursing course year-two	Pre-registration Nursing course year-three	Graduation
								
Touchpoint	<div data-bbox="271 608 439 839" style="border: 1px solid black; padding: 5px;">Course enquiries, interview and selection process</div>	<div data-bbox="472 608 689 695" style="border: 1px solid black; padding: 5px;">Administrative support</div> <div data-bbox="472 751 674 927" style="border: 1px solid black; padding: 5px;">Using the University Facebook pages</div>	<div data-bbox="714 608 999 735" style="border: 1px solid black; padding: 5px;">Transition into year-one / Welcome week</div> <div data-bbox="714 751 976 847" style="border: 1px solid black; padding: 5px;">Facilitated learning sessions</div> <div data-bbox="714 863 1003 983" style="border: 1px solid black; padding: 5px;">First clinical placement / subsequent clinical placements</div> <div data-bbox="714 999 999 1118" style="border: 1px solid black; padding: 5px;">Module Assessment Group Support (MAGS)</div>	<div data-bbox="1023 608 1256 711" style="border: 1px solid black; padding: 5px;">Home group contact/meetings</div> <div data-bbox="1023 751 1211 855" style="border: 1px solid black; padding: 5px;">Academic staff</div> <div data-bbox="1023 871 1272 1007" style="border: 1px solid black; padding: 5px;">Practice education facilitator support (PEF)</div> <div data-bbox="1023 1023 1256 1118" style="border: 1px solid black; padding: 5px;">Module assessments</div>	<div data-bbox="1279 608 1473 727" style="border: 1px solid black; padding: 5px;">Academic advisor support</div> <div data-bbox="1263 751 1473 855" style="border: 1px solid black; padding: 5px;">Virtual learning environment</div> <div data-bbox="1279 871 1473 967" style="border: 1px solid black; padding: 5px;">Mentor support</div> <div data-bbox="1279 1023 1473 1118" style="border: 1px solid black; padding: 5px;">Assessment feedback</div>	<div data-bbox="1518 608 1704 727" style="border: 1px solid black; padding: 5px;">Transition into year-two</div>	<div data-bbox="1733 608 1928 719" style="border: 1px solid black; padding: 5px;">Transition into year-three</div>	<div data-bbox="1973 608 2145 679" style="border: 1px solid black; padding: 5px;">Qualifying</div>



Figure 14 - Touchpoints on the nursing students' journey through the course

4.2 Navigating the academic journey

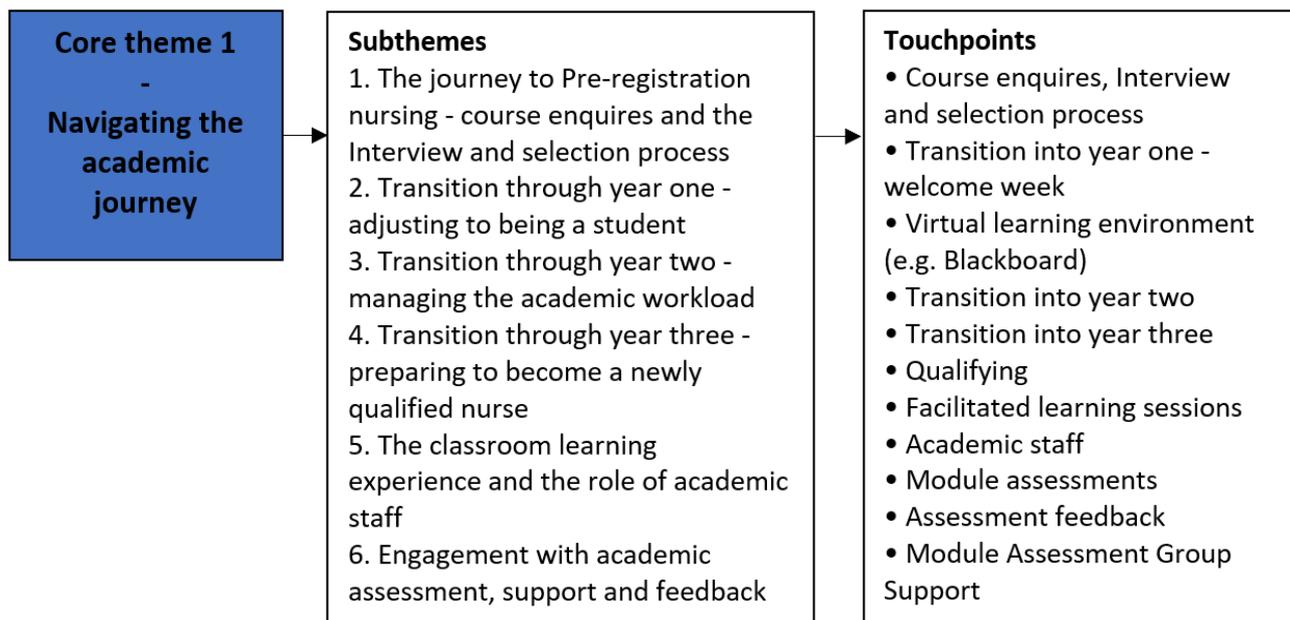


Figure 15 - Core theme 1 'Navigating the academic journey'

Within the data participants experience of academic study is portrayed as a journey incorporating key milestones and pivotal moments that both shape the journey and students' experience of that journey. The participants journey incorporates several sequential transitional junctures such as moving from year one to year two or transitioning from the academic environment to the clinical practice placement environment. Participants responses during the semi-structured interviews indicate the core theme 'navigating the academic journey' is influenced by six subthemes including 'the journey to Pre-registration nursing - course enquires and the Interview and selection process', 'transition through year one – adjusting to being a student', 'transition through year two - managing the academic workload', 'transition through year three - preparing to become a newly qualified nurse', the 'The classroom learning experience and the role of academic staff' and 'engagement with academic assessment and support'.

4.2.1 The journey to Pre-registration nursing - Course enquires and the Interview and selection process

University open days and personal recommendation from previous students were two influential factors for some participants choosing to study on the BSc Pre-registration (Adult) nursing course. Two participants found meeting and discussing the course with current nursing students' useful preparation for the course. Students currently studying on the course

were perceived as reliable sources of information and most likely to convey an open and honest portrayal of their experience of the course:

We were well prepared for the course because I had been to open days and they were a really good indication of what was expected and what to expect. I was talking to students which I found helpful. You were getting their perspective on things not just staff members, because students are going to tell you how it is aren't they? They're not going to sugar-coat it, so that was really helpful. And I still came (SP06)

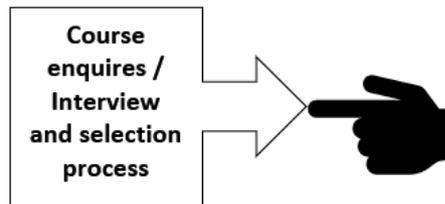
Some students value help with the process of applying for the course challenging, particularly when it came to establishing the qualifications necessary for the nursing course. For one participant the first point of contact with the university was through the university website, where she struggled with unfamiliar terms and confusing jargon such as 'credits', suggesting the institution's website may not be user-friendly for all potential candidates. Being able to speak directly to Course Enquiries about applying for the nursing course offered some relief and reassurance. Despite the move towards an automated and technology-driven service the excerpt below suggests accessing an individual who could clarify and simplify information was clearly more conducive to meeting the needs of some students:

I didn't have a clue what to do. When I'd gone onto the website they were saying about credits and I had no idea what credits were! I rang the university Course Enquiries and they were really helpful. They told me what I needed to do and told me how to go about it, so I quickly rang my local College and asked to do my Functional Skills Level 2, and everything took off from there (SP05)

Unlike some HEI courses all Pre-registration nursing students must first undergo an interview and pass the selection process before enrolling on the course. At the time of this study the interview and selection process involved a 20-minute numeracy test requiring a 70% pass rate, a 20-minute written test involving a short essay, a group debate based on provocative images or statements provided by the interviewer, and a one-to-one interview with an academic member of staff. Mixed feelings were evident about the interview and selection approach with participants describing the process as 'scary', 'intense' and 'nerve wracking'. Waiting for the results of the interview was just as difficult for one participant:

It was very scary in the interview because it's so nerve-wracking... then it was just a waiting game. That was the hardest thing as it's quite a long waiting game, about eight or nine weeks which seems a really long time (SP05)

The data above suggests the interview and selection process evokes emotions of anxiety and fear, thus 'Course Enquiries' and 'Interview and selection' were identified as the first touchpoint on the student journey map for this study (See Figure 14 - Touchpoints on the nursing students' journey through the course).



Following application, interview and enrolment on the course participants then begin the transition through year-one, year two and year three of the course.

4.2.2 Transition through year one - Adjusting to being a student

Although the student journey through the course spans three years it incorporates several distinct stages of transition including the move from year-one to year two, and year two to year three. The first day of welcome week emerged as a significant emotional experience for all participants, with many students in this study stating they found it 'scary', 'exciting', 'busy', 'hectic', 'chaotic' and 'overwhelming'. During welcome week students have their first opportunity to meet some key stakeholders in the course such as Course leader, Year lead, Module leaders, Home group leaders (also known as Academic advisors) and Practice Education Facilitators (PEF). Welcome week is when first impressions of the nursing course are formed. Some study participants had felt overwhelmed by the large number of students on the course:

The first day was overwhelming...I just didn't expect that many people to be in one year on one course you know (SP07)

The first day it's very scary, exciting but scary at the same time, because it's a huge new experience. It was good after the first 10 minutes of pure fear, wondering if I'd done the right thing giving up a full-time job. That's a big worry for a lot of us (SP05)

During welcome week key information about the course is relayed to all students who are together for the first time as a cohort. For some students there was too much information given during welcome week making it difficult to distinguish essential information from the interesting but non-essential information:

I knew it would be a big week, loads of information, loads of it that is and isn't relevant, but it has to be said, so it's like you have to come because if you didn't come you gonna miss the stuff that you need (SP03)

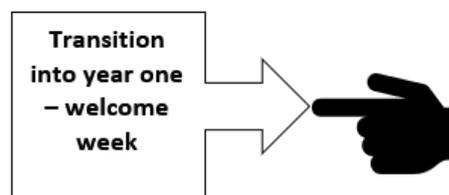
The transition into higher education was likened to stepping into a different world by some students. Adjusting to this new world was considered one of the most difficult aspects of the course by one participant who felt like more support during this period of transition should have been available, although the form of extra support was not specified:

I felt like there was a lack of support in some areas. Like if I didn't understand something you couldn't really contact somebody, you were a bit out on a limb really. I know its independent learning but especially when coming into university err it's a big step, a different world and I just didn't feel like there was necessary support. The first year was the hardest... the adjustments! (SP01)

The comment above related to feeling 'out on a limb' suggest some students can feel isolated during the initial transition into higher education. Although students are introduced to their course leader, Academic advisor and module supervisors early in the course some students struggled with remembering useful points of contact and support in this first year. Some of the earliest memories of the course for several students related to it being chaotic and stressful. For one participant who had not been allocated a permanent Home group those feelings were exacerbated. Home groups are field specific small groups of 25 students who share an Academic advisor as their Home group leader for the 3-year duration of the nursing course. The narrative below suggests Home groups can perform the function of facilitating early friendships on the course, with some of these friendships forming useful support networks as the course progresses:

Welcome week was quite chaotic because I didn't have a home tutor group to start off with, I got put with a random group just so I had somewhere to go which didn't end up being my group. You start to make friends and then I got taken away from that group and put in a different group it got me stressed in my first week. But I'm lucky in that my Home group are a good group, we all do look out for each other and go to each other for help (SP06)

The relationship between students' transition into year-one of the nursing course and several significant emotions described by student participants in this study (*fear, scary, overwhelming, exciting*) suggests 'Transition into year one - welcome week' is a touchpoint to be incorporated on the student journey map (See Figure 14 - Touchpoints on the nursing students' journey through the course).



As previously noted, many participants have been surprised by the large class sizes on the nursing course. From the beginning of the Pre-registration nursing course, and throughout year one, all three fields of nursing (Adult, Child and Mental Health) learn together in large group lectures incorporating the whole cohort, and in smaller Home groups with numbers up to 25 students, for group work sessions, MAGS and practical clinical skills sessions. For most

of the welcome week all three cohorts are taught together with numbers between 300 and 500 students in one large lecture theatre depending on the cohort. For some participants the unexpectedly large numbers of students on the nursing course was a shock and appeared to contribute to them feeling overwhelmed:

It's quite overwhelming at first how many people are actually in your year (SP06)

My first degree was very, very different to this degree. What stood out on the course is...it is HUGE! Yeah, the volume of students it's just like Whoa!!! I remember coming in the lecture theatre and I was like "oh my God there are hundreds of us!" (SP03)

The impact of such large student numbers on learning was a concern for SP03 who had learned some nursing skills in September (for example giving injections), but only started the clinical practice placement the following January. Current resources at the university include ten hi-specification clinical skills laboratories representing a realistic clinical environment where students can learn and develop their practical skills. SP03 was part of a large cohort of 460 students separated into 18 field-specific Home groups, scheduled at different points during semester one, two or three to attend clinical skills sessions in one of the skills laboratories. This had resulted in SP03's Home group having their clinical skills sessions four or five weeks earlier than other students in their cohort, and several months before starting their clinical practice placement. Consequently, SP03 worried about carrying out the clinical skills learned at the university on a real patient five months later:

We've too many on the course and that impacts on our learning. We've got 460! I had clinical skills sessions in September, but we don't go on placement until January, you've then not touched a needle since. It seems completely redundant to me to do it so far away from placement. You just forget everything. You might as well have not done it...if there were fewer students you could do those skills more frequently or closer to placement (SP03)

The extract above infers that fewer students on the nursing course could see more timely delivery of these important skills and enable consolidation of those skills if students given the opportunity to practice those skills more frequently. Balancing the academic demands of higher education, clinical practice and personal life was a challenge for some participants, particularly at the beginning of the course. This appeared to be more difficult for some of the mature students in this study including those who had studied a previous degree at higher education level as indicated in the narrative below:

I'm a mature student this time as well which is different, I was a freshman, school kid last time, so being older I feel it (SP03)

All but one participant (04) were mature students at the point of interview for this study. Mature students represent 67% of the total adult field of the nursing course where this study was conducted (Smith, 2015). Typically a mature demographic is most likely to have a family

and mortgage to manage whilst in full-time study and may not have been in full-time education for many years. For example, SP02 had not studied for 20 years before starting the pre-registration nursing course and SP05 had been '30 years out of education'. Being so long out of education meant some participants had to adapt different approaches to help them deal with the requirements of the course alongside their personal and family commitments such as being organised and well prepared to study:

I've got three children...my eldest son is in year six, so he needs support with his SATs, they (my family) need me as well. I come on public transport, so I use all that time. I've always got books with me that I'm reading and notetaking I use the time well, that's the thing that I've done, I don't waste the time that I've got free (SP02)

For one mature student choosing to study in later life was not perceived as a disadvantage. Instead, it was the additional and sometimes competing responsibilities associated with some mature students, such as having young children, that made it harder for them to study on the nursing course:

I have enjoyed it. It's worth it coming into later life and I think I'm lucky because the kids are grown up and not a worry. Some of the girls I feel so sorry for as they've got young kids and childcare issues and kids being-off school, they feel they are neglecting their kids. It must be so hard to fully concentrate, so hats off to them I think they are amazing (SP05)

Undertaking independent learning was a recurring theme for many student participants in this study, with several participants stating they had struggled with the self-directed study on the course. SP03 recounts frustration at not knowing how to do self-directed learning in her narrative below. Making the transition to a process of independent learning was difficult for some participants. Many student nurses had come from Further Education (F.E.) colleges, or other learning environments, which delivered highly structured courses, containing large amounts of taught contact time. For all higher education degree courses engaging in self-directed learning is a fundamental component of the programme, however the participants below perceive this as a neglected aspect of their experience, where there is little or no support. This appears to be in direct contrast to classroom learning on the course, where students are most likely to receive information, guidance and support:

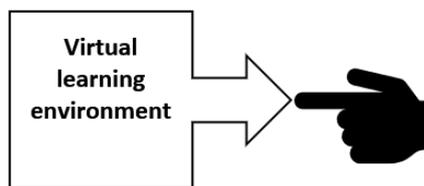
There is so much self-directed study, but if you don't know how to be doing that, that's a big thing! A lot of people don't know how to learn; I don't know how to learn! It lowers your confidence because I keep struggling with the same things because I don't know how to improve (SP03)

The use of a university supported virtual learning environment (VLE) platform, such as Blackboard Learn, is designed to help students with their independent learning through the provision of on-line learning resources, course/module materials and information, and self-selecting activities for students to work through. All modules on the nursing course have their

own Blackboard space where they must provide the minimum baseline content of module handbook, module descriptor, online reading list, lecture notes/slides, assessment submission portals for student feedback, and module leader contact details. However, study participants noted inconsistencies amongst modules with how sites were structured, and materials organised making it difficult for them to use Blackboard. Backing confidence with computer skills alongside the frequent Blackboard upgrades and changes, led to some students feeling confused, frustrated and sometimes overwhelmed:

It's quite difficult that not every lecturer uses it in the same way, and that different things are in different sections depending on which lecturer is using it! If you are not computer savvy it could be quite overwhelming (SP06)

Based on the narratives above the transition into year one of the nursing course was challenging and overwhelming at times. Participants seemed surprised by the amount of independent learning required for the course. Virtual learning environments such as Blackboard, was a point of contact with the University where participants were able to access resources to help with their independent learning. However, inconsistencies were noted by participants affecting their overall experience of using Blackboard. Therefore the 'Virtual learning environment', was identified as a touchpoint along the student journey (See Figure 14 - Touchpoints on the nursing students' journey through the course).



4.2.3 Transition through year two – Managing the academic workload

A fundamental transition point for many students was the move from year one to year two. The familiarity of year one was replaced by a period of flux where expectations tend to have been influenced by other students' experiences of year two. Subsequently, some participants described looking forward to their second year whilst other participants anticipated year two being much harder, or challenging, than year one. As previously noted, some participants had found the large class sizes a little overwhelming in year one. In year two the numbers were much smaller averaging 25 students; this was a welcome change for SP07 who viewed this as an opportunity to form better connections with students studying the same (adult) field of nursing:

Coming into the second year it made me feel quite good having a smaller group that you could get to know rather than trying to get to know masses of people (SP07)

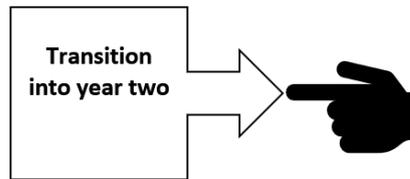
A perceived increased workload and increased academic level of study from level 4 to 5, resulted in some participants feeling overwhelmed during their transition into year two. Being pre-warned about the increased workload by other students and academic staff was a common theme amongst participants. However, for participants in this study this information created unnecessary anxiety and apprehension during the transition process. Four participants (01, 05, 06 and 07) used terms such as 'scared', 'afraid' and 'wary' of the increased academic expectations of year two students:

Everyone had warned me, they've all said the same, fellow nursing students that are in the year above me, everybody has said the second year is the hardest. You get through the first year and you feel like you're on top of the world, and then the second year knocks you back down because it is really hard (SP05)

Anxiety intensified for those students who had failed assessments in year one. Students often retake/resubmit failed assessments alongside subsequent module assessments, resulting in double the academic workload of successful students. The extra workload demands encountered after failing several assessments prompted one participant to consider leaving the course during in year two. SP01 describes being so focused on keeping-pace her studies that she felt encumbered by the extra workload failing previous assessments had resulted in. Reaching a halfway point on the course seemed a significant and potentially defining moment for SP01 and appears to have given her the impetus to continue with her studies as completing the course now appeared achievable:

In second year it was like 'I'm just going to walk away'. It wasn't until half way through the second year I could see the goal post, and that's why I'm still here...because the way I looked at it before was I've failed this, and I failed that and I've got to keep-up with this and do that, but once I got to this stage I've gone 'well I've got me OSCE and one more assignment to do and that's the end of me second year!' (SP01)

From the discussions above participants experienced feelings of both excitement and anxiety during their transition into year two. Anxiety was frequently fuelled by information shared by peers and academics. In addition, students who had struggled academically in year one were most likely to be overwhelmed by the requirements of year two. A sense of achievement created from passing assessments appeared motivating. Thus 'Transition into year two' emerged as a touchpoint on the student journey map (See Figure 14 - Touchpoints on the nursing students' journey through the course), for participants in this study.

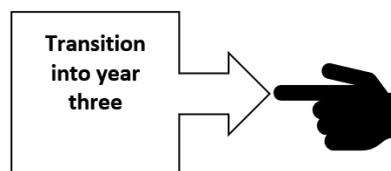


4.2.4 Transition through year three - Preparing to become a newly qualified nurse

At the time of their semi-structured interview's only three participants were in year three. SP05 was at the beginning of year three, both SP07 and SP08 were a few weeks from qualifying as registered nurses. Initial discussions suggest transition into year three caused less anxiety than the transition into year two, with most participants in year three describing their transition more positively than that of year two. Although participants acknowledged some modules in year three would be difficult as again there is an increased level of academic study from level 5 to 6, in contrast to their feelings about year two participants were looking forward to the year three:

It's exciting to think that I've done two years and I'm coming to the end because I know it goes really quickly. Everyone says, third year you blink and you miss it. I am looking forward to it, and looking forward to most of the modules, there is going to be some tough modules ...I think I am going to enjoy it (SP05)

As all students studying Pre-registration (Adult) nursing must complete year three before qualifying, and most participants described excitement about this transitional period, thus 'Transition into year three' was identified as a touchpoint on the student journey map (See Figure 14 - Touchpoints on the nursing students' journey through the course).



A fundamental part of students transitioning through year three, and the pinnacle of three years' work, is preparing for registering as a newly qualified nurse. Paradoxically this transition from student to registered nurse can feel double-edged, creating both positive and negative feelings in participants. According to SP05 academic staff had helped students prepare for what to expect as qualified nurses, this included portraying the positives and negatives of a newly registered nurse's role, such as how hard they would have to work. Such candour from academic staff potentially runs the risk of poor attrition, yet SP05 found this approach effective preparation for what was to come:

I feel prepared for qualification; the lecturers have made it clear that it is hard work at the end of it. It's not "you'll be qualified, and you'll get a bunch of keys and life is going to be brilliant". They are realistic and tell you how it is. They don't sugar coat things, it's very much "This is what it's all about" (SP05)

Although some participants described feeling prepared for qualification, others were concerned they might not be ready. They frequently described feeling nervous. Though most people typically experience nerves when starting any new job, the participant's nerves appear to relate directly to their sudden responsibility and accountability as qualified nurses. In particular SP08 felt nervous about being 'included in the numbers' and thus a fundamental part of the clinical team required to function at the level of a registered nurse, rather than in the supernumerary role student nurses had been used to:

It's like a seesaw of feeling nervous and excited at the same time. Being included in the numbers straight away always makes me feel nervous...I'm not 100% prepared for it (SP08)

Although nervous, participants recognised how nerves can be used positively to enhance vigilance and focus, ensuring they check and re-check they are undertaking tasks correctly. Functioning with raised anxiety levels can lead to chronic stress and burnout for nurses in the long-term, even having serious consequences on their health status (Jones et al., 2018). SP07 acknowledge raised anxiety levels but rationalises these fears as both natural and common place amongst newly qualified staff. Nevertheless, she still held deep-rooted angst about her impending future, perceiving a career in nursing as precarious. These fears seemed exacerbated by stories of nurses being '*struck-off*', in other words removed from the NMC nurses register and thus unable to practice as a registered nurse, for making a mistake whilst on duty. The context of these mistakes was akin to the environment and circumstances participants were likely to find themselves working in as qualified nurses:

You hear all the stories about people getting struck-off...you see someone that's given 22 years and then they have one bad night-shift where they didn't take blood pressures, they were short staff, they were tired, they'd worked too many hours, and they've been struck-off...your careers over! Being on a busy ward where you're trying to do your best, and you're asking for help and you're not getting it, that does scare me! (SP07)

Participants apprehension about their future as qualified nurses related to other people's expectations of them; their personal responsibility and accountability for patient care; lack of support from the organisation in relation to poor staffing levels and long working hours; and finding themselves in circumstances where their actions and decisions may be career ending, even though these circumstances may be beyond their control. SP07 appears to have experienced these concerns throughout the course:

I love nursing and I just think it's a brilliant career, but it does worry me just about the future and where it's going to go and whatever happens if that happens to me you know if I made a mistake, and then that's it...everything's gone! Having that constant worry throughout the course (SP07)

Student's anxieties about the transition from nursing student to qualified registered nurse is a concept known as 'transition shock' (Duchscher & Windey, 2018) and relates to the process of transitioning from a familiar comfortable role and adjusting to the realities of a new professional position. For some students' transition shock starts just after qualifying and commencing their new roles in clinical practice, however SP07 fears around qualifying started much earlier on the course. SP07 had found the prospect of being a qualified nurse so scary she had contemplated quitting the course with only a couple of months left on the programme to complete:

It's been a struggle for sure. There's been a few times where I've thought of quitting that's just honest. I still don't know if I want to be a nurse in terms of I love doing what I do but it's so scary (SP07)

SP07 reveals fear about making mistakes that inadvertently causes patients harm and puts her in danger of 'getting into trouble'. This fear may expose self-doubt about participants perceived competence, and ability to cope with the responsibilities. However, SP07 narrative poses several interesting questions such as 'what about my safety?', 'how can I protect myself?', 'how can I ensure I don't get into trouble?', suggesting these fears may derive from a perceived lack of wider protection or support in clinical practice, consequently SP07 feels she needs to find ways to protect herself but does not yet know how. Furthermore, the language SP07 and 08 use (*worry, scary, safety, protect myself, get myself into trouble, doing the right thing, horror stories, put under so much pressure, really tough*) suggests they perceive nursing as a dangerous job, with an element of risk attached to it:

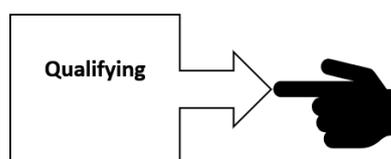
I feel like I'm just going into the unknown, but when it actually comes to me, my safety as a nurse, I suppose that's where I'm a little bit worried. As in how I protect myself as a nurse and ensure that I'm not going to get myself into trouble because I'm doing the right thing, I'm following the right course (of action) (SP 07)

It's like your safety nets completely gone! (SP08)

Participants who anticipate receiving good support in clinical practice when they first qualify seemed more optimistic about their future. Having clear support available to newly qualified staff was perceived as making the transition process smoother for student nurses:

If I do manage to get on the ward that I want to then at least I know I'll be alright because they are really good with the newly qualified and they still go through everything for weeks, so they are up to scratch with everything. That gives me a little more confidence (SP05)

Although participants in the sections above are discussing their anxieties around being a registered adult nurse and functioning in the role as a qualified member of staff, this study is focused on the whole Pre-registration nursing experience beginning with the journey to Pre-registration nursing to the point of qualification. Therefore 'Qualifying' was considered as the final touchpoint on the Pre-registration nursing students' journey (See Figure 14 - Touchpoints on the nursing students' journey through the course).



4.2.5 The classroom learning experience and the role of academic staff

The NMC standards require students on the Pre-registration nursing programme to complete a total of 4,600 hours of learning across three years, with 2300 of those hours (50%) completed in clinical practice placements and 2300 hours (50%) in theory. Much of that theory time incorporates facilitated learning in a classroom environment, whether those sessions are delivered as lectures, group work sessions, seminars, Home group meetings or clinical skills sessions. Findings in this study suggest participants valued the development of practical skills which helped them feel better prepared for the clinical practice placement environment. Several participants anticipated much more time spent learning practical skills in the clinical skills laboratories at the university with one participant inferring an element of prevarication by the university about the amount of clinical skills teaching included on the programme when advertising the course to potential students. SP05 believes the reason there are fewer than expected taught clinical skills sessions is because of lack of resources, specifically available skills laboratories. This has implications for future Pre-registration nurses who are required to pay course fees like other HEI students (as indicated in the background chapter of this study) and who may feel their experience should not be influenced by resourcing issues:

The skills labs get boasted about and promoted, and it's made out like we'll spend our lives in them, but we've had three maybe four sessions in them, so few! (SP03)

I think more Clinical Skills (but) I know it's not really do-able because you're limited to the amount of live skills labs (SP05)

Worry about making mistakes in clinical practice was a recurring pattern amongst participants. Unsurprisingly participants were most concerned about mistakes associated with greater severity of consequence. Therefore, to make an error in clinical practice can potentially have far reaching outcomes for patients, colleagues and themselves. This could

explain why participants valued clinical skills sessions as they offer the security of a safety net, where students could learn and practice their nursing skills without repercussions. Having a 'dry run' in a classroom setting helped participants gain confidence, particularly when given constructive formative feedback on their performance. If students made mistakes they had the opportunity to learn from those experiences, without risk to patients, colleagues or themselves:

It's nice to have the hands-on experience before you go into placement, and to have like lecturers being able to say to you "this is what you're doing wrong, but you don't have to worry because..." (SP04)

Three participants within this study had no previous nursing care experience but noted a presumption by some academic staff delivering taught sessions that all students have some prior knowledge, or experience, of nursing care before starting the course. This was most notable in practical sessions early in the course, where students were most likely to encounter complicated medical terms, jargon, unfamiliar equipment and complex procedures for the first time. Although students are encouraged to query unfamiliar terminology and techniques during clinical skills sessions, to do this repeatedly can make students feel their knowledge is not on a par with their peers, potentially affecting their confidence. One participant's inexperience made her '*feel simple*':

When it came to things like the skills sessions, I felt there was definitely an expectation that people had worked in care before, and the terminology that lecturers were using was as if we'd already worked in care, a lot of the time I really didn't have a clue, and it made me feel a bit like...well it made me feel a bit simple sometimes because I hadn't had that experience that some people had had (SP06)

Several participants (04, 05, 06 and 07) reported other student's behaviour in the classroom environment, particularly incivility, having an impact on their experience of the course. Incivility is any form of disruptive, inappropriate or irresponsible behaviour, attitude or speech by an individual that affects other people around them. Participants in this study identified specific behaviour by classmates that had a direct effect on their learning such as chatting in lectures, using mobile phones during class, packing-up belongings before the end of taught sessions and being noisy and disruptive. Several participants used the word 'rude' and 'annoying' to describe how they found this type of behaviour and how it made them feel. Disturbing other students was perceived as inconsiderate and disrespectful by some participants:

The talking that annoys me...I just can't see why you come into nursing and you just sit at the back and chat, or you're on your phone. I can't understand why people want to be nurses if they're just going to sit there and chat! It literally does my head in (SP04)

Err (student sighs), I've enjoyed lectures, I haven't enjoyed people talking in lectures at the back! Other students yeah, I've found it really rude at times (SP06)

Strategies employed to tackle incivility varied amongst lecturers. Some lecturers responded immediately by asking noisy students to quiet down or “shush”. Although SP05 finds this an effective course of action, this approach has the potential to disrupt the flow of a lecture, or discussion. SP08 claims several lecturers move around the classroom then single out specific students to answer their question. This approach tended to cause fear among some students but at the same time kept them alert to the possibility they could be targeted next. Other lecturers avoided challenging incivility as it occurred, appearing instead to ignore bad behaviour:

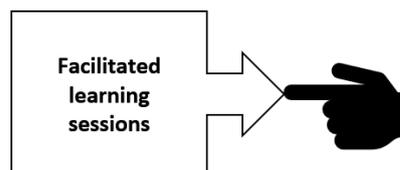
I think the stricter lecturers are probably seen as better lecturers because they're stricter, and people have that respect not to talk and to get involved, and not get their phones out because they know they'd be pulled on it as opposed to a lecturer that would just stand there and talk and not bother about what anyone's doing (SP07)

Some lecturers walk up and down the lecture theatre and always scare you because you think they're going to pinpoint you (SP08)

Several participants identify those who take a strict approach to tackling incivility as better more respected lecturers, most likely to ensure a good learning experience. When students perceive there will be consequences for bad behaviour this behaviour improves. When lecturers failed to tackle incivility, they were seen as losing control over the classroom setting leading to feelings of frustration by other students who then take matters into their own hands:

The talking! I've done it quite a few times where I've put my hand up and said you know “I can't hear” and they just still chat (SP04)

How lecturers approach classroom management has a direct effect on students learning, suggesting academic staff have a role to play in student's experiences of the course. From the data above, it is evident facilitated learning sessions where incivility was not managed effectively left participants feeling frustrated and irritated. Therefore, 'Facilitated learning sessions' are identified as a touchpoint on the student journey through the course.



Although numerous stakeholders performing various roles contribute to the overall student experience, student's principal point of direct contact with the university is through their

interactions with academic staff such as Lecturers, Module leaders, Course leaders etc. Participants within this study expressed mostly positive experiences of their interactions with academic staff and felt well supported by lecturers they described as approachable, helpful and willing to invest time in students. How lecturers facilitate learning affected the quality of teaching for three participants (03, 05 and 07). Some lecturers were particularly engaging when they were willing to share their own clinical practice experiences:

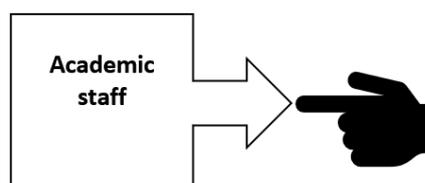
The tutors were really professional, just really enthusiastic about the topic the subject. The love of nursing and I think the quality that was the thing that stood out for me, the care of quality. Even though you're not seeing the tutors in clinical practice you can tell what kind of care they have come from, you know. It doesn't feel like it's being taught because that's the syllabus, it feels like it's being taught because they've lived it and they understand it, and that's what comes across (SP02)

Most lecturers do try to put things from their own practice in – rather than just reading off PowerPoint slides – they are putting a bit of real life into it from their own experience which is really good (SP05)

Some lecturers struggled to motivate and engage students in a stimulating way. Sessions where lecturers read straight from PowerPoint were perceived as a waste of time. As previously identified many participants within this study were mature students with family, work and financial responsibilities outside of the course. Therefore, participants had greater expectations of those taught sessions where they had made the effort to attend classes on-campus:

Sometimes lectures do go on and on, and the lecturer just sticks to the PowerPoint, that's why some people just scan in and leave. It's on the Facebook page...because they think the lecture's so boring they just scan in and go...all they do is read off the PowerPoint. We could just do that at home and read the PowerPoint ourselves (SP04)

Lecturers who delivered sessions with passion and enthusiasm inspired and motivated student participants. On the other hand lack of consistency amongst academics' delivery of sessions and management of incivility can influence student's experience of learning and potentially affect their engagement with academic assessments which will be discussed in the section below. Consequently, contact with 'Academic staff' was identified as a touchpoint that had the potential to shape a student's experience of their journey through the course.



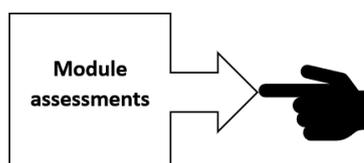
4.2.6 Engagement with academic assessment, support and feedback

The pre-registration nursing course utilises two types of assessments: formative and summative, in both clinical practice and theory. The format for summative theoretical assessments varies across modules with students undertaking written assignments, written and Multiple-Choice Question exams (MCQs) and practical exams such as an Objective Structured Clinical Examination (OSCE). Students with an expectation of more practical learning were surprised by the amount of academic study required on the nursing programme. This resulted in some students struggling with the theoretical demands of the course:

I knew nursing had changed to be more academic but I don't think I realised how, like with the essay writing and things like that, I was still under the illusion that it was more like a vocational course. And I have got that quite wrong (student laughs) in the sense of essay writing and things like that (SP06)

I think year two was quite a challenge for me as I found it was a lot of academic work and nearly all assignments (SP05)

Whilst participants did not indicate any dissatisfaction with the module assessments themselves, participants did indicate they found the assessments on the nursing course more challenging than they had expected. As such 'Module assessments' was identified as a touchpoint on the student journey through the nursing course.



For participants in this study feedback on assessments caused more dissatisfaction than the assessment itself, with most experiencing variable and inconsistent feedback. These inconsistencies were noted when students discussed and compared their feedback with each other. To adopt and act on feedback students must be able to understand academics comments. However, participants who struggled to make sense of the comments reported seeking guidance from their peers rather than an academic about their feedback. This may have exposed the participant to misinterpretation and misinformation from peers at a similar level of learning as themselves:

When we got our essay back, people were saying "well I got this feedback what does it mean?" or "I got that". Lots of people from my understanding of the comments had not been given marks for referencing, and some tutors were saying you haven't referenced in your conclusion, but you don't reference in a conclusion so can you downgrade someone? (SP03)

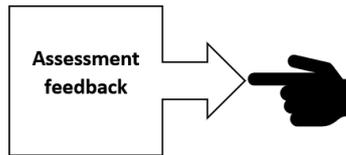
Although the school of nursing employs a standard approach to providing feedback on written assignments across all Pre-registration modules, participants indicated the quality and quantity of feedback varied between modules and tutors. In the excerpt below one participant believed she was performing at a satisfactory level after receiving a pass grade and a few lines of generic comments on a first assignment. Consequently, she was shocked when more detailed feedback on a subsequent assessment suggested she was not performing as well as the feedback from her first assignment had indicated:

On my first assignment I didn't really get much feedback, minimal like a sentence or two, so I thought oh well I'm doing alright here. Then when I got my second one back there was SO much feedback on it, it was a shock. It literally felt like 'how have I even managed to write the title?' It was that bad! I was like how have I got this so wrong after getting my first one back and it supposedly being alright? (SP06)

The quality and quantity of feedback for the first assessment appears to have allowed scope for SP06 to misconstrue the feedback as more positive than intended. Poor or ambiguous feedback can lead to students advancing through the course with an unrealistic perception of their academic ability, potentially setting them up to fail as the level of study increases. Assignment feedback is linked to the module learning outcomes and the marking criteria, alongside at least three annotated feedback comments per page on the assignment/script. University guidance suggests critical feedback on the script should be written sensitively and constructively and should include 'feed forward' which specifically identifies the key strengths of the work and how work can be improved. Rather than receiving sensitive and constructive feedback SP06 was shocked and upset by the comments from her assessment resulting in self-doubt about her academic ability and place on the course:

It made me question if I should still be doing the course if my academic writing was that bad that I was getting everything wrong from grammar to structure to referencing. All these different things wrong? The feedback made me question whether it was the right course for me and if I should be doing it. It was 'this is bad, that's bad, this isn't right', which on my first one I'd had no comments about! (Long pause – voice rocky sounds upset), it made me cry, it made me cry (SP06)

From the data above participants have described positive and negative experiences of assessment feedback. The emotions associated with negative feedback triggered feelings of self-doubt and physical upset for some participants who even began to question their place on the course. Thus 'Assessment feedback' was identified as an emotional touchpoint where subjective experience was potentially influenced on the student journey through the course.



Variance amongst academics when advising students about assessments was raised as a concern by two participants (01 and 04). Currently students receive academic support with module assessments through a system of MAGS sessions, rather than individual one-to-one supervision. All Pre-registration modules schedule a minimum of three MAGS within their timetables prior to the submission date of all assessments. These first three MAGS are delivered to each individual Home group, thus up to 25 students will attend each session. Due to workload commitments and staff availability MAGS sessions are not consistently delivered by the same lecturer to the same Home group. SP04 feels this can result in inconsistent and sometimes contradictory information being given in MAGS sessions:

Lots of lecturers are telling us different things. Like one lecturer telling us one thing and we go into another session and then someone else is telling us another thing, so I think for consistency they need to be on the same page (as each other) (SP04)

SP03 objected to the introduction of MAGS which had replaced individual supervision part way through the course. Previously she had been able to access one-to-one support from an allocated academic, or module supervisor, on up to three occasions during a module. The module supervisor would comment, or feedback, on up to 50% of a student's draft assignment. The new MAGS system promotes peer support and feedback on only 400 words (or equivalent) of a student's assignment, which can be less than 20% of a typical 2500-word essay. Some participants were unhappy about this change from individual supervision to a MAGS approach, and those who struggled with essay writing felt disadvantaged by this new approach, preferring the one-to-one support and guidance the previous supervision approach had offered them. SP03 expressed strong negative emotions relating to MAGS:

Group supervision I hate with a passion! I don't see how it was justified, I feel it really disadvantages our learning...I really struggle writing essays, and I feel right now like I've got no support (SP03)

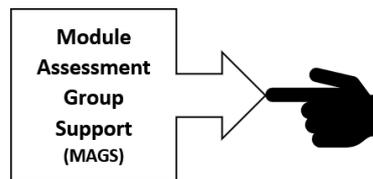
Participants who were not struggling with their assessments also felt disadvantaged by the new MAGS approach. SP08 experience suggests lecturers facilitating the MAGS sessions tended to spend much of their time with those struggling students such as SP03, leaving little or no time to address the questions of the more capable students. This can result in some students feeling their needs were neglected:

Group supervision I don't think they work. You'll get one group that's really struggling so the lecturer will tend to see them for the entire session, but you come away feeling you've learned nothing, and you've got more questions unanswered (SP08)

Only one student described having a positive experience of MAGS. SP06 had particularly enjoyed the peer support element of the sessions where students were able to discuss the assessments with each other and share ideas. Listening to other people express their perspectives can broaden students thinking about their assignments, as they reflect on aspects not necessarily considered before the MAGS session:

Group supervision overall I've had a really positive experience, I've enjoyed them. I find it supportive because you're bouncing things off each other, and people think of things you might not have necessarily thought of yourself. I think they're a good idea (SP06)

From the discussion above MAGS sessions left some participants feeling disadvantaged and struggling, whilst one participant enjoyed the sessions, therefore 'Module Assessment Group Support (MAGS)' was identified as a touchpoint on the course (See Figure 4- Touchpoints on the nursing students' journey through the course).



4.3 The clinical practice learning experience

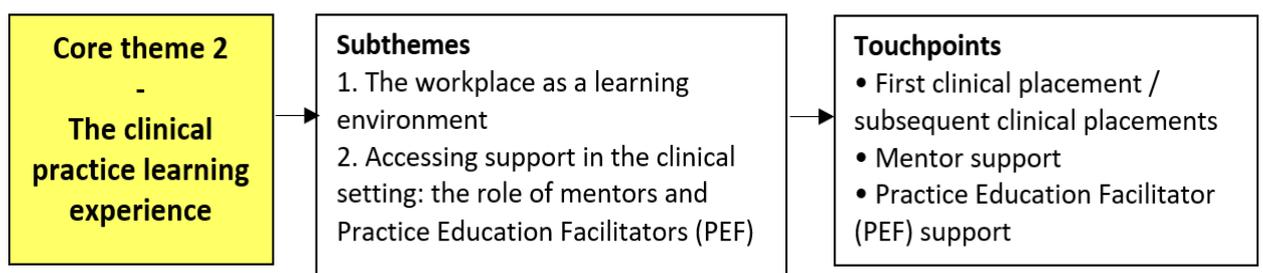


Figure 16 - Core theme 2 'The clinical practice learning experience'

The clinical practice placement experience emerged as a core theme from participants' narratives within this study, with all participants identifying clinical practice placements as the high point of their whole learning experience. Subthemes that influenced participants' experiences in the clinical environment include 'the workplace as a learning environment' and 'accessing support in the clinical setting: the role of mentors and Practice Education

Facilitators'. Clinical practice placement constitutes 50% of the Pre-registration nursing programme with students completing six clinical practice placements in a health care setting across the three-year programme. Clinical practice placements can last from 8 to 12 weeks duration. Clinical practice was perceived as having a more important influence on the student learning journey by several participants who felt more learning took place in the clinical practice environment than in an academic setting. The theoretical classroom experience appeared to have less impact on learning when compared with the clinical practice placement experience.

In the first couple of weeks I learned as much on my placement as what I'd done those first few months at Uni! (SP06)

I think you tend to learn a lot more doing it than being told how to do it (SP08)

For several participants parallels were drawn between the clinical practice placement experience and what they will eventually do as registered nurses. Therefore, clinical practice placements replicates the 'reality' of nursing more than their university academic experiences. As such many student participants appeared to place greater value on the clinical practice placement experience than on their theoretical experiences on the course:

My highs have got to be on clinical placement because that's what you want to be, that's what you want to do (SP01)

The placements have all been massive highs for me, it just kind of makes you realise why you're doing it (the course) ... as much as I've enjoyed theory I just can't wait to get back to clinical work (SP07)

4.3.1 The workplace as a learning environment

Three participants (01, 06 and 07) had no previous care experience prior to starting the course, unlike the remaining participants who had previous care experience. However, former care experience left some participants no less apprehensive than students with no prior experience when transitioning from the academic environment to the clinical practice placement environment, particularly for their first clinical practice placement. This was evident from SP08's narrative, who despite having previous carer experience before commencing the nursing course, describes how daunting the extra responsibility is as a student nurse:

At first it was really daunting going from a carer to student nurse because it's a big step up really, getting a lot more responsibility (SP08)

For five participants (01, 02, 04, 05 and 06), including two who had no previous clinical practice experience, their first clinical practice placement experience was positively described as 'good', 'brilliant', 'fab' and 'amazing' and even 'gold standard learning'. During placement one SP01 had worked in a supernumerary capacity and was therefore not considered part of

the daily workforce, enabling her to work more closely with her supervising mentor. With no previous nursing experience, SP01 appeared to value the close supervision, benefitting from the guidance and direction the supernumerary role offered:

First placement was fab for me because I didn't come from a nursing background. For me that was gold standard learning...they say is your gonna be supernumerary, the person that's going to be looking after you is supernumerary (SP01)

For SP05 the first clinical practice placement experience was the best of the two placements undertaken at the point of interview. In contrast to SP01, SP05 worked in a non-supernumerary capacity from just two weeks into the first clinical practice placement, with the ward staff expecting her to work at the level of a more experienced student nurse (e.g. second or third year). Consequently, being encouraged to get involved in all aspects of patient care so early on in the course resulted in SP05's knowledge and skills developing exponentially. Although SP05 and SP01 had contrasting experiences both students had developed more confidence and felt better prepared for subsequent placements. Notably, SP01 who lacked previous care experience, had valued the close supervision she had experienced in a nurturing environment, whereas SP05's previous care experience may have resulted in her welcoming the challenge of a potentially more difficult and demanding first clinical practice placement:

First placement was really amazing and such a good experience. They made sure I was in the thick of things and after the first couple of weeks when they realised that I knew what I was doing. By the end of placement, I felt very confident, and very much like I could deal with an awful lot more...my mentor was a ward Sister, she was very busy but made sure I had two associate mentors as well if I wasn't with her (SP05)

Two participants (03 and 07) described feeling unprepared for their first clinical practice placement. Both participants were shocked by the busyness, long shift patterns and travel requirements when undertaking their first clinical practice placement. SP07 describes a similar experience to SP05 where she appears to have been working in a non-supernumerary capacity, involved in all aspects of patient care without close support or supervision. Frequently being left to manage poorly patients alone, with little help from qualified staff despite having no previous care experience had not fostered the same level of confidence in SP07 as it had in SP05. Instead SP07 felt being given 'too much responsibility' was 'scary', fostering a sense of helplessness and abandonment. This suggests a supernumerary status should be employed for those students with no prior nursing care experience during their first clinical practice placement:

My first placement was quite a shock for me going into a general medical ward that was extremely busy, that was quite scary. I was doing long shifts and commuting. Quite a few times I was left with bays with staff nurses that weren't helping, I was left on my own with these quite

poorly patients, and I did everything that I could at that point! Had I had that in my fourth, fifth or sixth placement I probably would have dealt with that better (SP07)

Within this study clinical practice placement gave participants an opportunity to consolidate theoretical knowledge gained in a university classroom setting with 'real world' clinical practice experience. Encountering, and actively participating in, a variety of diverse learning experiences in the clinical environment contributed to effective learning and development of clinical competence for several students. However, one participant reported feeling confused and unclear about the learning opportunities and practical clinical skills student nurses were permitted to engage in. Notably, SP03 was worried and hesitant about undertaking some nursing skills and practices in the clinical environment that had not been taught and assessed at the university. Unable to ascertain definite responses to her queries about approved nursing skills, SP03 felt she had missed-out on learning opportunities that her peers were engaging in:

I missed a lot of learning opportunities. You'd see people on Facebook saying "I did this today or I did that today" and I'm thinking I don't know if I can do those things, and I don't know if you're (they're) supposed to be doing those things. In my head it was "did the NMC say we can or can't do this? Do you (university) say we can or can't do this? Do the hospital trust say we can or can't do this?" No one would tell me... I asked my PEF she bounced me to Uni, or I'd ask the ward, I just took peoples answers like you know (SP03)

One implication of missing out on specific learning opportunities is that students may perceive themselves as less proficient than their peers in some of their nursing practice. SP03 had previously identified the large volume of students on the course as impacting her learning, particularly in relation to the clinical skills sessions. Now that she had the opportunity to develop those clinical skills in the practice environment, lack of clarity and guidance appeared to impact that learning further. A further issue that appeared to impact learning in clinical practice related to student's supernumerary status. The narrative below indicates some students benefit from working in a more non-supernumerary status the further into the nursing course they were. For several students a non-supernumerary status had fostered the development of deeper knowledge and understanding of their professional practice and skills, as they had more responsibility and active involvement in direct patient care. However, SP01 felt a non-supernumerary approached would not work as well for first year students:

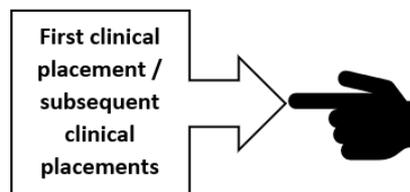
I was allowed to do more, I was allowed free reign, instead of my mentor going do this, do that, I was able to do more things like discussing things with Drs, so you got a better understanding of an holistic approach to the patient, but I don't think it worked for first years, they felt a bit overwhelmed (SP01)

This observation about first year students having too much responsibility followed a similar pattern to SP07 experience of her first clinical practice placement where she had been

working in a non-supernumerary capacity, involved in all aspects of patient care, often left alone and unsupervised without close support or direction. For SP07 this experience had influenced her opinion about working in a ward environment negatively as she had felt it had been too much responsibility for her:

I was thinking this was too much responsibility for me as a student really...I just felt the pressure...and it did kind of put me off ward nursing (SP07)

For all participants in this study their first clinical practice placement, and for some students' subsequent clinical placements, appeared to be emotional and often daunting times for students. Therefore, 'First clinical practice placement / subsequent clinical placements' is identified as a touchpoint on the student journey through the course (See Figure 14 - Touchpoints on the nursing students' journey through the course).



Clearly the risks of overwhelming students with too much responsibility has to be balanced with the benefits of exposing students to relevant clinical practice placement experiences early enough in their nurse training to develop their professional knowledge, understanding and confidence in practice. Mentors in the clinical environment may have a significant role to play in determining the types of clinical practice placement experiences and the level of responsibility individual students are exposed to whilst under their guidance and supervision.

4.3.2 Accessing support in the clinical setting: the role of mentors and Practice Education Facilitators

Mentors appeared to play a pivotal role in the student experience with six of the eight participants discussing their experiences with different mentors. A mentor is an NMC registered nurse, midwife, nursing associate, or other registered health and social care professional who is responsible for supporting learning and development and assessing individually allocated students in the clinical environment (NMC, 2018). Participants described their experiences with mentors as mostly positive, using terms such as brilliant, lovely, nice, good, amazing and fantastic. SP07 identified a good mentor as one who made time available to teach students about various patient conditions and management of those conditions in the clinical environment. Many clinical areas are known to be often busy and

short staffed, mentors who prioritise their students learning needs in a busy environment appear to make their students feel valued and important:

My mentor was fab, she was absolutely brilliant, because I've learned tons...she'd go through conditions with me and taught me a lot (SP07)

Unlike the experience of SP07 who had described her mentor using a didactic approach to teaching, three participants (02, 06 and 08) identified their mentors as having a less instructive and more 'challenging' approach to facilitating their learning. Their mentors had prompted participants to actively research and explore new concepts for themselves, encouraging the students to become more accountable for developing their knowledge and understanding. SP06 describes her mentor challenging her to research conditions she came across in her own time. This had resulted in her feeling more motivated and interested in engaging in independent learning:

My mentor was fantastic, she was always challenging me, not in a nasty way, it made me want to go and learn. So I would spend a couple of hours in-between dinner and just go and logon to a computer and research things. I would go home and do the research because I was really genuinely interested in it (SP06)

Comments from a mentor challenged SP02 to stand out from the other students, changing her perspective towards learning, resulting in a desire not just to learn but to have 'an experience of learning', suggesting the process of learning is as important to her as the information learned:

My mentor said, "you'll all qualify in the end, just what have you done differently?" and that stuck with me. I have changed my perspective...I want it to be an experience of learning rather than just being told what to do (SP02)

SP08 described a similar experience to SP06 where the mentor had expected the student to engage with independent learning and research before participating in certain nursing practices. However, SP08 had only become cognizant of the depth of learning that had occurred following a moment of reflection. This suggests students do not always recognise learning taking place until they are given opportunity to reflect on their newly acquired knowledge and skills:

I had one mentor in theatres and he wanted me to do quite a lot of research before he'd let me scrub-up. At first I'd feel like I was not really learning from it, but when you take a step back you'd realise what you had actually learned from it (SP08)

One participant compared an experience of a mentor who 'challenged' her learning with a far 'laxer' mentor on her next clinical practice placement. Although SP06 described herself as less engaged and less interested in learning due to her mentor's more casual approach to

supporting the student with her learning needs, she believed learning still occurred. This supports the assumption that a variety of different teaching styles utilised in clinical practice by mentors is likely to result in some learning taking place, however the approach adopted by individual mentors appears to influence some students' level of engagement with, and experience of, the learning process:

My mentor was really nice, really lovely, she was very lax though a completely different way of working compared to my other mentor. I still learned but I felt that that interest and that drive wasn't there as much. I just wasn't as engaged as I was on the other one (SP06)

Evidently SP06 felt a lack of interest and motivation to engage in independent learning when contrasted with her previous clinical learning experience. Furthermore, the mentors lack of interest in meeting the students learning appears to have resulted in SP06 being utilised as an HCA rather than being socialised into her future professional role. HCAs perform many of the fundamental patient care without the responsibility and accountability of registered nurses. Paradoxically, SP06 who had no previous care experience before starting the nursing course found herself enjoying the extra direct patient contact time she was afforded working as an HCA. This left her questioning her desire to become a qualified nurse:

I started panicking because I was like well I'd quite happily just work as an HCA in hospitals because you get to talk to patients more and things like that, and then it made me start questioning do I actually want to do nursing, or should I just do HCA-ing? (SP06)

SP08 also described being engage in a more HCA oriented role for the duration of one placement when being mentored by a senior member of staff. Senior staff nurses and Junior ward sisters frequently assume the role of clinical area manager with responsibility for large numbers of patients and nursing staff. With so much responsibility senior members of staff can find themselves too busy to mentor students alone and regularly rely on the help of associate mentors or other qualified nursing staff. Consequently, SP08 reports being '*pushed from person to person*' with no '*stable (mentor) figure*'. Instead of fostering a sense of belonging the comments below imply the inconsistent support strategy engendered a sense of distance between the student and the community of staff:

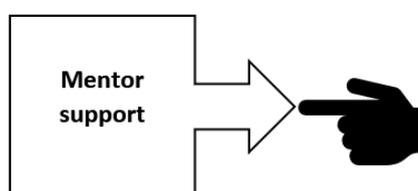
I've enjoyed most of my placements overall apart from one where I kind of just felt I was more of a health care assistant for 10 weeks rather than a student nurse...My mentor was a band six, so I got limited time with her, so I was always being pushed from person to person, so I never really had a stable figure to mentor me really (SP08)

SP05 similarly describes working more with associate mentors than with her allocated mentor who as a Ward sister encountered conflict between the competing demands of mentoring and her management responsibilities. In contrast to SP08, SP05 had found this a positive experience, describing her associate mentors as brilliant, suggesting relinquishment of

responsibility by her allocated mentor had not impinged her learning experience as appeared to be the case with SP08. Evidently being supervised by an individual who has the capacity to devote time to a student's learning needs supersedes the opportunity to work alongside more experienced managers governed by time-pressures:

It was a difficult one because it was a Sister - and I think Sisters and Ward Coordinators – I'm not sure they should be mentors because they are so busy trying to keep everything in charge. She made sure I had two associate mentors so if I wasn't with her I was with my associate mentors and all the nurses on that unit were brilliant (SP05)

As so many participants acknowledged mentors as pivotal to their learning experience in practice, 'Mentor support' was identified as a touchpoint along the student journey through the course (See Figure 14 - Touchpoints on the nursing students' journey through the course).

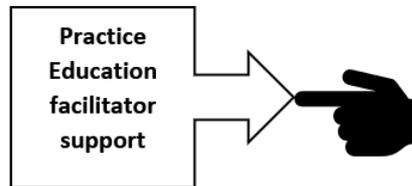


Only one participant (03) mentioned PEF's during their interview. PEFs are registered nurses employed to support mentors and student nurses with education in the clinical practice placement setting in England and Scotland (NHS Education for Scotland, 2013). Since their initial introduction in 2003 the PEF role has expanded to incorporate several nationally agreed core functions that include supporting mentors effectively supervise and assess learners in practice and ensuring effective learner experiences. Before going onto placement all student nurses are advised to contact their resident PEF for support if they have any issues or concerns whilst in the clinical practice placement area. SP03 had spoken to her PEF over concerns she had with some clinical nursing practice. She had specifically sought advice about which clinical skills she could perform as a first-year student nurse. On this occasion the PEF was unable to address her query. Instead of receiving an answer to her query SP03 describes feeling '*fobbed-off*' suggesting the PEF may not have had the answer but tried to appease the student anyway. This response may have influenced the student's perception of the PEFs credibility and usefulness:

Any problems with the student nurses we were just told to go to the link nurse or PEF, if you have any questions ask the PEF... she (PEF) just kind of fobbed me off (SP03)

Although PEFs were only mentioned by one study participant 'Practice Education facilitator support' has still been included as a touchpoint within the course as they perform an important

role in the education of student nurses throughout the three years directly and behind the scenes.



4.4 Emergent networks of support

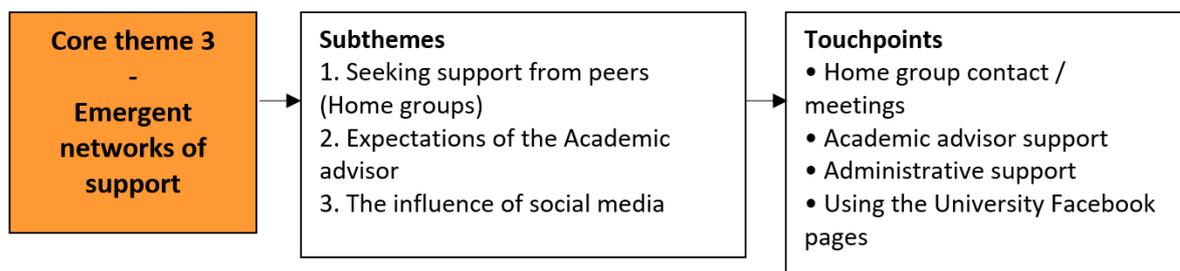


Figure 17 - Core theme 3 'Emergent networks of support'

Participants in this study identified several networks they accessed for support during their time on the course, including peers within their Home group, their Academic advisor and the universities social media sites. Some participants also described seeking administrative support at various points during the course. These networks played a role in providing academic, practical and emotional support for participants. Hence these networks emerged as a core theme labelled 'emergent networks of support'. Three subthemes will be presented in the following section, they are 'seeking support from peers (Home groups)', 'expectations of the Academic advisor' and 'the influence of social media'.

4.4.1 Seeking support from peers (Home groups)

Although the whole cohort is comprised of student peers, only one participant described turning to a peer outside of their Home group for help and advice, thus within this section the term peers and Home group is used interchangeably referring to only those students who make up a participants Home group. Once enrolled on the course all students are allocated to a field specific Home group of up to 25 students, with an Academic advisor, known in some universities as a Personal tutor, who supports them academically and pastorally for the duration of their three-year study. This Home group system is designed to foster a peer

support network for students, and a sense of belonging early in the course. This is especially important as Pre-registration Adult nursing courses tend to recruit particularly high numbers (between 300 and 500 students per intake at the time of this study). For some participants this large volume of students within each cohort had the potential to impede them forming social connections, or friendship groups, whilst on the course:

There's 500 of us...it's not the best course for helping you make friends (SP03)

Home groups appeared to resolve this potential predicament by positioning students in an environment in which they were more likely to feel comfortable chatting to others, thus facilitating early friendships and initial connections. This is evident from SP06 narrative where she describes only making friends with peers within her Home group, and finding it more difficult to make friends within the larger cohort, suggesting Home groups are a useful vehicle for developing friendship networks for students studying as part of a large group:

I don't think I've really made any friends outside of my Home group. I mean it's difficult to just go up to somebody and start chatting away. I guess that's what's nice about your Home group, because it narrows the field down (SP06)

A benefit of formulating these early friendships in the smaller Home groups is that it appeared to have helped participants 'settle-in' easier in the first few weeks of the course. For example, SP05 describes building herself up to go into class on the first day but meeting her Home group and Academic advisor early on made everything seem easier, suggesting she had initially prepared herself for things to be harder. She acknowledges how meeting both her Home group and Academic advisor had been a 'nice experience' that had not just made that first day, or first week better but had made 'everything' easier during that transition to onto the course. Getting to know peers to share this new experience with, helped participants more quickly acclimatise to the university environment, and fostered a sense of belonging:

That was a nice experience (meeting her Home group). After building up to going in (to university) we met our Home group in the first week, and our Academic advisor, that made everything seem a little bit easier (SP05)

When you got into small lecture rooms it wasn't crowded, it was nice, and you introduce yourself and it was nice to get to know everyone at first. You got to sit next to someone and just talk to people rather than just going straight to lectures. We had that time to settle ourselves in (SP04)

As well as Home groups facilitating the development of friendships, participants describe turning to peers within their Home groups for help and advice at various points across the course. As is evident from later extracts from participants' narratives this help was in the form of academic support through resource sharing, practical help e.g. through car sharing, and

emotional support during times of struggle on the course. SP06 suggested this help was their way of 'looking out for each other'. Several participants indicate these relationships are symbiotic and reciprocal in nature, with individuals at times seeking help from their peers whilst at other times being the one that helped their peers:

So this is my little group the Uni girls, we're the goose squad, because Geese stick together and they have one at the front and when that one gets tired they go to the back so that they all take the weight over the course of the journey, so we kind of had a bit of a joke about it and call each other the Goose squad...and they've just been brilliant. I couldn't have done it without them, definitely not, and they'd say the same (SP07)

Some Home groups appear to support each other academically by forming collaborations where they share information and materials and peer review each other. Peer observation and feedback is encouraged within the nursing curriculum, for instance as part of a MAGS session, although this is usually under the direction and lead of an academic. Yet peers within SP07's Home group chose to complete a mock OSCE exam 'in front of each other', without an academic present, potentially opening themselves up to criticism or exposure to poor and inaccurate advice and information. However, SP07's experience suggests this form of peer support had been helpful and illustrates the teamwork and collaboration:

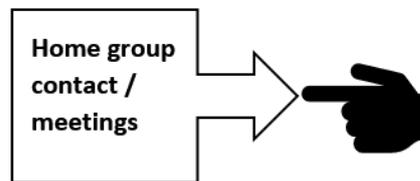
We do send each other reams of information, and if we ever get articles that we know are going to be helpful for whatever we're doing at the time we'll send it to each other. You know there's no competition there. We did like a fake OSCE, we all booked a room together, and we went in and we did it in front of each other, and we had the questions, a different one for all of us, so we couldn't get the same answers (SP07)

Although some participants were able to form bonds with peers in their Home group SP03 felt that insufficient time spent with her Home group impeded her ability to truly form bonds with her peers. Although students undertake clinical skills and small group sessions in the Home groups for SP03 that time was spent in discussion, receiving information and practising nursing skills. This left little time for social engagement, such as getting to know each other and forming bonds. This may have resulted in SP03 missing out on the support from peers' other participants in this study had experienced:

Although we have our little sessions together, we don't spend enough time in the Home groups for us to bond as a group. Like when you're in school you've got your group you spend every morning and every afternoon in registration together, so you bond quite well...but Home group sessions we've had three of them all year, that's not enough to actually spend time together talking to each other and stuff, I think that's something I'd like more of (SP03)

From the findings presented above academic and emotional support from their student peers appeared to be of great importance to many of the student participants, and Home groups play an important role in helping students form those peer support networks. Therefore,

'Home group contact / meetings' was identified as a touchpoint along the student journey through the nursing course.



4.4.2 Expectations of the Academic advisor

Although all participants valued the support and friendship of peers within their Home groups, not all students had felt supported by their Academic advisor. The role of the Academic advisor is to provide academic, professional and pastoral support throughout their allocated student's three-year course. As previously stated approximately 25 students are allocated to each Home group, with Academic advisors potentially managing up to three Home groups at a time, a first year, second year and third year group. This can result in Academic advisors personally supporting as many as 75 students alongside their other roles as module leaders and course leaders for several hundred students. Several participants reported their Academic advisor did not know their name. A consequence of not knowing a personal student's name is that an Academic advisor can appear indifferent, resulting in students feeling inconsequential and unimportant. Academic advisors are responsible for writing students' personal reference at the end of the course, influencing them securing future employment in nursing. SP06 felt that if the Academic advisor did not really know her, then this important document would not truly represent her or her capabilities:

I don't think she really knows any of us by name...they don't know anything about us and they're going to end up writing a personal thing...I just find it a bit...they're going to be writing things about us in references and they don't really know us (SP06)

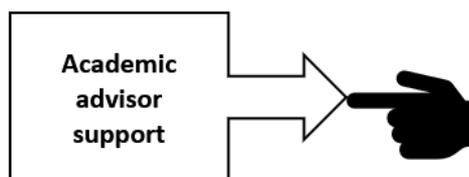
Alongside reviewing their students' progress and engagement, Academic advisors monitor student's well-being, offering pastoral support where necessary. In the previous statement SP06 describes feeling like her Academic advisor did not really know her enough, in much the same way she did not know her Academic advisor according to the narrative below. Evidently to feel comfortable going to an Academic advisor with a problem SP06 needs to have developed more connection with that individual. For that connection to develop both student and Academic advisor need the opportunity to invest time into this relationship:

I would feel a lot more comfortable going to her if I had a problem if I knew her a bit more, if I saw her a few more times in the year (SP06)

SP07 describes a different experience to that of SP06. SP07 had felt comfortable approaching her Academic advisor for help when she had been struggling to sustain her studies whilst endeavouring to cope with aspects of her personal life outside of the course. Her personal circumstances had left her feeling overwhelmed and questioning if she could continue with the course. Her Academic advisor had offered her good support at this pivotal time. For SP07, the help she received from her Academic advisor came in the form of practical support and advice as well as emotional support. Having the one-on-one relationship with her Academic advisor enabled her to feel comfortable seeking help when she needed it, supporting SP06 account that for students to feel at ease seeking help from their Academic advisor, and potentially disclosing personal information, a one-on-one relationship is essential. Had SP07 not had a relationship with her Academic advisor she believed she may have found it difficult to approach other tutors for help:

My Academic advisor supported me when I went through a bit of a struggle at one point. I was thinking 'I don't think I can continue all of this at one time' and he was really good. He sat me down and asked if I needed any extensions on things and stuff, he was saying this is your future and it's affecting it so you need to take that opportunity, and he really helped me out at that point. If I hadn't had that Home group then I don't think I would have just gone to any lecturer and just said "I'm struggling", so the Home group is perfect for that really, just having that one-on-one relationship with a tutor (SP07)

Based on the discussion above the significance of timely Academic advisor support can significantly influence a student's experience of the course, and even their decision to continue with course when faced with difficult circumstances. Therefore 'Academic advisor support' was identified as a touchpoint on the nursing course.



The University utilises administrative support in the form of Course Administration Service (CAS) Hubs. CAS Hubs are aligned to different schools within each faculty. Although CAS support plays an integral role in co-ordinating enrolment and induction activities, managing student data (e.g. attendance and module grades) and managing student progression through the course, participants seem to have little understanding about the purpose of the CAS team, stating instead they have little need of them:

I've not had much experience with Brook Hub apart from just basically calling in sick when I had my accident a few years ago (SP08)

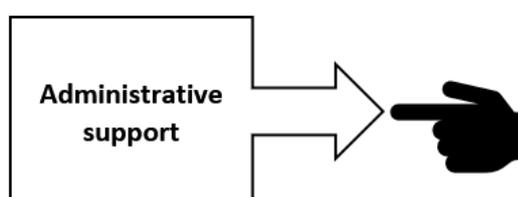
One participant describes accessing CAS support on several occasions at the beginning of the course when some paperwork needed sorting out, and again whilst on clinical practice placement when a mentor needed support to access the clinical paperwork. On one further occasion SP07 had contacted placement unit, who form part of the CAS team, to find out how many nightshifts she was required to do. Like SP08, SP07 states she has not needed CAS support often despite accessing them on the occasions described above. This may signify participants perceive occasional use of a service as not significantly shaping their experience on the course. Though often working behind-the-scenes to ensure seamless delivery of the curriculum, some participants presumed the CAS team were only there for students who occasionally had a problem that needed sorting:

I don't think I've had that much of a need for them. They did help me out on my last placement, none of the mentors had logons, they said they'd sort it and they did...before starting nursing I went into Brook hub to sort out my DBS and everything... Placement unit have been good, I message them and ask how many nights etc. and they've always got back to me, but I haven't had that much dealing with them really (SP07)

Although some participants perceive themselves as not needing CAS support very often, the narratives below suggest they still had expectations of the service. In particular, when the CAS team responded in a timely manner to their requests, this appeared to meet some participant's expectations of the service:

Overall, they're pretty good. They usually get back to me the same day (SP08)

Although the CAS team work predominantly behind-the-scenes and students within this study seemed unclear about their role, much of what they do can have a direct influence on the student experience. Therefore 'Administrative support' was identified as a touchpoint along the nursing.



4.4.3 The influence of social media

There are many forms of social media within the university environment for example Twitter, WhatsApp groups, and TEAMS etc. Participants from this study only expressed using the social networking service 'Facebook' in their interviews. Seven participants described using the School of Nursing Facebook page specific to their cohort. Newly enrolled students receive access to the university Facebook pages several weeks prior to induction and teaching

begins. As previously established transition to a university setting can feel overwhelming for some students, with the first day of the course described as particularly scary. Several participants were concerned about not knowing anyone on the course. However, accessing the university Facebook page early helped them make connections with other students and build friendships before their studies began. During her narrative SP05 uses the pronoun 'we' to describe how she and several previously unacquainted students arranged to meet on day one of the course. This may signify that even at this early-stage SP05 was beginning to form a sense of connectedness and belonging. By actively arranging to meet previously unknown individuals, Facebook had enabled her to generate a shared experience (first day of study) with other students, and alleviate some of the fears associated with this new venture:

I think it's a brilliant thing creating the Facebook groups with the intake, I think that's fab because I didn't know anybody whatsoever, I wasn't starting with any friends. Thankfully we had already built up friends on the Facebook group. We'd never actually met each other, but we all arranged to meet in a certain place... because on the first day it's very scary, because it's a huge new experience (SP05)

The university hosts several Facebook groups for students, this includes a general non-course specific Facebook page for the mature student population, which SP06 had joined. However, in her experience few people used the site. Evidently students preferred to attach themselves to their course specific Facebook pages. Connecting to a specific community, for example peers on the same course, may foster a sense of identity and belonging for students early in the course:

I had joined the UCLan mature students' thing, but nobody ever goes on that, nobody posts on it. It's not specifically for nursing it's just in general (SP06)

Alongside using Facebook to make connections with peers, participants also described using Facebook as a resource for information and advice. SP04 described using Facebook at the beginning of the course for practical advice and support with transport to and from the University campus, whereas SP08 tended to use Facebook more for support with assignments, particularly towards the end of the course as the academic level of study became more difficult:

I like the Facebook page because other students comment on stuff and maybe you've got the issues as well... it was interesting because you got other peoples' perspective, like buses, it was nice to see who was getting buses, who was driving in and who you could catch a lift with, very helpful (SP04)

I tend to use Facebook more often than I did. Because if you're struggling with one of your assignments and you want a bit of advice there's always somebody whose either gone through the same problem or similar problem and they've got some way of resolving it or they can point you to a person to ask (SP08)

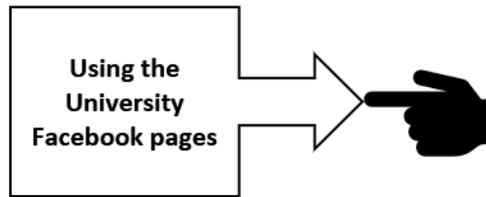
Two participants who had found Facebook useful at the beginning of the course by the second and third year of study, had started finding comments on the Facebook pages irritating. For SP06, posts from other students were less about supporting each other and information sharing and more about '*moaning and bitching*'. In particular, students seemed to lack constraint when sharing their dissatisfaction with elements of the course, such as the lectures, even when knowing that academic staff and other students could view these comments. Evidently, some students use virtual worlds such as Facebook as a platform to vent their feelings and opinions seemingly without consequence. This apparent level of unprofessionalism had resulted in SP06 leaving the Facebook group:

Well I've left the Facebook group now because everything was just irritating me. It went through a big thing of people moaning and bitching about people talking in lectures, and I just thought it's a bit unprofessional for people to be talking that way on a group where lecturers and other people on your course can see. I left it months ago (SP06)

Participants approaching the end of their third year and close to qualifying as a registered nurse, had begun to make changes to their own use of Facebook, becoming acutely aware they now had a professional standard to maintain. From the extract below, it is clear the blurring of the lines between professional role and personal life had begun to take place. SP07 understood comments she posted on Facebook were representative of her as a nurse and as a respectful citizen. Consequently, she changed her privacy settings, and deleted many of her previous comments, so as to take control over who could view her posts:

I ended up going on Facebook and taking a lot of things off, and changing my privacy settings and things like that, because it did just make you think you know you're not just being a nurse, now you're having to kind of be a respectful citizen if that makes sense (SP07)

From the discussion above student's appeared to view, and use, Facebook differently depending on how far along the journey through the course they are. At the beginning of the course, students appear to use social media for guidance, help and advice, as well as for making friends and forming social networks. As students' progress through the course they appear to use Facebook as a medium for voicing their feelings and opinions, particularly if disgruntled with specific elements of the course. Those students approaching the final transition to qualified nurse began to demonstrate qualities of professionalism by 'putting their house in order' through editing or deleting many of their previous comments and altering their approach to using social media. For the student participants, Facebook had clearly had an influence on their experience of the course. Therefore, 'Using the University Facebook pages' is identified as a touchpoint along the student journey.



4.5 Conclusion

In summary, this chapter has presented the findings of the semi-structured student interviews from phase one data collection of this study. Overall, three core themes made up the BSc Pre-registration (Adult) nurse experience including 'navigating the academic journey', 'the clinical practice learning experience' and the 'emergent networks of support'. Evidently, as students commence and progress through the nursing course they experience multiple points of contact with the course that stand out for students as key moments (touchpoints) that positively or negatively shape a student's experience. The data revealed 18 specific touchpoints on the nursing course. Touchpoints captured from the findings have been used to devise a student journey map through the pre-registration nursing course for use during the subsequent emotional touchpoint mapping events described in the following sections.

CHAPTER FIVE

EMOTIONAL TOUCHPOINT MAPPING

'We do not learn from experience... we learn from reflecting on experience' (Dewey, 1923)

5.1 Introduction

In the previous chapter the findings from the semi-structured interviews were presented and touchpoints captured from those findings were used to devise a student journey map through the BSc Pre-registration (Adult) nursing course for use during the subsequent emotional touchpoint mapping events. This chapter presents an overview of the two separate emotional touchpoint mapping events conducted as part of phase two and phase three data collection for this study (See Figure 4 - Data collection phases). To ensure a clear demarcation between the student emotional touchpoint mapping event and that of the key stakeholder emotional touchpoint mapping event, the findings from the two events will be presented in separate chapters (chapter six and seven). The current chapter begins with a brief description of the two emotional touchpoint mapping events, with a focus on the similarities and differences between both events. This is followed by an overview of the core themes and subthemes captured from the student and key stakeholder emotional touchpoint mapping events. Details of the student and key stakeholder participants recruited for the events is available in the methodology chapter and study design chapter of this thesis.

5.2 Description of the emotional touchpoint mapping events

The objective of the emotional touchpoint mapping event was to capture student participant's emotional highs and lows along their journey through the nursing course. During the student emotional touchpoint mapping event participants were asked to spend time exploring the student journey map containing touchpoints and verbatim comments relating to those touchpoints gathered from the semi-structured student interviews during phase one data collection of this study (See Figure 18 – Image of student journey map and Figure 19 - Student emotional touchpoint mapping event). In the absence of trigger films which are traditionally used during an emotional touchpoint mapping event (See Section 3.3.3), these pre-affixed verbatim comments were to serve as prompts, provoking discussion and reflection on personal experience of the touchpoints. Students were then asked to add their own experiences and comments to the journey map in the form of colour coded post-it notes, with a specific focus on their feelings and emotions as they linked to the touchpoints. Each

student participant was allocated a different coloured set of post-it notes so that verbatim comments could be attributed to specific individuals after the event. Participants were also advised they could add any new touchpoints they felt were missing from the student journey map, however no additional touchpoints were added during the event. Alongside adding post-it note comments to the student journey map student participants were asked to affix green tick stickers to the semi-structured interview comments they strongly agree with, and red cross stickers to verbatim comments they strongly disagree with, so that those comments/touchpoints that evoked the most emotional responses could be captured (See Figure 20 - Student strongly agree stickers and Figure 21 - Student strongly disagree stickers).

Once students had finished applying stickers to the student journey map an audio recorded interview took place with all participants to explore their thoughts and feelings whilst conducting the emotional touchpoint mapping. In addition, student participants were asked to reflect on some of their post-it note comments and share their own stories and experiences, particularly their emotional highs and lows on the course. This audio recording was then transcribed and analysed using the Braun and Clarke (2006) Six phases of thematic analysis framework (the core themes and subthemes that emerged from the analysis are presented in the following section of this chapter).



Figure 18 - Image of student journey map



Figure 19 - Student emotional touchpoint mapping event

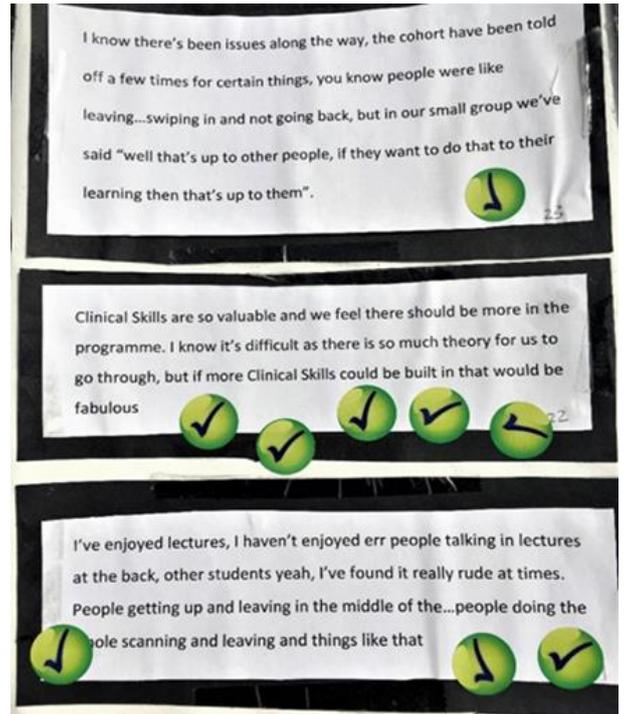


Figure 20 - Student strongly agree stickers

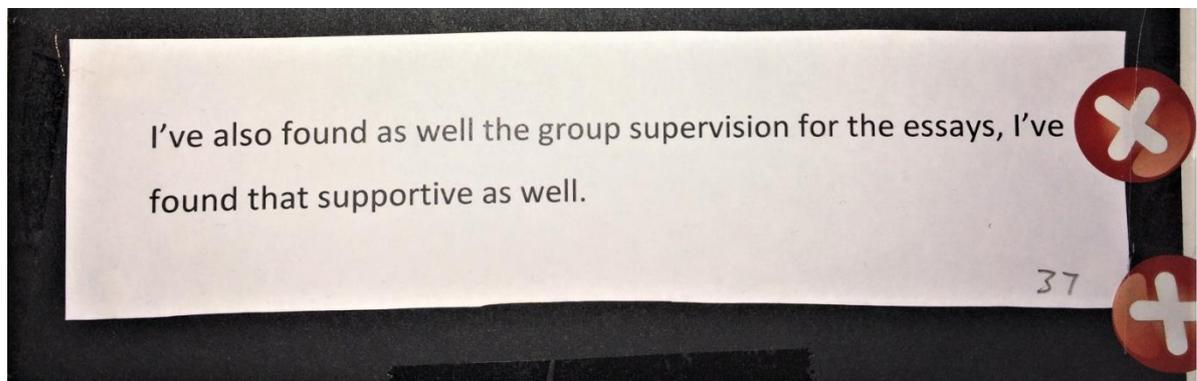


Figure 21 - Student strongly disagree stickers

Verbatim quotes from the student participant transcript were then attached to the student journey map as they related to the touchpoints thus adding a further layer of student experiences and perspectives for key stakeholders to explore during their separate emotional touchpoint mapping event (See Figure 22 - Example of touchpoints, verbatim quotes, post-it notes and stickers).

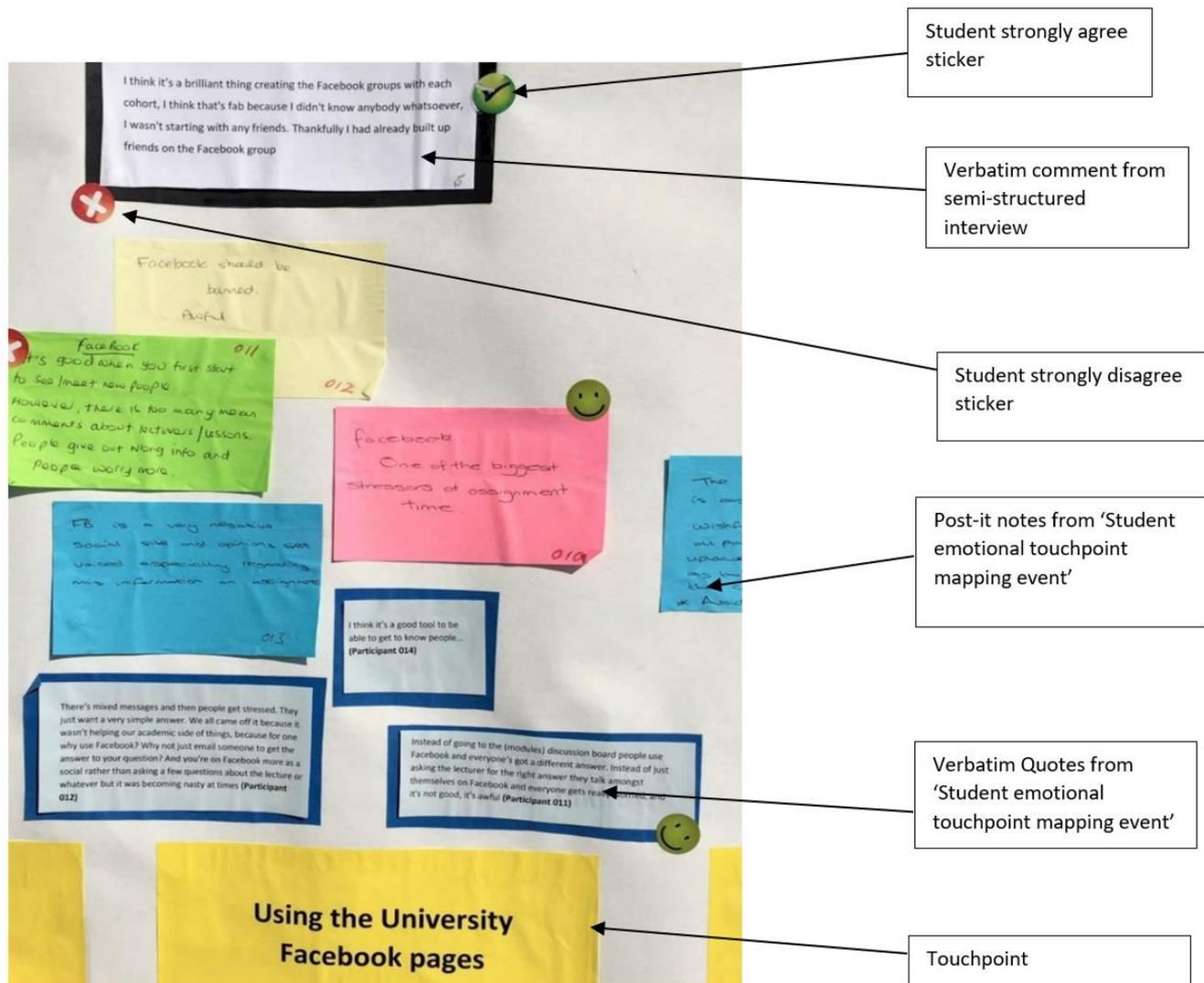


Figure 22 - Example of touchpoints, verbatim quotes, post-it notes and stickers

During the Key Stakeholder emotional touchpoint mapping event participants were also asked to explore the student journey map containing touchpoints and verbatim comments captured during the semi-structured interviews, however on this occasion they were also asked to reflect on the post-it notes affixed by the student participants during the student emotional touchpoint mapping event. Next, key stakeholders were asked to affix green smiley faces and red sad face stickers to verbatim comments and post-it notes they strongly agreed and strongly disagree with from both the semi-structured interviews and the previous student emotional touchpoint mapping event (See Figure 23 - Key stakeholder stickers). Additionally, key stakeholders added their own comments, feelings and emotions to the journey map in

the form of colour coded post-it notes allocated at the beginning of the event. These post-it notes were distinct from the student post-it notes and each other's. Notably, green smiley face and red sad face stickers were used during the key stakeholder event to ensure they were dissimilar to the student tick and cross stickers used in the student emotional touchpoint mapping event, however on reflection red sad faces may have carried connotations for some participants, for instance anger, sadness or disapproval, and plain green and red stickers may have been a preferable option. On the other hand 'smiley face feedback' based on the Kirkpatrick model has been used since the 1950s as a common approach to evaluating learning and development initiatives by gathering participants' thoughts and feelings about a programme, facilitator, content and environment (Bennington & Laffoley, 2012). Within user experience research such as EBCD the smiley face feedback approach has been adopted as a useful method for capturing participants experiences, for instance a study by Cano et al. (2018) assessing the user experience of children with hearing impairment utilised smiley/sad faces to capture positive and negative responses to playing computer games designed to aid rehabilitation.

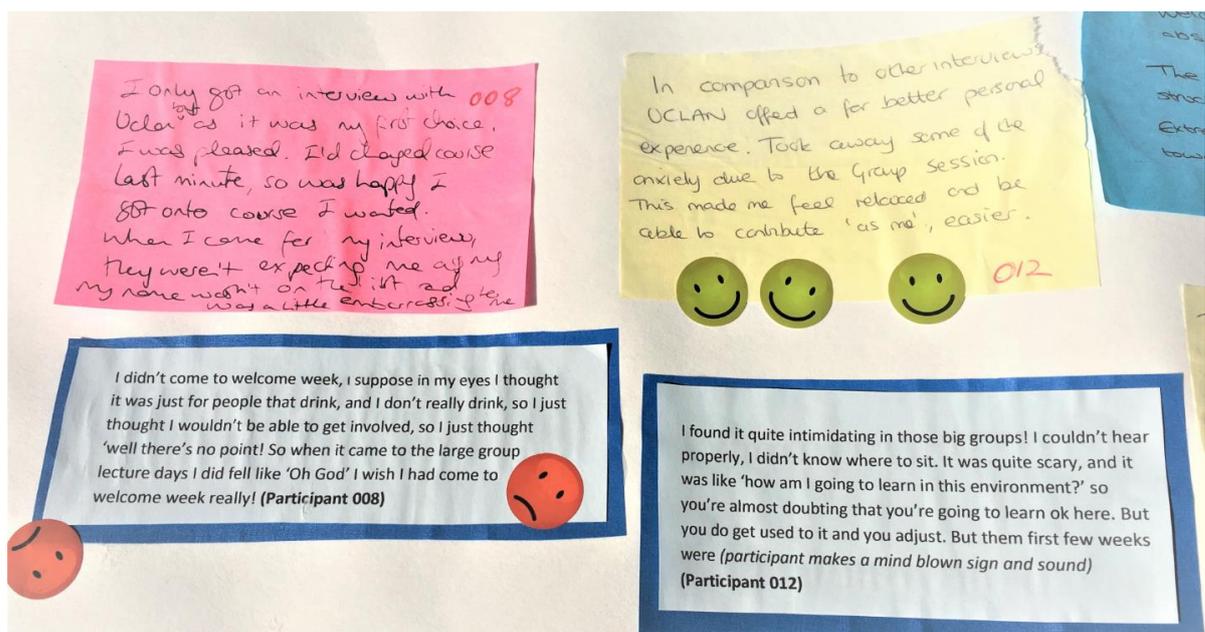


Figure 23 - Key stakeholder stickers

Although both events were delivered in similar ways with both students and key stakeholders being asked to explore the student journey map then build on the map with their own thoughts and experiences, there were notable differences. For example, the student participant event lasted a total of 1 hour 8 minutes, with 25 minutes spent exploring and contributing to the

student journey map. Whereas the key stakeholder event lasted 1 hour 32 minutes, with 36 minutes spent exploring and posting comments on the student journey map. Furthermore, during the student emotional touchpoint mapping event participants worked in silence exploring the student journey map and adding their stickers and post-it notes with comments. The student participants quickly became engrossed in the comments on the student journey map, and there appeared to be an atmosphere of calm and quietude. Throughout the emotional touchpoint mapping students dispersed themselves along the journey map avoiding contact with each other. If students bumped into each other whilst exploring the map they would whisper an apology. By contrast the key stakeholders clustered around the map in small groups, openly sharing their feelings and emotional responses to some of the comments, for instance stating when and why they felt angry at some of the comments, demonstrating outward displays of emotion. They called other participants over to read specific comments with them that stood out and discussed those comments in detail with each other and the rest of the group. Thus, the atmosphere during the key stakeholder event appeared to be one of collaboration. Following both events eight core themes and two subthemes were identified, as will be presented in the subsequent sections.

5.3 Findings from the student emotional touchpoint mapping event

Following the student emotional touchpoint mapping event the post-it note comments clustered around specific touchpoints were analysed for emotions portrayed by words/phrases in the comments. For example, on one post-it note SP14 used emotion words/phrases such as '*I felt intimidated and bullied*', therefore two negative emotions were isolated from the comments associated with 'mentor support' (See Figure 24 – Post-it note comment affixed to 'mentor support' touchpoint). This enabled the touchpoints most significant to students along their journey through the nursing course to be established for prioritisation and consideration during the Co-design event, specifically those touchpoints highlighted as emotional highs and lows.

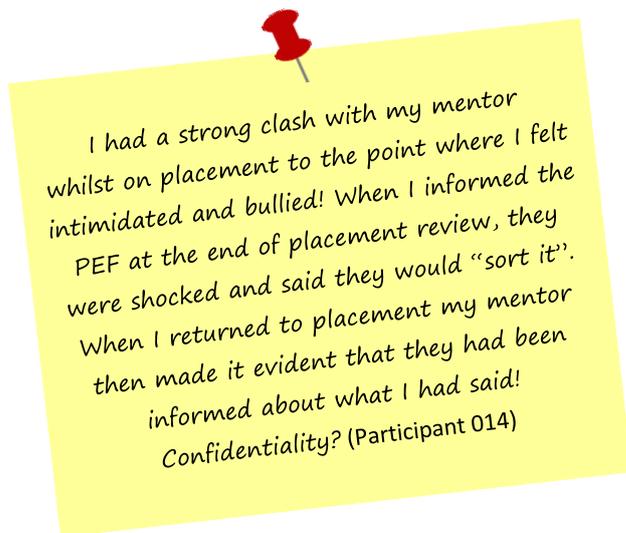


Figure 24 - Post-it note comment affixed to 'mentor support' touchpoint

The total number of student post-it notes posted under each touchpoint, the verbatim comments and emotion words/phrases identified are displayed in table format (See Appendix 17 - Post-it note comments from the student emotional touchpoint mapping event). The touchpoint 'mentor support' received the largest quantity of post-it note comments (6 in total) from student participants and the joint highest number of negative emotion comments (7) when compared with other touchpoints on the student journey map. This is followed by 'academic staff' and 'facilitated learning sessions' which received five post-it note comments each, with a mix of positive and negative comments. Although 'Module Assessment Group Support (MAGS)' only received four post-it note comments it amassed the joint highest number of negative emotion words/phrases within the post-it note comments alongside 'mentor support'. Interestingly, 'Module Assessment Group Support (MAGS)' was one of only four touchpoints ('assessment feedback', 'transition into year two' and 'first clinical practice placement (subsequent clinical practice placements)') to receive entirely negative comments. Whilst 'Academic advisor support' (5 in total) and 'Home group contact/meetings' (2) received entirely positive comments. Analyses of the post-it note comments suggests overall 'mentor support', 'Module Assessment Group Support (MAGS)' and 'Academic advisor support' were identified as the most significant and emotionally charged touchpoints for student participants in this study. Notably only one touchpoint, 'Practice Education Facilitator (PEF) support' received no post-it note comments containing emotion words or phrases during the emotional touchpoint mapping event. This may indicate for many student participants in this study

contact with a PEF was not an emotional touchpoint on the course. Figure 25 is a visual representation of the 'mean' distribution of skewed positive and negative emotions connected to each touchpoint identified on the student journey map (See Figure 25 - Number/distribution of student positive/negative emotions). For example, from the Post-it note comments affixed to the touchpoint 'using the University Facebook pages', five emotion words/phrases were identified, four were negative emotions words/phrases and one was positive, therefore 'using the University Facebook pages' was plotted as a 'mean' of negative three. This information offers insight into the touchpoints most associated with positive emotions and those touchpoints most associated with negative emotions.

Following analysis of the post-it note comments the total number of strongly agree/strongly disagree stickers student participants affixed to the comments on the student journey map were noted and tallied. In total 112 stickers were affixed to the student journey map. Overall, most student participants appeared to strongly agree with the verbatim comments from the semi-structured interviews, applying 94 strongly agree stickers and 18 strongly disagree stickers, indicating their perspective and feelings were strongly aligned with the comments from the student semi-structured interviews. Although most comments received at least one sticker during the event, student participants strongly agreed with nine comments related to eight touchpoints overall (See Appendix 18 - Comments student participants strongly agree with). By contrast verbatim comments student participants strongly disagree with were associated with just three touchpoints (See Appendix 19 - Comments student participants strongly disagree with). Figure 26 is a visual representation of the distribution of strongly agree/strongly disagree stickers mapped against touchpoints on the student journey map (See Figure 26 - Number/distribution of student strongly agree/disagree stickers).

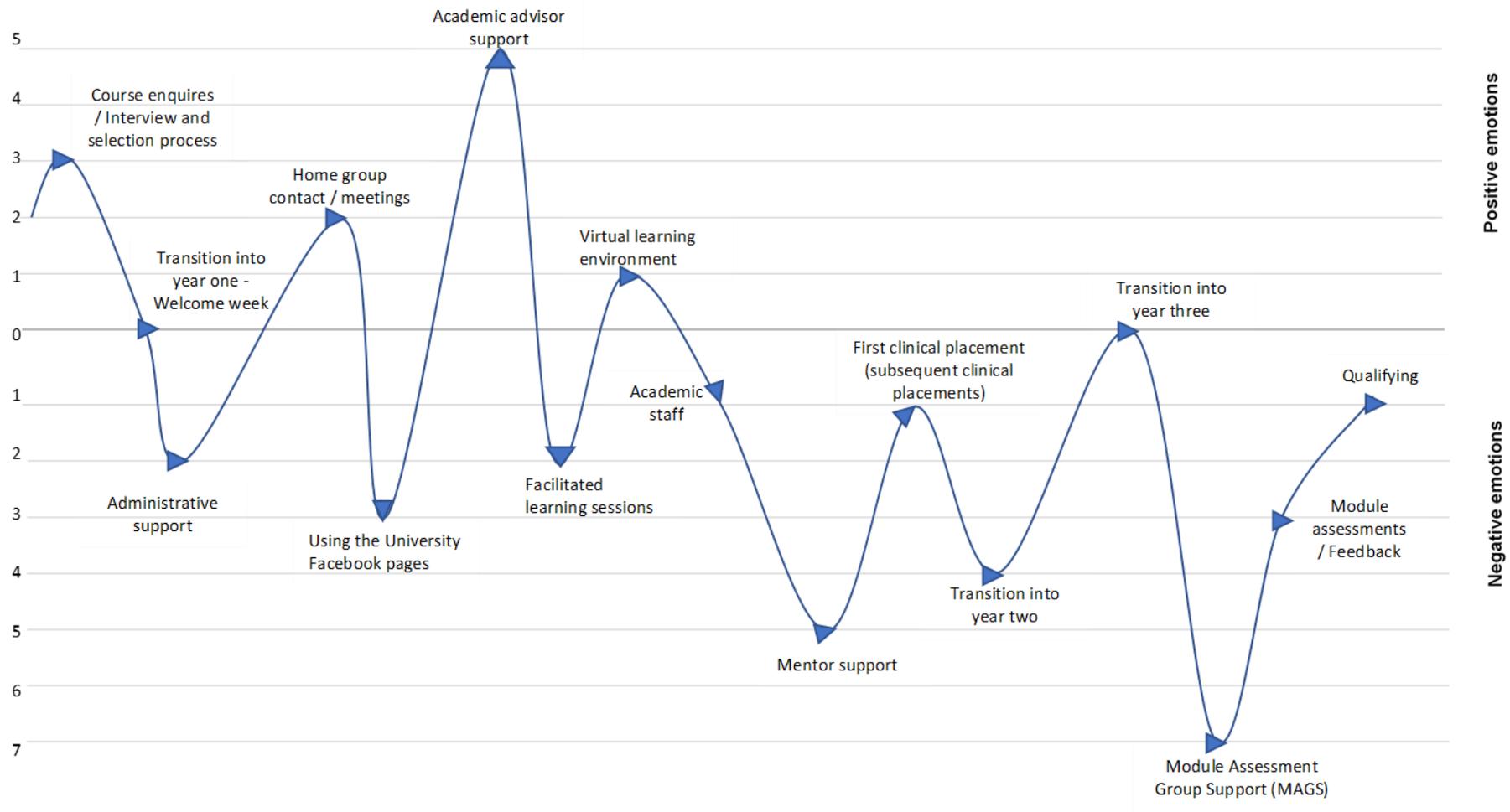


Figure 25 - Number/distribution of student positive/negative emotions

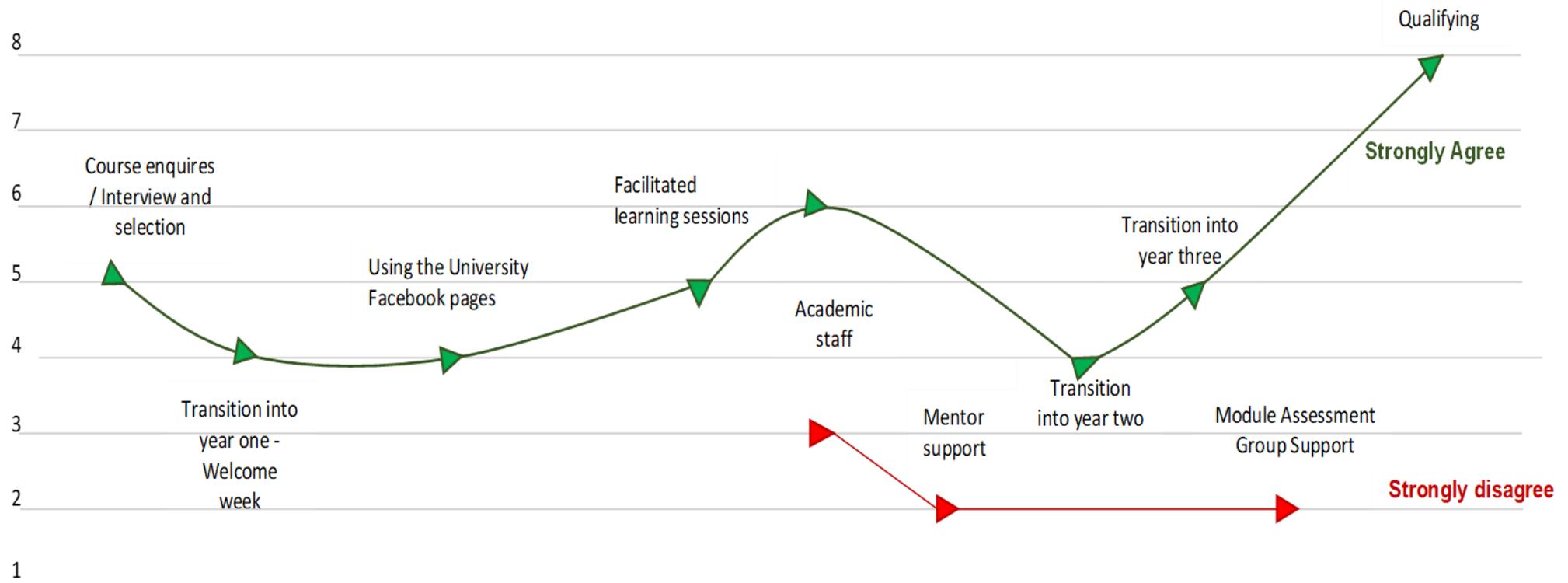


Figure 26 - Number/distribution of student strongly agree/disagree stickers

Overall, most student participants strongly agreed with the comments relating to the touchpoint ‘qualifying’ with a total of eight stickers affixed, suggesting many students feel excited but nervous about qualifying as registered nurses. The touchpoint ‘academic staff’ received the second highest number of strongly agree stickers (six stickers in total), signifying students prefer ‘strict’ lecturers who manage incivility in the classroom effectively. Only three verbatim comments received more than one strongly disagree sticker including ‘academic staff’, ‘mentor support and ‘Module Assessment Group Support’, indicating their experience may not have aligned with the experience described in the verbatim comment. In particular, some student participants strongly disagreed that some lecturers behaved badly, that mentors were fantastic and inspired students to learn, or that MAGS was a supportive form of supervision. Overall the same three touchpoints were identified from the verbatim comments and affixed stickers as the most significant to student participants during the emotional touchpoint mapping event (See Figure 27 – Significant touchpoints identified on the student journey map).

	Touchpoint
Verbatim comments	Module Assessment Group Support (MAGS)
	Mentor support
	Academic advisor support
Strongly agree/strongly disagree stickers	Module Assessment Group Support (MAGS)
	Mentor support
	Academic advisor support

Figure 27 - Significant touchpoints identified on the student journey map

After plotting the total number of strongly agree/strongly disagree stickers, the audio recorded interview from the student emotional touchpoint mapping event was transcribed and analysed for themes and core themes (See Section 5.5 - Summary of core themes and subtheme captured from the student and key stakeholder emotional touchpoint mapping events).

5.4 Findings from the key stakeholder Emotional touchpoint mapping event

During the emotional touchpoint mapping event key stakeholders were asked to affix post-it note comments to the student journey map that described their thoughts and feelings when reading the student comments clustered around each touchpoint. These key stakeholders post-it note comments were then analysed for any emotion words or phrases portrayed in the

comments, similar to the analysis of the student post-it notes. This enabled the touchpoints that stood out to key stakeholders as significant to the student journey to be captured, compared and contrasted with the findings from the post-it note comments and core themes generated from the student emotional touchpoint mapping event. The total number of key stakeholder post-it notes posted under each touchpoint, the verbatim comments and emotion words/phrases identified are displayed in table format (See Appendix 20 - Post-it note comments from the key stakeholder emotional touchpoint mapping event). Figure 28 presents the 'mean' distribution of skewed positive and negative emotions related to each touchpoint identified on the student journey map (See Figure 28 - Number/distribution of Key stakeholder positive/negative emotions).

From the key stakeholder post-it note comments in Appendix 20 it is evident the highest number of emotion words or phrases within the key stakeholder post-it note comments was associated with three touchpoints, 'Transition into year one - Welcome week', 'Academic advisor support' and 'Mentor support'. 'Transition into year one - Welcome week' had a total of five emotion words/phrases four of which were negative emotions and one positive emotion. 'Academic advisor support' and 'Mentor support' also had a total of five emotion words/phrases each, however all those emotion words were associated with negative emotions. Recurring emotion words used in different post-it notes comments include 'sad' expressed eleven times by several different key stakeholders, 'disappointing/disappointed' used five times, and 'concerned' stated three times. Only two positive emotion words/phrases were described more than once which include 'good' and 'glad'. 'Home group contact/meetings' was the only touchpoint to receive no key stakeholder post-it note comments.

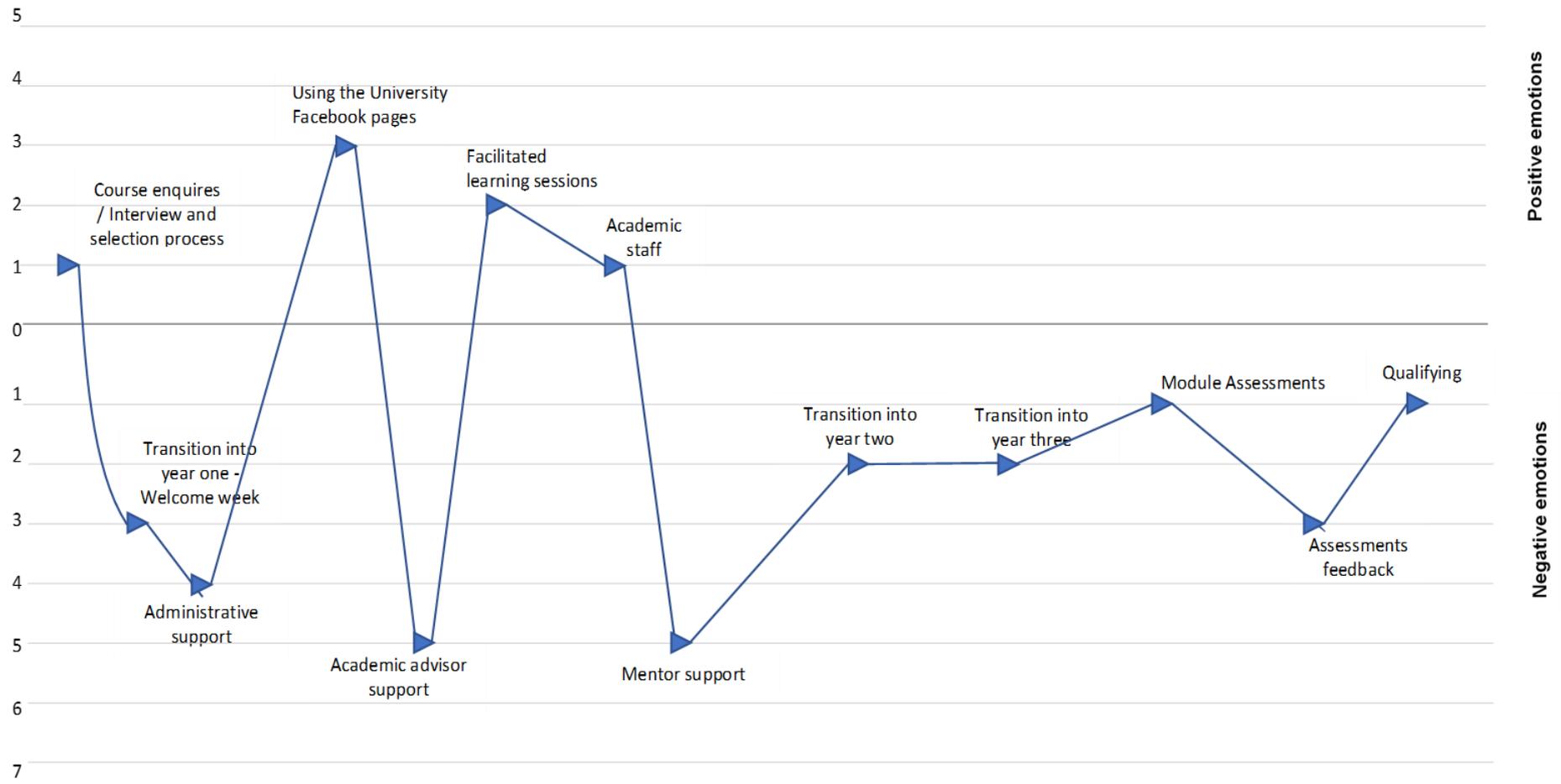


Figure 28 - Number/distribution of Key stakeholder positive/negative emotions

During the emotional touchpoint mapping event Key stakeholders were also asked to affix stickers next to verbatim comments on the student journey map they either strongly agreed or strongly disagreed with. In total 106 stickers were affixed to the student journey map. Unlike the student participants who appeared to strongly agree with the verbatim comments from the semi-structured student interviews, key stakeholders' stickers were more evenly spread across the comments, with 51 strongly agree stickers and 55 strongly disagree stickers affixed to the student journey map. In addition, where key stakeholders had placed strongly agree stickers, they did not appear to represent the majority of key stakeholder participant opinions. For example, there was a maximum of three strongly agree stickers placed around student's verbatim comments by key stakeholders compared with six strongly agree stickers affixed by student participants around one comment (See Appendix 21 - Comments key stakeholder participants strongly agreed with). Figure 29 is a visual representation of the distribution of strongly agree/strongly disagree stickers mapped against touchpoints on the student journey map (See Figure 29 - Number/distribution of Key stakeholder strongly agree/disagree stickers).

In contrast to the evenly spread strongly agree stickers, wherever the student journey map did contain a cluster of key stakeholder stickers this appeared to be where participants strongly disagreed with the comments. Most key stakeholders strongly disagreed with three student comments related to two touchpoints; transition into year three and mentor support (See Appendix 22 – Comments key stakeholder participants strongly disagree/felt saddened by). However, it must be noted that as the emotional touchpoint mapping event progressed it became apparent that key stakeholders had placed red sad face stickers around student comments that had made them feel sad or upset rather than just comments that they strongly disagreed with as advised at the start of the emotional touchpoint mapping event. Several key stakeholder post-it note comments made it clear key stakeholders were not agreeing with students 'feeling abandoned during their transition into year three', rather they were mostly sad that students felt this way despite the support that was available to them (See Figure 30 - Key stakeholder post-it note comments), and the red sad face stickers most represented their emotions at that time (See Figure 31 - Key stakeholder post-it notes, image 1). This is reiterated further in the excerpt below taken from the audio recorded interview during the key stakeholder emotional touchpoint mapping event where several participants articulate feeling sad when reading some of the student comments (See Table 8 - Excerpt from key stakeholder emotional touchpoint mapping event transcript).

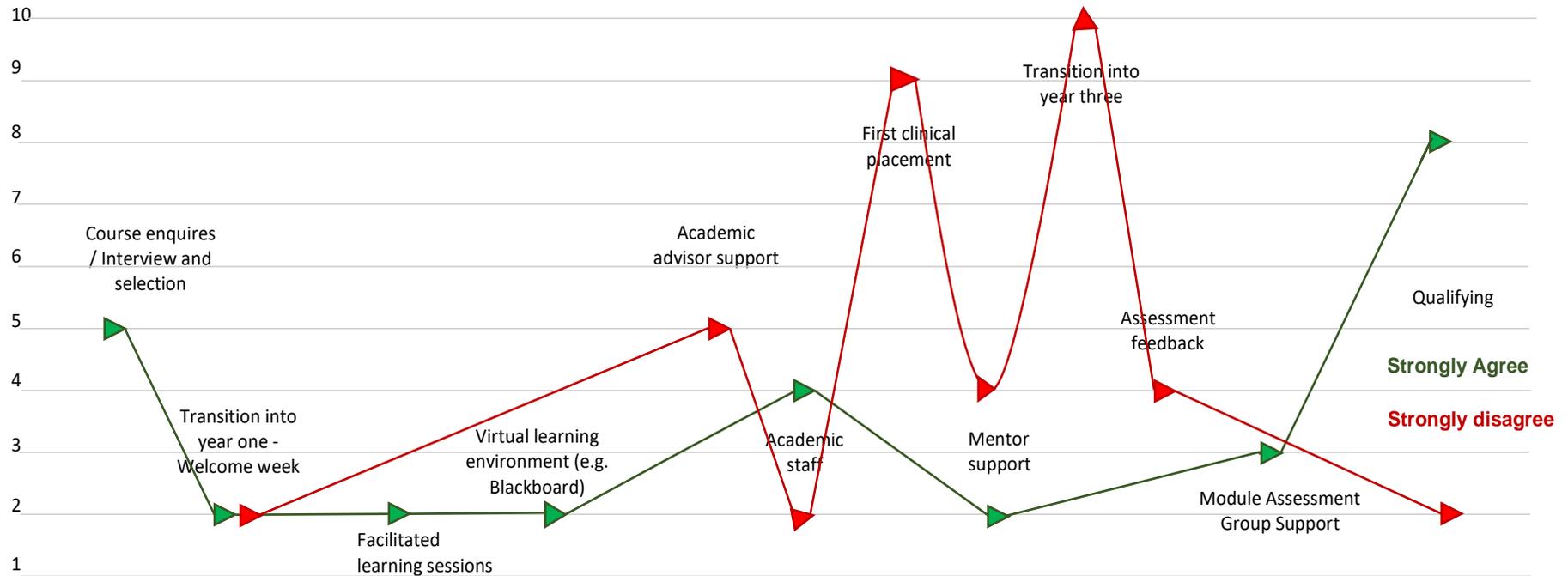


Figure 29 - Number/distribution of Key stakeholder strongly agree/disagree stickers

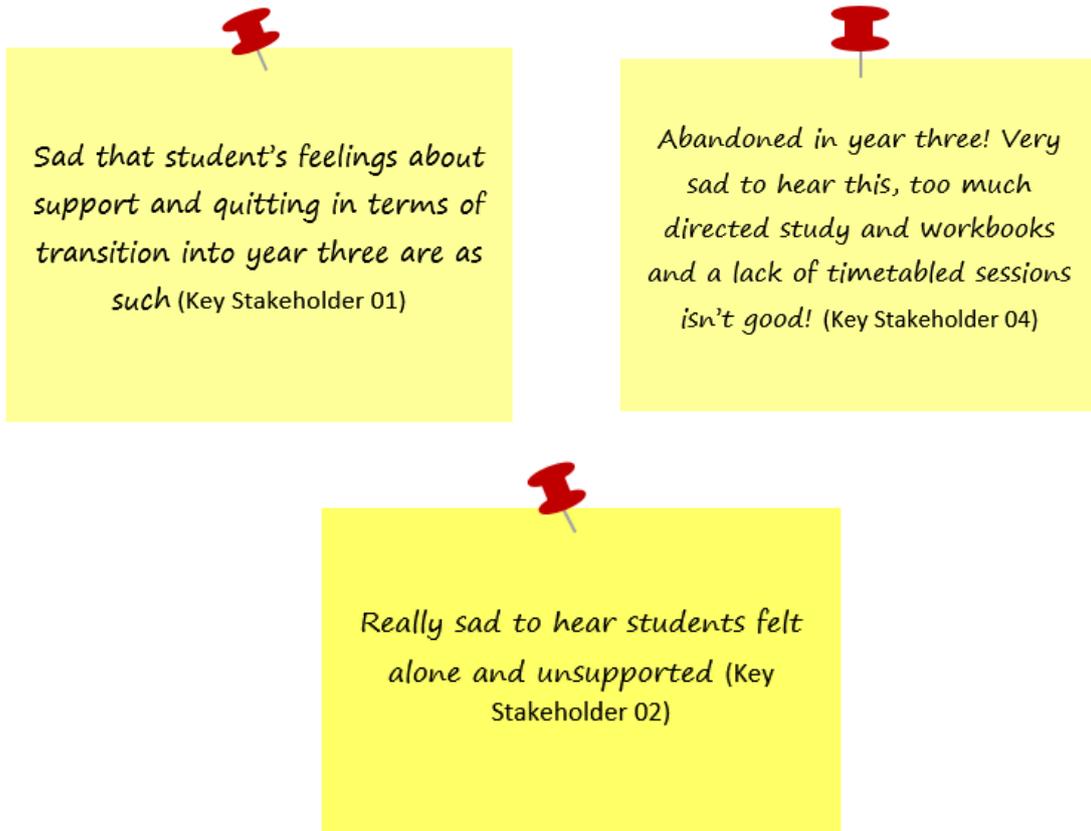


Figure 30 - Key stakeholder post-it notes comments



Figure 31 - Key stakeholder post-it notes, image 1

Interviewer – one of the comments that has the most red stickers around it is the comment “I feel abandoned in year three” can you explain why that is to me?

KS07 – it’s just really sad because we don’t... we have this idea that we want to make them into independent practitioners and I feel we are doing that, and we are supporting them, but they just feel like they’re being abandoned so. Again, is it about managing expectations? Have we not done... it’s that perception of roles isn’t it, it’s really sad!

Table 8 - Excerpt from key stakeholder emotional touchpoint mapping event transcript

5.5 Summary of core themes and subthemes captured from the student and key stakeholder emotional touchpoint mapping events

The post-it note comments from the student emotional touchpoint mapping event revealed ‘mentor support’, ‘Module Assessment Group Support (MAGS)’ and ‘Academic advisor support’ as the three most significant touchpoints for student participants. Whereas ‘facilitated learning sessions’, ‘clinical practice placement support’ and ‘mentor support’ received the most emotion words/phrases from students during the audio recorded interview. Therefore, five core themes and one subtheme emerged from the student emotional touchpoint mapping event (See Figure 32 - Core themes/subthemes from emotional touchpoint mapping events).

Similarly, ‘mentor support’, ‘Module Assessment Group Support (MAGS)’ and ‘Academic advisor support’ were the touchpoints to receive the most Post-it note comments from the key stakeholder. Whereas ‘Academic advisor support’, ‘Module Assessment Group Support (MAGS)’ and ‘Transition into year one’ received the most emotion words/phrases from key stakeholders during the audio recorded interview. Therefore, three core themes and one subtheme was identified from the key stakeholder emotional touchpoint mapping event (See Figure 32 - Core themes/subthemes from emotional touchpoint mapping events).

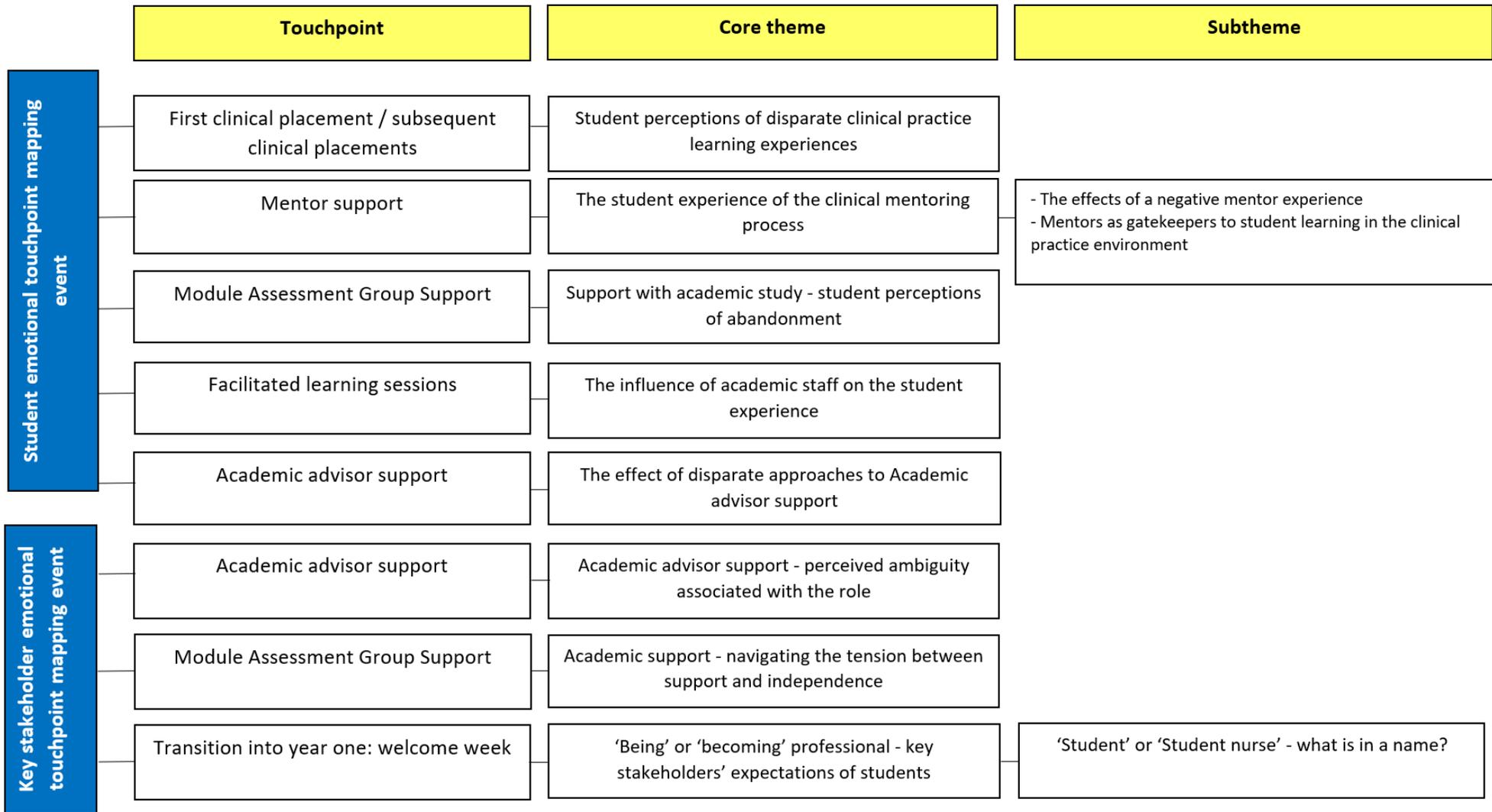


Figure 32 - Core themes/subthemes from emotional touchpoint mapping events

CHAPTER SIX

PRESENTATION OF FINDINGS FROM THE STUDENT EMOTIONAL TOUCHPOINT MAPPING EVENT

'Except in dealing with commonplaces and catch phrases one has to assimilate, imaginatively, something of another's experience in order to tell him intelligently of one's own experience' (Dewey, 1923)

6.1 Introduction

The previous chapter has described the student and key stakeholder emotional touchpoint mapping events and identified the core themes and subthemes from both events. This chapter presents findings from the student emotional touchpoint mapping event as they relate to the core themes and subthemes identified from the audio recorded interview undertaken during the emotional touchpoint mapping event, and post-it notes comments. The touchpoints that seemed to hold the most significance was the first clinical practice placement, mentor support, facilitated learning sessions, Academic advisor support and Module Assessment Group support, although this final touchpoint also incorporated issues around support with independent study skills (See Figure 33 - Findings from the student emotional touchpoint mapping event). Throughout this chapter verbatim quotes used to support core themes and subthemes are followed by participants' identification code e.g. SP01, whereas post-it note comments are indicated by participants' identification code and the acronym PINC (**P**ost-**I**t **N**ote **C**omments) e.g. SP01 PINC.

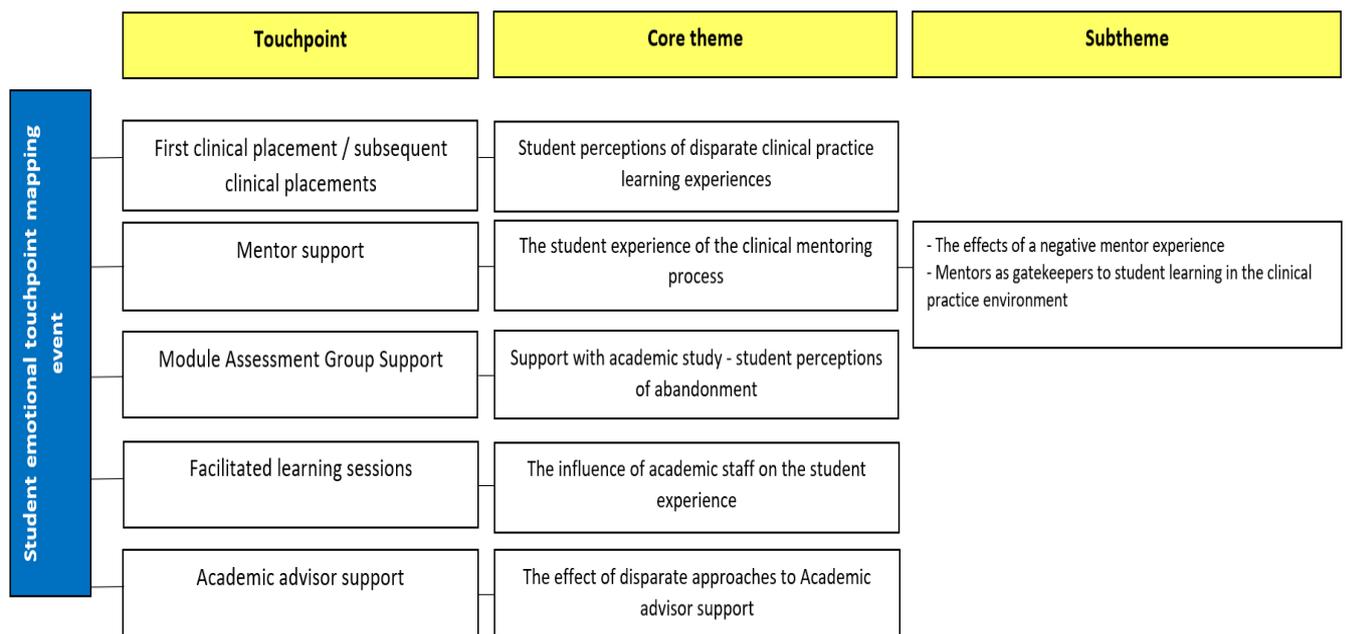


Figure 33 - Findings from the student emotional touchpoint mapping event

6.2 Student perceptions of disparate clinical practice learning experiences

Findings from the emotional touchpoint mapping event around the clinical practice placement experience was similar to the results from the semi-structured interviews, with participants consistently placing great emphasis on the clinical practice component of the nursing course. Participants in this study describe a mix of clinical practice experience with most students having some positive and some negative experiences, however two students described only positive experiences in the clinical placement area:

Good points (on the course) definitely placements (SP13)

Loved the placements...I've had positive experiences on placement (SP12)

Of those participants who had a mix of positive and negative experiences several indicated concern around the equitableness of placement allocations. Students appeared to align clinical competence with access to a wide variety of learning opportunities. A sense of unfairness resulted when students were not given the same opportunities to participate in clinical specialisms their peers appeared to have multiple experiences of:

There should be some way of making placements more consistent...I've heard reports that there are people having their second respiratory placement! (SP14)

Having limited experience in areas of patient care their peers have lots of experience in, can result in anxiety and under-confidence in some students about their own knowledge and competence. However, participants who had multiple experiences of the same clinical practice area had similar concerns related to the disproportionate amount of experience and specialist knowledge they had acquired in just one area of patient care:

I feel like I've just had a lot of the same (placements). I had orthopaedics twice and then rehabilitation which was orthopaedic patients (participant laughs), so I felt like I've had a lot of orthopaedics (SP11)

Having good placement experiences was attributed to being quite 'lucky' by one participant, suggesting an element of serendipity involved in having a good placement experience and conversely misfortune for those who experience a poor placement. Thus, placement allocation can seem like a gamble and something outside of students' control:

I've had good placements I feel...I've had a variety of placements. I've had lots of experiences and lots of opportunities. I think some people haven't so I feel I've been quite lucky (SP12)

Some students assumed more pragmatic reasons for any disparate clinical practice learning experiences. One participant felt the local NHS trust where their clinical practice placements were allocated lacked the specialist areas other NHS trusts had, resulting in missed learning opportunities. On the current pre-registration nursing course students are allocated to local NHS Trusts based on their postcode of residence. Although some students expressed a willingness to travel to different NHS trusts in order to have access to the same learning experiences as other student on the same course, the large student numbers and limited clinical placement areas prevent this being an option:

I don't feel like we've got the specialist areas around our way, whereas if you're in another (NHS) Trust you've got more specialised areas. The hospice in my local Trust don't accept UCLan students, so I feel that it is the area we're falling down on, whereas if you're in another Trust they're all there, they've got lots of specialisms. I don't mind traveling to a different area or Trust but we don't get that opportunity (SP12)

Disparate clinical practice experiences were recognised as commonplace for most students in this study. For SP12 discussing positive placement experiences with some of her peers who had had negative experiences felt 'wrong', and appeared to trigger feelings of guilt:

We've spoken about that (referring to a peer), so I feel a bit wrong to say sometimes I've had a good experience because I know she hasn't. (SP12)

Alongside contrasting clinical practice experiences, participants in this study acknowledged the effects of different approaches to the clinical supervision (mentoring) process.

6.3 The student experience of the clinical mentoring process

Findings from the audio recorded interview and the student post-it notes indicate mentors, and support from mentors, was amongst the most significant touchpoints that shaped students' experiences on the course. Student participants reported many emotional highs and lows that related to their experiences with mentors in the clinical practice area. Overall participants in this study had mixed experiences with their mentors; two student participants describe having only positive experiences, two participants describe having negative experiences with their various mentors throughout the course and a further two participants describe having a mix of positive and negative experiences with their mentors overall. One participant (SP15) had not yet been on a clinical practice placement.

Four out of the seven student participants describe a positive mentor experience in at least one of their clinical practice placement areas. A good mentor experience was viewed as one where their mentor guides and supports them, offers lots of opportunities to meet their learning needs and communicates well with the student. Mentors who were able to effectively support students in clinical practice through skilful communication and a conscientious approach to meeting student's learning needs, were an inspiration and enhanced participant's overall learning experience. Being '*advised*' as indicated in the extract below can be a one-off activity but the use of the term '*guided*' suggests the student had opportunities to work closely alongside their mentor in a supervisory capacity:

I feel I've been strongly advised and guided all of the times where you're kind of on your own and things (SP13)

My mentors have been a huge inspiration and improved part of my learning. They communicated well, checking all areas needed to learn were covered and supported (SP12 PINC)

Mentors who demonstrated competence in their role as mentors, as described above, contributed to students having a good experience. Consequently, a good experience with a mentor can influence students' future career choice with some students deciding they would even like to work in the clinical practice placement area they were once a student and alongside those mentors:

I've had a good experience with mentors, so much so that I might even want to go back there for jobs (SP13)

Evidently mentors who role modelled behaviour and characteristics participants perceived as desirable qualities in future colleagues. However, not all participants in this study had good experiences with their mentors.

6.3.1 The effects of a negative mentor experience

At the beginning of the audio recorded interview students were asked how the process of emotional touchpoint mapping had made them feel. SP10 was the first to respond and appeared visibly upset whilst explaining how reading the positive comments other students had written about their clinical practice placement areas and mentors had made her feel, as she reflected on her own negative experiences. From the narrative below there appeared to be a stark difference between participants experiences, and a degree of unfairness around this disparity:

I've got a lump in my throat, I feel upset. Because it highlights the difference between a good experience and a bad experience. When you discuss placements and you discuss how you got on with your mentor with other people, I get quite jealous that everybody's having this really, really good time (SP10)

Negative clinical practice experiences were associated with mentors having little or no time for student. For example, some participants found it difficult to have their competencies signed off (a mandatory requirement of the nursing course), with some mentors leaving the mandatory documentation until the day before a student is due to leave the clinical area. Statements such as *'what date did you start?'* potentially devalues the participants contribution to the clinical environment as the students start date holds no significance to her mentor. Furthermore, completing the participants documentation at the latest possible occasion implies opportunities were missed to give the participant critical constructive feedback early enough for them to act on that feedback:

It's like the day before you leave they say "oh come on we'll fill your book in now", "let's do this date, what date did you start?" (SP10)

This can leave a student feeling a low priority for the mentor and their clinical experience depersonalised. This type of mentoring is described as *'impersonal'*, suggesting a disconnect between the student and their designated mentor. The use of the word *'burden'* in the extract below signifies the mentor by their actions and behaviours made the student feel like something difficult or unpleasant to be dealt with:

It's very impersonal, you're made to feel like a burden (SP14)

Many of the participants describe struggling to have their clinical practice documentation completed in the practice placement area. One student uses 'battle metaphors' such as 'fighting' to describe the process of having clinical competencies signed off. Using battle metaphors implies a negative associating with students learning needs being met in the clinical practice placement area, although this battle appears to be with the time constraints placed on mentors in practice. Participants recognised some mentors were under pressure and too busy to facilitate the student's learning needs. Thus, mentors lack the time to help rather than the willingness to help. As a result, students can find themselves facing a difficult dilemma, either to 'intrude' on busy and overwhelmed mentors or compromise their own learning needs:

You're not on your own, I've had 2 out of 4 of my placements I've had a mentor that hasn't been as helpful as they could have been. But I think it's difficult because obviously hospitals are just so overwhelmed at the moment. But it's just difficult for the student because you don't want to intrude when they're busy with something. You're fighting to get your competencies signed off, or you just want to have a chat with them sometimes and it's just hard to find that time (SP09)

The concept of fighting, or being in a conflict, in the clinical practice placement environment was not restricted to the facilitation of learning or signing of clinical documentation, some student participants in this study had experienced direct personal conflicts with their mentors in practice. Two participants felt their integrity was being questioned by their mentors:

On the placement that I was on I was made to feel I had to have days off for health reasons, and I had surgery because of it. But my mentors exact words were "I'm not calling you a liar but you need to verify it, you need to get a staff nurse with you to witness that" (SP14 PINC)

I've hardly ever had any days off whilst I've been here (on the course) up to my third year, or in placement, but I had two valid days off and I was made to feel really bad that I had missed two days, by my mentor (SP12)

In the extract below one participant describes feeling intimidated and bullied. Although the incident was reported to the PEF the situation was unresolved and subsequent comments from the mentor indicate a breach in confidentiality, resulting in this participant feeling in a more vulnerable position with her mentor:

I had a strong clash with my mentor whilst on placement to the point where I felt intimidated and bullied! When I informed the PEF at the end of placement review they were shocked and said they would "sort it". When I returned to placement my mentor then made it evident that they had been informed about what I had said! Confidentiality? (SP14 PINC)

Experiences described above can potentially deter students from speaking-out when problems occur in the clinical practice placement environment. On this occasion the support

system in place for students in the clinical practice environment appeared to fail. As indicated in the excerpt below, when support systems are not aligned with the needs of the student conflicts encountered in the clinical practice environment can leave some nursing students feeling unable to continue with the rest of that placement, possibly contributing to attrition on the nursing course:

I had a mentor that was talking about me behind my back to a patient whilst I was in the room. I was so close to the end of the placement that I didn't raise it with her...the rest of the placement became untenable (SP10 PINC)

The impact of such negative interactions with mentors can affect students on a personal level by undermining their confidence. One participant acknowledges experiencing fear and low confidence in the role of student nurse. Wanting a way to '*manage this fear*' she chose to share her concerns with a mentor. However, the mentor's response connotes an element of not wanting to deal with this issue as the student explains '*I've had it thrown back at me*'. Moreover, an ill placed 'pep talk' from the mentor further serves to undermine the student's confidence further:

I've explained that I do have low confidence in the role, I've had it thrown back at me, "well you're going to be a nurse, and you're going to be qualified", well this is what I'm worried about...that's just not working you saying that! I know, I'm not stupid, I know that in XYZ I'm going to be qualified, you're just stating the obvious. Give me a way of managing this fear (SP10)

Student's comments suggest some mentor's '*can't be bothered*' because they do not really want to be mentors but are '*forced into it*'. There is the suggestion there should be flexibility around who should become a mentor, thus avoiding the need for coercion. SP14 argues the inception of a better mentorship system, whereby nurses are selected to be mentors, rather than the current system in which all registered nurses are expected to become mentors usually within two years of qualifying:

I feel like the mentors, they don't want to be mentors, they're forced into it for progression purposes... I wondered if there could be more leeway about forcing people to be mentors if they clearly don't want to take on that role (SP10)

I feel that there should be a better system in place to monitor mentorship (SP14)

6.3.2 Mentors as gatekeepers to student learning in the clinical practice environment

Within this study several participants perceived mentors as the gatekeepers to learning opportunities and have an expectation mentors will engage them in teaching and instruction

in the clinical environment. Mentors who fulfilled students' expectations were described as *on the ball*' in other words competent, attentive and effective in their mentor role:

My mentors have always been on the ball and their guidance has been fab (SP13)

For some students effective learning in clinical practice was dependent on the availability of meaningful learning opportunities and support from clinical supervisors. The narratives below suggest students perceived themselves lacking the underpinning knowledge base of a clinical area to pursue their learning needs. Consequently, mentors were deemed as having better knowledge and understanding of the learning opportunities available in their own clinical areas. Where mentors appeared disinterested in teaching students, participants felt this resulted in missed opportunities for learning:

Mixed mentors, sadly some of them have no interest in showing you anything or teaching you (SP11 PINC)

That's difficult because you don't know what's available so you can't go with that mentality of 'well I want to learn this, this and this' because sometimes you're not aware of what's out there are you (SP14)

If they don't tell you, you're not going to know (about available learning opportunities) (SP09)

The discourse indicates some students may rely on mentors to determine their learning goals. Several participants described seeking out their own learning opportunities when mentors did not meet their expectations around facilitating learning experiences. However, employing self-directed study approaches to learning in clinical practice appeared to be viewed as additional to their student nurse role, and an activity that encroached on their *'own time'*:

It takes some of your own time to find something new that you might want to do (SP09)

I spent a whole placement finding my own things to see, learn and partake in (SP11 PINC)

Taking control and proactively seeking out their own learning opportunities was viewed as a final course of action for students when mentors were perceived as struggling to fulfil the role due to competing workload demands. This suggests self-directed learning is not considered an integral component of the clinical practice placement experience for some students:

You know they'll say "we'll have to try and find time to fit you in here or there" but you almost have to go off your own back and say "right, well I want to do this so I'm going to contact that person and make time to learn more" (SP09)

As gatekeepers to knowledge and learning in the clinical practice environment some mentors were perceived as a constraining factor for some students learning experience. For example,

in the narrative below the mentor's response to one participant's eagerness to engage with multiple learning opportunities appears obstructive. Although the mentor offers a rationale for suppressing the student's enthusiasm, this is interpreted as unsupportive behaviour by the participant:

When you do say "oh I really want to do this, and I really want to do that, I want to learn as much as possible", they're like "oh well you're only in second year" which I find quite bizarre. They don't really support you as much as you might like (SP09)

The findings presented above indicate some student participants perceive mentors as the gatekeepers to student learning in the clinical practice environment. Mentors are felt to have a better understanding of their own clinical practice placement environment than students new to the environment. Consequently, students expected mentors to facilitate learning opportunities as part of the mentor's role. Mentors who insufficiently engaged students in learning often had a negative impact on the student experience overall.

6.4 Support with academic study - student perceptions of abandonment

Several touchpoints are linked to the core theme 'Academic support - student perceptions of abandonment' these include 'Module Assessment Group Support (MAGS)', 'Transition into year two', 'Transition into year three' and 'Academic advisor support'. 'Module Assessment Group Support (MAGS)' and 'Transition into year two' both received the largest number of negative comments exclusively, and no positive comments, whereas 'Transition into year three' and 'Academic advisor support' received a mix of positive and negative comments and was discussed extensively in the audio recorded interview that followed the student emotional touchpoint mapping event. Within this theme the term 'academic support' does not relate to support that affects students' academic performance, instead this theme relates to participants' sense of how support received, or perceived lack of support, influenced their experience of the course. Overall, most students in this study indicated they had struggled with the academic elements of the course at times. Points of transition during the course seemed poignant times where participants describe experiencing most difficulty, particularly for those students moving into year two:

I found the beginning of year 2 quite a shock! Year 1 seemed so easy (SP09 PINC)

Second year is a huge jump compared to year 1, not prepared for it either. 3rd year I do feel very much left on your own. I'm disappointed with this as this is when you need additional support (SP12 PINC)

Two participants describe feeling 'let down', 'left on your own' and 'abandoned' since transitioning into year 3. One student reveals a feeling of isolation, as though she has been separated from her cohort and left to 'fend for herself'. Several participants believe these feelings are related to the increase in self-directed study required in year 3, where students are expected to grasp those crucial concepts central to nursing knowledge and understanding aside from their peers:

Important sessions are self-taught! Feel isolated and sometimes like I'm at an open university (SP13 PINC)

This feeling appears exacerbated when the skill of independent learning is not established whilst in year one, resulting in some students struggling in consequent years. SP12 explains how she has struggled to understand much of the material during the first two years of the course, subsequently in year three she is now having to relearn things she should have understood in year one. If she had established a better level of independent learning skills in year one this would have positioned her better for learning in year two and year three:

One of my biggest difficulties in year 1 I found was the anatomy and physiology. I don't know whether it's me or...but I found the exams we did in year 1 blew me away. I don't know how I passed them! I didn't understand half of it, and I think if I'd been in a better position in year 1 it would have helped me in year 2 and 3. But there are still things which I'm still getting my head around because year 1 didn't...The 'learn to learn' I found that a complete waste of time! (SP12)

One participant indicates the theoretical content on the course is at a higher level than she feels is necessary to become a nurse, being more akin with 'training to be a doctor'. Furthermore, the narrative below implies far more is expected of current student nurses than was expected of previous trainee nurses, but it is the amount of theory that has left SP11 feeling overwhelmed:

The amount of theory is overwhelming. I understand we need to know, and nurses are trained to do a lot more now, but sometimes I think I'm training to be a doctor (SP11 PINC)

SP14 concurs suggesting theoretical content on the course is delivered at a higher level than current students can understand, without consideration for the level new students' may be positioned at. Rather than this being a consequence of studying at a higher educational level SP14 contends this is idiosyncratic to the pre-registration nursing course as she, and peers she had spoken to, had a very different experience when studying on other higher education courses at the current University:

We joked about it in our college group. I did the access to allied health professionals' course before coming here and we were saying we actually felt like we'd learnt more on that course in the 9 months we were there than in the first year (on this course). Because it was delivered to us (here) above a level that we could understand or than we were at. And if you had any question, you were told you need to read around the subject. Well no, give us something to learn. Give us something. We just felt like we weren't learning (SP14)

From the extract above it appears those students who sought answers from academics with things they were struggling to understand were advised to research the answers for themselves. SP14 does not indicate if they received guidance around how to undertake that research, however from her next response it seems this participant was not given further advice to help her learn how to learn. Her experience is in line with many other student participants in this study from both the emotional touchpoint mapping event and the semi-structured interviews who struggle with the concept of independent learning. This is indicated by five out of seven student participants from the emotional touchpoint mapping event strongly agreeing with the verbatim comment below captured during the student semi-structured interviews:

There's been a few times where I've thought of quitting and that's just honest. I still don't know if I want to be a nurse in terms of I love doing what I do but it's so scary (SP07)

One participant (13) used the term 'Open University course' analogously to depict the amount of independent learning she was expected to conduct in year three, in other words her current studies resembled a form of off-campus distance or on-line learning course. SP13 signifies she had not anticipated this aspect of the course, and if she had she may have chosen to study elsewhere:

It does feel like an open university at the moment, that's what I'll say. It feels like an open university, self-taught teaching right now. And if I wanted to do an open university (course) I would have applied (for one). That's our opinion from studying at college to this. I do feel...we are older adults aren't we...but we do need extra knowledge and understanding and more depth in what we're doing (SP13)

By contrast SP12 had expected to conduct independent learning as part of the course, yet she was still shocked by the amount of independent learning required. However, she had expected far more support to conduct independent learning that she had received. Now in year 3 SP12 describes feeling 'let down' and unsupported:

I came into it knowing I needed to do a lot of my own learning, I just think to me in my opinion it's changed over the years. So in year 3 we've been left far too much without any support, and that's been a massive erm...and actually year 3 is the time we need support... I feel like we've been left to it in year 3 and I feel quite let down (SP12)

One system established to support students on the pre-registration nursing course is the process of module group assignment support (MAGS). Consistent with the findings from the student participant semi-structured interviews, participants from the emotional touchpoint mapping event indicated MAGS was ineffectual for supporting their learning and assessment needs, even suggesting it was a 'waste of time':

The group supervision I just think it's a big waste of time for me (SP10)

I feel the Group Assignment supervision are a waste of time. Difficult to get questions over as too many in the group. I feel this hasn't helped my development in assignments (SP12 PINC)

Participants 09 and 14 regarded group supervision as less beneficial than one-to-one supervision. For SP09 MAGS was even counter-productive, leaving her feeling more confused at times:

I don't find Group Assignment supervision as supportive as individual supervision, sometimes I leave feeling more confused! (SP09 PINC)

I don't feel that group supervision is as supportive as individual supervision (SP14 PINC)

The findings presented above indicate some student participants within this study felt unsupported and even abandoned as they progressed through the course. Reasons for this include a perceived increase in self-directed learning linked with insufficient independent learning skills and decreased classroom-based contact time. For some students' theoretical content on the course was delivered at a higher level than expected. Overall student participants indicated a need for more support and direction from academics with independent learning particularly in year three as the level of study became more challenging.

6.5 The influence of academic staff on the student experience

During the student emotional touchpoint mapping event the touchpoint 'Academic staff' received the second highest number of post-it notes comments after 'Mentor support' and the highest number of strongly agree and strongly disagree stickers affixed. Notably, 'Academic staff' had a more evenly balanced proportion of emotions described, with four negative and three positive emotions identified, indicating some polarisation amongst the student views. Consequently 'Academic staff' is considered a significant emotional touchpoint within this study due to the amount of focus it received in both the student touchpoint mapping event and the student audio recorded interview that followed. As demonstrated by the mixed emotions described in the student post-it note comments different aspects of the student's experiences with academic staff was perceived as both positive and

negative. For example, several student participants described finding academic staff as approachable, and their knowledge and guidance helpful to students at various points on the course. Specifically, academic staff who shared their own personal experiences helped them to understand different professional aspects of the course and their future roles. Those academic staff who assisted students at various points on the course were held in esteem by those students:

Lecture staff are very well respected. Their knowledge and guidance allow us to embrace this challenging emotional journey (SP113 PINC)

Lecturers have mostly been approachable. However (lecturers) reading off a PowerPoint I feel it isn't as easy to take in the info. The lecturers who bring in experiences help me gain the understanding of the area (SP12 PINC)

Although one participant described some academic staff as 'awful' (SP10 post-it note comment), by contrast all student participants, including SP10, indicate the behaviour or actions of some staff rather than the academic staff themselves affected the student experience in a negative way, particularly in the classroom setting. Frequently this related to how academic staff responded to incivility in the classroom setting. Student participants from the emotional touchpoint mapping event shared similar stories and frustrations to the students in the semi-structured interviews for this study. They describe feeling frustrated by the amount of poor behaviour from other students that disrupted their own learning and made it difficult to concentrate. SP12 purports incivility in the classroom is disrespectful and identifies disrespectful behaviour as talking, using mobile phones and being generally disruptive during lectures:

Some of the students are actually very disrespectful to the lecturers and are talking, and aren't listening to lectures, rustling, phones going off, and you know alarms going off, and then I think that isn't right and I think they should be told (SP12)

This was exacerbated further by some lecturers' approach to alleviate the situation. In the extract below the lecturer appears to misread the situation, interpreting the rise in noise levels as students feeling ready for a break in the session, but for SP15 this action interrupts her flow of learning and potentially acts as a reward system for disruptive students. This leaves the participant feeling even more annoyed and frustrated. SP14 states 'I get angry' at this behaviour:

It's frustrating, really frustrating. You're coming here to learn and they're disrupting it, a lot of it's at the back so I generally sit at the front. You just can't hear anything, it's just continuous. And if you have a lecturer that just doesn't address it you'll end up hearing other people saying "shush" and then you hear more mumbling because they're getting annoyed and saying "don't shush me" or whatever. So it is annoying, because then they're (the lecturer) saying "oh should

we have a break then” but it’s like we’ve not learnt anything. I do find that they have too many breaks just to shush the other people at the back (SP15)

SP15 argues lecturers should ‘take more hold of the room’ rather than ignoring the incivility and continuing to deliver the session. Unabated noise and disruption make it difficult for her to learn. One participant implies undealt with noise and chatter in the classroom can redirect student’s attention risking an escalation in noise and chatter amongst other students resulting in a cumulative effect. Once this happens other people in the classroom become inattentive:

Sometimes I wish lecturers would take more hold (control) of the room and speak up, because it is hard to hear and they sometimes just continue lectures, but I feel it is hard to learn in those circumstances (SP15 PINC)

I find sometimes people drift, and when they’re talking amongst themselves it kind of diverts everyone’s attention (SP09)

Four student participants recommend academic staff adopt what they perceive as an effective strategy to deal with incivility that would enable them to ‘take control’ in the classroom setting, that is to be ‘*stricter*’. SP11 acknowledges it must be difficult for lecturers, particularly on nursing courses where class sizes can be large, yet she still feels it is essential for academic staff to be actively stricter, telling students to ‘*shut up*’ when necessary. On the other hand, SP11 appears torn between the idea of ‘*stricter*’ lecturers and lecturers being ‘*nice*’:

It must be hard talking to a room full of people, but lecturers need to be stricter. Tell us to shut up if you need to, you’re all too nice...which is a good thing (SP11 PINC)

From the extracts below several students clearly agreed with SP11 stance as they discussed one academic with a reputation for being strict in class. They suggest this particular academic had set boundaries early in the sessions that result in students knowing and understanding what was and what was not acceptable behaviour in the classroom. Students had responded accordingly and had automatically exhibited different behaviour with this particular lecturer compared with others. SP10 verifies this opinion:

I completely agree, (lecturer name omitted) is dam strict, put them all in with her, fantastic (SP13)

There’s a level of his strictness almost, at the beginning formed that...you knew your boundaries, you knew where you could you know...and people did put their phones away naturally (SP12)

You know your boundaries don’t you (SP10)

Although all participants agree that academic staff need to be stricter in the classroom setting SP10 raises concerns about lecturers being too strict. These fears appear to relate accounts of lecturers insisting students leave the session following a perceived episode of incivility:

..... (lecturer name omitted) he threatens to throw people out (SP10)

One such episode is recounted by several of the participants involving a young student nurse near the beginning of the course, whose mobile phone had rung during a classroom session. This resulted in the student being asked to leave the class. However, from the narratives below the student experienced humiliation in front of the entire cohort (several hundred students) rather than a simple reprimand:

Someone's phone went off and he went "RIGHT OUT!" in the middle of Harrington lecture theatre (SP14)

It was the first month and he made everyone look at this girl (whose phone had gone off) - I'd be surprised if she's still here – and she was walking like the 'walk of shame' and I thought...And it wasn't a phone call that she'd made, it was the phone that had gone off! (SP13)

That was too much, that was humiliation (SP10)

The narrative above suggests a fine line exists between academics taking control of the classroom by being firm with students and academics humiliating students. When the line is crossed academic's own behaviour may be perceived as a form of incivility, or even bullying, by some students. One student implies a condescending element to the interaction between the academic and student, with the student being treated like a child, not an adult learner:

It's was like bullying wasn't it (SP12)

Even the youngest student they're still an adult aren't they? (SP14)

Treating adult student like children, especially in front of their peers, shows a level of disrespect from academics. Correspondingly students may struggle to respond in an adult way when made to feel like a child to peers. Though the repercussions of the above student/lecturer interaction are unknown, the extract below suggests the young student in the narrative left the room dumbstruck, and may possibly have left the course:

Being treated like adults rather than children shows a level of respect - I think if he'd have said that to me I'd have come back with something, whereas she was actually quite you know...because we are all adult learners and I'd have really apologized...but she was just scared and walked out. We could have lost her, we don't know. But I actually did respect his lectures as well (SP12)

6.6 The effect of disparate approaches to Academic advisor support

Overall students within this study consistently reported Home groups as essential for facilitating supportive relationships developed with peers. For some students, the support received from peers in their Home group played a fundamental role in motivating them through the nursing course:

Good point of the course – home groups, just because of the people you meet and they become like a little family. They're dead supportive of each other (SP11)

I think without our home group and support from our friends there's no way I would have got through this, there's no chance, no (SP13)

It's only because of good friends who are like "come-on, come-on" that you stay, and actually the determination I suppose (SP12)

At the time of this study Academic advisors subsumed the role of Home group leader for the duration of a students' three-year course. In keeping with the findings from the semi-structured interviews student participants in the emotional touchpoint mapping event described mixed experiences with their Academic advisors who led the Home group. Several participants recount positive experiences with their Academic advisors during Home group meetings. Notably, students who describe positive experiences appeared to value Academic advisors who showed concern for their student's welfare and progression:

When you've got Home group meetings they'll (Academic advisor) say "are you having any problems, are you having any this?" I don't feel the Home group is necessary for educational purposes but for meetings, and for asking how are you doing, are you on track? They're always there as guidance... in the Home group meetings if you have any personal problems you'll address it directly (SP13)

By contrast some participants depict their Academic advisors showing no interest in them or their welfare. Through establishing a personal relationship with the students in their Home group Academic advisors can provide a consistent point of contact, support and guidance to their allocated students. The comment below suggests some students experience a more impersonal relationship with their Academic advisors:

I've never had a Personal tutor (Academic advisor) say, "is everything alright?" (SP10)

An impersonal connection with the Academic advisor is evident in the excerpt below where one participant believes their Academic advisor did not even know their name. Feeling nameless can result in a sense of detachment for students. During the semi structured interviews SP06 had also indicated that her Academic advisor had not known her name, suggesting this experience was not atypical but commonplace. Evidently both participants

raised concerns about their Academic advisors having responsibility for writing there end of course employment when they appeared unfamiliar with the student:

I don't even think my Personal tutor (Academic advisor) knows my name, (SP12 then turns to participant next to her and asks...Does your Personal tutor know your name?), but she's meant to write our references isn't she, but she doesn't know us! (SP12)

The findings presented above indicate some student participants within this study felt they had experienced good Academic advisor support, whilst others had less satisfactory experiences. Students who had a good relationship with their Academic advisor felt more able to seek support with problems associated with the course or personal circumstances. Overall student participants indicated a need for more support from academics with independent learning particularly in year three as the level of study became more challenging.

6.7 Conclusion

In summary, this chapter has presented the findings from the student emotional touchpoint mapping event. Overall, five core themes and one subtheme emerged from the data including: student perceptions of disparate clinical practice learning experiences, the student experience of the clinical mentoring process, Support with academic study - student perceptions of abandonment, the influence of academic staff on the student experience and the effect of disparate approaches to Academic advisor support. Evidently, students acknowledged the significance of the clinical practice placement and mentor support as fundamental to their overall student experience. Where students perceived unfairness in the placement allocation, less access to learning opportunities than their peers and lack of support from their mentors their overall experience was negative. By contrast, the overall experience was more positive for students who appeared to have a variety of learning opportunities and access to a supportive, welcoming mentor who made them feel part of the team. Findings also show students had mostly positive experiences with academic staff but indicate a need for more support and direction with independent learning study throughout the three-year course. The core themes that emerged from the student emotional touchpoint mapping event are tabulated with the findings from the key stakeholder emotional touchpoint mapping event, discussed in the following chapter, to produce problem statements that formed the bases of the small co-design working group discussions in student and key stakeholder Co-design event (See Appendix 14 - Problem statements tabulated from student and key stakeholder emotional touchpoint mapping events).

CHAPTER SEVEN

PRESENTATION OF FINDINGS FROM THE KEY STAKEHOLDER EMOTIONAL TOUCHPOINT MAPPING EVENT

‘Every experience is a moving force. Its value can be judged only on the ground of what it moves toward and into’ (Dewey, 1938/2015, p.38)

7.1 Introduction

This chapter presents findings from the key stakeholder emotional touchpoint mapping event. During the event participants were able to explore the student journey map comprised of touchpoints and verbatim comments devised from the student semi-structured interviews, alongside post-it notes comments from the student emotional touchpoint mapping event. Following the touchpoint mapping an audio recorded group interview with all key stakeholder participants was conducted. The findings from that interview, alongside key stakeholder post-it note comments added to the student map, are presented in the current chapter. Three core themes and one subtheme emerged from the key stakeholder emotional touchpoint mapping event; ‘Academic advisor support – perceived ambiguity associated with the role’, ‘Academic support - navigating the tension between support and independence’ and ‘Being’ or ‘becoming’ professional - key stakeholders’ expectations of students (See Figure 34 - Findings from the key stakeholder emotional touchpoint mapping event).

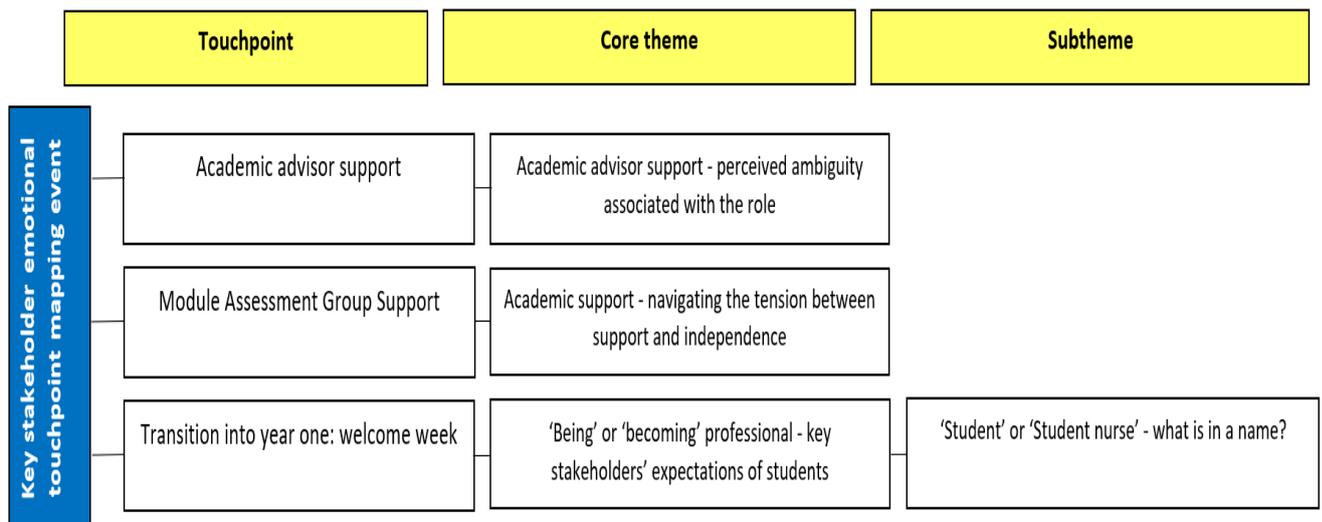


Figure 34 - Findings from the key stakeholder emotional touchpoint mapping event

The findings from the emotional mapping and audio recorded group interview with the key stakeholders are presented in the following chapter. Verbatim quotes from the interview transcript used to support core themes and subthemes are followed by the key stakeholder identification code e.g. KS01. Post-it note comments are indicated by participants identification code and the acronym PINC (Post-It Note Comment) e.g. KS01 PINC.

7.2 Academic advisor support - perceived ambiguity associated with the role

During the emotional touchpoint mapping event key stakeholders voiced their concerns around student's experiences of Academic advisor support. Many key stakeholders described feeling sad when reading comments made by student participants who felt 'unknown' and 'nameless' to their Academic advisors. Academic advisors provide key support for students across the whole three-year course. Building a good relationship with their Academic advisor can be a prerequisite for students engaging in dialogue and seeking vital support when necessary. In the statement below key stakeholder KS07 portrays the Academic advisor in a two-way relationship requiring involvement and connection between a student the academic. Becoming acquainted with students underpins an honest and open connection, enabling more effective support:

The comment about the Personal tutor (Academic advisor) not knowing the student's name really stood out to me and it really got me! I don't know why, because I make such an effort. I feel I can make an effort so that my students know me, that they know how I can support them. I want them to know they can have that honest and open relationship with me. And I feel really sad that a student hasn't been able to access that (KS07)

Disparity amongst academics in their approach to undertaking the role of Academic advisor prompted some key stakeholders to contemplate their own approach to the role. One participant reflected on her current position as Academic advisor for 75 students, recognising how competing demands for her time had resulted in the Academic advisor role taking less precedence than it should do. All Key stakeholders acknowledged the role needs to be given more priority.

I know because that triggered me, because running three home groups with potentially 75 students and everything is coming in and you've got some difficult problems to sort out, and it's trying to find the time! So I did write a comment that we need to prioritise the time with our home groups (KS06)

The narratives above suggest some Academic advisors do not know their students by name, but in the excerpt below KS03 implies some students appear to not know who their designated Academic advisor is despite this information being disseminated at the beginning

of the nursing course. Students seeking academic or pastoral support and advice during the course are referred to their Academic advisors as a first point of contact. A breakdown in that support process occurs when students do not know who to access for support, specifically their Academic advisor. This can have implications for both the student and other key stakeholders such as administrative staff endeavouring to signpost students to appropriate support networks. KS03 believes students share responsibility for acquainting themselves with their Academic advisor and establishing a firm relationship, yet even when directed to contact their Academic advisor some students chose not to access the available help:

We get students saying to us “oh I don’t know who my Personal tutor (Academic advisor) is” and I just think you’ve been here nearly 2 years how can you not know who that person is? And from our point of view that’s difficult because that’s the person we advise them to see, because we know there’s an issue with this person, we know they’ve had this problem and that problem and we contact them and say this is the problem they’ve had, but they’re not connecting with that tutor so they’re not going to get the help, and they are not going to think the helps there (KS03)

The excerpt above suggests key stakeholders perceive ‘*helping*’ students as an aspect of the Academic advisor role. This perception is supported in comments by KS02 Who purports a way Academic advisors help students is predominantly through ‘*pastoral support*’. However, the use of the term ‘Academic advisor’ may misrepresent the purpose of the role and cause misunderstanding for some students who may then expect support and guidance with ‘*academically linked*’ activities such as: module assessment advice, help with assignment writing and study skills. However, this sphere of activity is traditionally associated with specific module supervisors. KS02 suggests lack of clarity concerning the role results in some students developing inappropriate expectations of their Academic advisors, leading to some students not accessing their Academic advisor and benefitting from vital personal support when required:

They don’t like the term Academic advisor because it suggests it’s academically linked, and they think you’re going to help them with their assignments, but actually you’re that pastoral support, and if they knew that they might feel more supported (KS02)

Confusion around the purpose of the Academic advisor role may be compounded further by the recent change in designated names. On the pre-registration nursing course an Academic advisor has previously been referred to as a Personal tutor or a Home group tutor. The title was recently amended to align the school of nursing with the wider university’s use of the term ‘Academic advisor’. KS03 describes three name changes occurring over a four-year period, with three different cohorts of students using three different names during the transition phase. According to KS05 some documents and on-line resources presently being

used and accessed by staff and students still contain the previous titles designated, demonstrating disparity with the terminology used on the nursing course remains several years after transition to the term Academic advisor:

I think the terminology as well, because some people refer to the Academic advisor as Personal tutor, that's on the PARE, and they know you as their Home group tutor or their Academic advisor! Even when students know you and you've got a good rapport with them, I've still got PARE requests saying I don't know who my Personal tutor is! It's the changing terms we use (KS05)

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It's the terminology, and I've only been here four years and that (Academic advisor name) has changed three times in those four years hence all the different terminology. You've got all the cohorts that have been running throughout that time and they've been use to one term, but a different cohort is use to another term! I think that's partly our fault, but it's because the change happens just like that (KS03)

Several key stakeholders themselves used the terms Academic advisor, Personal tutor and Home group tutor interchangeably during the key stakeholder touchpoint mapping event, signifying disparity around the terminology designated to the role of Academic advisor even amongst the key stakeholders conversant with the role:

I've got Home group students that I'm dealing with as a Home group tutor, Academic advisor, Personal tutor whatever! (KS05)

From the data presented above key stakeholders perceive the role of the Academic advisor as 'pastoral support', 'helper' and 'problem solver' for their students. Yet students can become confused about the role of the Academic advisor, in part due to the current title ascribed to the role, but also through a lack of relationship with their allocated Academic advisor. Ambiguity associated with the role may hinder some students seeking vital support from their Academic advisors as they transition through the course.

7.3 Academic support - navigating the tension between support and independence

Several key stakeholders acknowledged some students struggle with the transition into higher education, specifically with the directed study elements of the course. Some participants suggest more support was needed with prospective students to prepare them for academic study prior to commencing the nursing course. Although participant KS02 recognises partnerships already exist between academics at the University and Local Further Education Colleges, concerns were raised around the function of those partnerships. Currently links between universities and colleges allow academics to commence dialogue with potential students and address questions related to available courses and entry

requirements. Several key stakeholders question whether those partnerships foster successful transition to higher education, by adequately preparing potential students for academic study at university level prior to enrolment on the nursing course. Missed opportunities to do this can result in some students who enter university via a Further Education College route not developing those study skills required at higher education level:

More work may be needed before students transition to higher education around what it will be like (KS02 PINC)

But I think before they get here we need to pre-work. I know we go in and do talks in partner colleges, but actually do we do any transition to higher education? Because if they've been spoon-fed education before they get here they've still got that expectation that we'll continue to spoon-feed them...then they get none of that developing independence, you know and that's what we should be doing shouldn't we. They kind of think I'll come to university and its DIY...there's lots of comments about Open University on there! (KS02)

For many key stakeholders, the development of independent study skills is a continuous process that should start before students' transition into higher education and continue throughout the course. Participant KS04 argues students are not currently prepared for independent study before the transition to the nursing course. The transition point can be difficult to determine as individual students may begin and end their transition at different points in time. Gauging where and when to assist students through their transition is challenging and can result in missed opportunities for improving the student experience. Participant KS04 perceives academics having absolute responsibility to prepare students, but terms such as 'we don't', 'we miss' and 'we're not doing that right' indicate academics may be failing in that task:

Makes you think about year one again and question are we really embedding the skills needed to study independently! But we don't prepare them for independent study do we in that way. We miss that transition don't we, and you can't pinpoint where it begins or where it ends, or where we should be inputting. We're not doing that right! (KS04)

In the narrative below participant KS07 echoes other key stakeholders concerns around building partnerships with local colleges that better manage the transition of future students to higher education, particularly in relation to the students' expectations and understanding of higher education. KS07 emphasises the obligation academics have to instruct and support students with how to conduct directed study:

I was going to say is it us not managing their expectations? And I know we go and do talks in FE about this course but are we managing that well enough? I don't know whether we are! And I know like you say they don't know what directed study is. We say, "you've got directed study" but no one's being told like okay "what does that mean" (KS07)

Omitting to support students clearly to engage with directed study early in the course had resulted in some student participants commenting on how abandoned they had felt in year three of the course. During the key stakeholder audio recorded interview participant KS04 suggested changes to the curriculum which has seen an increase in amount of directed study along with a decrease in facilitated classroom-based sessions in year three had resulted in some of the negative comments from the students in this study, particularly around feeling abandoned. The nursing curriculum is underpinned by an 'active learning' philosophy characterized by student led interactive learning that requires student participation and engagement prior to, during and after facilitated learning sessions, hence necessitating more independent study than traditional teaching methods (Waltz et al., 2014). The introduction of more independent learning had appeared to reduce the efficiency of the curriculum for some key stakeholders. Participant KS04 believes it is the responsibility of academics to prepare and support students for the real world of nursing but the current curriculum forces students to ready themselves. Furthermore, the current course was perceived as not always meeting students' needs as future graduate nurses:

I think there's a lot of workbooks...the curriculum has changed and it feels like I said before diluted, but we have we've weakened it, so there's a lot of online learning, directed study. I think in year three they really want to feel that we are preparing them for the real world of nursing, not just coming in for OSCE prep or clinical skills or medicines management sessions. And we've diluted that year, but I do feel this last seven years it's gone weaker and weaker and weaker. So it doesn't surprise me to see comments like that written down in black and white that they feel abandoned, because I can see that, fully see that (KS04)

Several key stakeholders suggest academics are supporting students to become independent learners, but student's assumption around this support may culminate in some students feeling 'unsupported' and even 'abandoned'. Furthermore, students' expectations of the nursing course may be influenced by their previous educational experiences. KS07 suggests perhaps it is the student's perceptions around the role of academics and their own role as independent practitioners that could be better managed:

It's just really sad because we have this idea that we want to make them into independent practitioners and I feel we are doing that, and we are supporting them, but they just feel like they're being abandoned. Again, is it about managing expectations? Have we not done... it's that perception of roles isn't it, it's really sad (KS07)

Really sad to hear students felt alone and unsupported, maybe students don't always see support until its really needed rather than knowing it's there. Also, this could be around their expectations, especially previous education (KS02)

Several key stakeholders described feeling disappointed that some students appeared to presuppose independent study skills could be learned via taught session times with

academics rather than developed and refined for themselves throughout the course. Key stakeholder KS01 felt some students' expectations were of an unreasonable standard, not in accordance with practical realities, with some students expecting more support and less self-direction as the course progress. Despite a few key stakeholders acknowledging 'significant efforts' had been made by staff to support students, discrepancy still exists between staff perceptions and student's perceptions of the support possible and available:

Some of the expectations could never be delivered consistently. Like the ones with the third years wanting more support. It just seems that there's some lack of understanding of that build to independence. So actually, there's something missing in there, and that is really disappointing that despite significant efforts by everyone to do that, that it's not working, we're still getting people disappointed at that point, and I think that's a real shame that there is a real mismatch between staff perceptions and perception of students (KS01)

In response to comments from one student participant during the student emotional touchpoint mapping event suggesting 'I'm disappointed as this is when you need additional support in 3rd year' (SP12), some key stakeholders declared year three of the course is when students should least require support with independent learning, instead this is the time they should begin to thrive in their studies. For those students who are still struggling in year three lots of support mechanisms exist at the University and students may just need reminding of that support and even helped to access relevant services:

Year three...there are lots of support mechanisms in place. This is when you should be coming into your own! Perhaps a reminder pre-year three of who is there to help (KS05 PINC)

Whilst ruminating over the idea of expecting 'additional support' as they progress through the course, a post-it note comment from KS07 questions what would constitute as 'enough' support for students. Consistency among staff could help manage student expectations of support. However, academics need to strike a balance between supporting students and empowering students to support themselves. Empowering students to become independent learners is particularly significant for those studying on the nursing course who will be expected in their future roles as graduate nurses to make autonomous critical decisions relating to patients and patient care. According to participant KS06 overreliance on academics, particularly Academic advisors, for support may affect student's resilience and preparedness for the role:

Consistency of support from staff is disappointing, over delivering can raise expectations beyond what can be delivered. We need to take care that we get the balance between support and empowerment (KS01 PINC)

It's very hard isn't it. You want them to progress into that independent learner, they're going to be making some life changing decisions for patients, but how do you make the transition that one moment they're critically thinking, and they're sort of independent and they're not relying on...and then they think oh I'll just ring my personal Academic advisor for advice about this and that. They actually have to be able to think for themselves or look for that information (KS06)

The findings presented above indicate key stakeholders recognise some students feel unprepared for studying at higher education level, and more could be done to prepare potential students prior to their enrolment on the nursing course. Students' expectations around the extent of self-directed learning required on the course could be managed better, and key stakeholders need to navigate the tension between supporting students and encouraging students to engage those essential independent learning skills directly.

7.4 'Being' or 'becoming' professional - key stakeholders' expectations of students

During the touchpoint mapping event several key stakeholders described feeling sad, upset and even angry whilst reading some of the student comments on the journey map. One comment that caused much discussion amongst the key stakeholders was from a student who stated, '*I didn't go to much of Welcome week, and so when it came to the big lecture days I did feel like 'Oh God' I wish I had come to welcome week really!*' (SP15). Within the nursing course welcome week is a pivotal time when new students meet key stakeholders for the first time and form initial bonds with their Academic advisors and peers potentially lasting the next three years. Participant KS01 suggests there could be misunderstanding around the purpose of welcome week for some students:

If students can't commit to week one, it's disappointing! As a professional in training they need to commit to that mindset from day one. However, is this more widely perceived? Do we need to change the labelling of the welcome week to reflect the importance? (KS01 PINC)

Misunderstanding may emerge from how information about welcome week is labelled and communicated to new students enrolling on the course. SP015 comments suggests an assumption Welcome week within the nursing course was similar to Fresher's weeks that takes place across most universities. A major aspect of Freshers week is associated with many social events as indicated by the following narrative '*I suppose in my eyes I thought it was just for people that drink, and I don't drink, so I just thought I wouldn't be able to get involved, so I just thought 'well there's no point going!*' (SP15)'. However, as a non-drinker SP015 had believed attending would be a waste of her time, yet for some key stakeholders' lack of engagement so early in the nursing course was an early sign of unprofessionalism:

I'm feeling really angry, as if you don't turn up in the first week! That's made me really, really angry. I have put 'do we need to change the labelling of the welcome week to reflect its importance' on a post-it note because it's made me angry that they haven't recognised (it's importance), because they're training to be professionals so why would you just not turn up on day one? Why would you not do that? (KS01)

The narrative above reveals an expectation nursing students should be equipped with a professional attitude prior to starting the course. In the excerpt below KS01 suggests a desire to undertake the pre-registration nursing course emanates from an enthusiastic interest in nursing as a profession. Although training to be professionals, students commencing the course should commit to exhibiting enthusiasm and a professional attitude from the outset. KS01 felt uneasy about those students whose actions were contrary to her established viewpoint of professionalism:

If you're entering a profession I believe you should be passionate about why you are doing it, and it sits uncomfortably with me that somebody would think it was all right not turn up on day one if they are training to be a professional... what's the starting point to be able to get those professional behaviours? (KS01)

This lack of distinction between 'educating professionals' and training individuals to 'become professionals' was noted in several key stakeholder's narratives. For example, key stakeholder KS01 indicates students are '*training to be a professional*' in the comments above, but subsequently declares students should already 'be professional', without acknowledging any disparity between the two concepts. KS06 also implies academics are educating 'professionals' not 'pre-professional' students on the pre-registration nursing course, whereby students retain a pre-professional identity until the point of registration on completion of the course:

Be professional! Professional training... and if they were professionals they wouldn't be acting in that way saying, "we didn't know about that and we didn't know about that" (KS01)

We're there trying to educate professionals to be thinking about early intervention and prevention and its linked so much because actually if they were doing that throughout university and throughout their academic studies then they wouldn't have these outcomes in year three would they (KS06)

Participant KS02 believes professional values are something students do not start the course with but learn in the classroom through the influence of academic staff, suggesting professionalism is a process that must be learned and therefore takes time. This contradicts many key stakeholders' perceptions that student nurses must immediately '*be professional*'. Staff in the academic environment were perceived as an influence on students developing

professional values before the transition to a clinical practice placement environment. However, during the emotional touchpoint mapping event all key stakeholders stated students ‘don’t recognise us as professionals’:

It is learning professional values that transfer to the ward environment (KS02 PINC)

I would like to deliver key lectures with my uniform on, because I had some feedback recently that they want professionals to come in and teach them (KS06)

They don’t see us as nurses. We say we are still a registered nurse, and we tell them our background but...(KS07)

For participant KS01 professional values and behaviour can be role modelled in the academic environment through the activities and behaviour of staff. Knowledgeable academic staff who remain conversant of their field of nursing, and share their experiences with students are perceived as professionals:

If you got some lecturers like it says in some of the comments that are just reading off the PowerPoint, I can well believe that they don’t believe we are professionals! Being a professional is more than a uniform, it’s how you conduct yourself. They can tell when you say things like “let me give you a real-world experience, let me tell you about etc” it’s that clinical currency, kudos, they can see that (KS02)

Some key stakeholders relate unprofessional behaviour to the specific ‘labels’ ascribed to undergraduate nurses such as referring to them as ‘students’ rather than ‘student nurse’, ‘nurse’ or ‘trainee professional’. For participant KS01 the term ‘student’ alludes exclusively to being a learner or pupil and ceases to encompass any professional connotation. Consequently, Pre-registration students remain incognizant of any distinction between their identity as a student and their role as nurses:

One of the things I put on there in my angry post-it note, was that they’re trainee professionals and actually maybe that’s what we need to be thinking of their labelling of some things, they’re trainee professionals...Talking to them as students isn’t that different to being a pupil it’s not that big a transition...’Professional trainee’, I thought maybe that’s what we need to change it to instead of ‘student’! (KS01)

The findings above indicate the transition from non-professional to pre-professional to professional nurse is blurred for key stakeholders, and the term ‘trainee professional’ meant different things to different participants for this study. Ambiguity around the concepts of ‘being’ or ‘becoming’ a professional affected key stakeholder’s expectations of students and student behaviour on the nursing course. Some key stakeholders felt students’ level of professionalism could be linked with their identification as either ‘students’ or ‘student nurses’.

7.4.1 'Student' or 'Student nurse' - what is in a name?

Using the name 'Student nurse' may confer a notion of professionalism to students and key stakeholders alike. During the key stakeholder audio recorded interview participant KS03 recalled hearing an academic refer to a student as 'nurse' for the first time. Though accustomed to the term 'student', the actuality of students becoming 'nurses' impacted her perception of nursing students on the course. Henceforth she believed terminology can affect how student nurses view themselves, precipitating them to develop a sense of identity as professionals. Incorporating the term 'nurse' in their title serves as a reminder of the critical nature of their role as they come to see themselves as not only students but as nurses:

I think the fact that they are called students has an impact. Because when I sit in the appeals one particular academic always calls them nurse, they never ever call them student. They always call them nurse. The first time I heard it I went "Oh God they are actually going to be a nurse in a few weeks if this goes through" but they saw themselves as a student who'd failed an assignment, failed a written piece of work, not somebody who's going to go out and deal with life and death and all that comes with it. And I think terminology has an impact on how they perceive themselves (KS03)

Participant KS03 surmises that using the term 'student' in lieu of 'student nurse' in the academic environment encourages students to view their role as nurses in isolation from their role as students. Participant KS04 describes students as having a 'different mindset' whereby the context of a university is existentially different to the context of the clinical practice placement area, suggesting a dissociation between the two environments. One potential consequence of this perception is an adjustment in behaviour; thus, students conduct themselves more professionally when in the clinical practice placement environment and conversely less professionally in the academic environment:

(Students think) ... "I'm a student when I'm here and I'm a nurse when I'm out there", and I think that impacts on how they act when they're here as well. You should look after me when I'm here, you should lead me and guide me and do this for me, whereas on placement I'm having to think for myself! And I think that's where they see completely different things (KS03)

I think they see it separately; Uni is Uni and placement is placement, there's a different mindset! (KS04)

Being referred to as 'student' in the academic environment instead of 'student nurse' potentially strips students' of their professional identity and causes anxiety for students when entering the clinical practice placement environment. Participant KS05 believes cultural norms associated with the clinical practice environment requires students to be managed closely following strict rules and codes of conduct around behaviour, time management, learning activities and practice. Paradoxically the culture of university encourages students

to self-manage, determining their own learning schedules via independent study and self-regulation relative to their learning goals and activities. This stark difference between the two environments can create anxiety for some students as they transition between the two contrasting cultures:

I've had a lot of experience mentoring students in practice where I had to keep them on their toes, so they acted professionally, there were very strict rules for them to follow. The academic environment is very different, and I'm wondering if there's a big change. They've got used to a culture of university and being a student, coming in and going out, and then they go into practice and what a shock it is! The actual anxiety going into placement and stepping into that role is causing! (KS06)

From the extract above the clinical practice placement environment is perceived as a shock for some students. To adapt to culturally different environments some students may feel compelled to assume different identities. This tendency may be linked to a perceived difference between the role of 'student' and the role of a 'student nurse'. KS05 noted how treating students consistently as 'student nurses' throughout their course could help some students reconcile the different roles and resolve some of the challenges student nurses encounter when transitioning from academic environment to clinical practice environment:

Do you think there's too much divide in their roles like student versus student nurse? Should we be treating them as student nurses throughout? And I know that sounds a little bit ambiguous saying that but it's that coming in and saying your students here whilst you're learning, but when you going into practice suddenly you've got all these very strict rules and expectations. How do you make that role consistent throughout? (KS05)

Key stakeholder KS05 endorses the assumption above further as she reflects on her own experience training to be a nurse. From the beginning of the course KS05 describes a fixed identity as a 'student nurse' to the point of registration on completion of the course. In keeping with the changes described in the introduction chapter of this thesis, KS05 describes her nurse training as different ('the old way') to the current nursing course. Although the transformation of pre-registration nurse training is considered to have advanced nursing as a profession, key stakeholders recognise a consequence of this progress may be a loss of emphasis on the 'nurse' element of the course:

I trained the old way originally and you were very much a student nurse and that was it. From the minute you signed your contract and stepped through the door until you got your PIN as you qualified. It was very different. And we do want to move forward as a profession, but I wonder if we need to emphasise the point that they are student nurses (KS05)

From the findings above key stakeholders appear to refer to students on the pre-registration nursing course using interchangeable terms such as 'student', 'student nurse', 'nurse',

'professional' and 'trainee professional'. Such inconsistent and sometimes incompatible terminology can result in uncertainty for some student nurses around their identity and role, potentially making it more difficult for them to navigate transitions between the academic and the clinical practice placement environment. Establishing a clear identity as a 'student nurse' may have a positive impact on a student's transition through the nursing course and on the overall student experience.

7.5 Conclusion

In summary, this chapter has presented the findings from the Key Stakeholder emotional touchpoint mapping event. Overall, three core themes emerged from the data; 'Academic advisor support - perceived ambiguity associated with the role', 'Academic support - navigating the tension between support and independence', "Being' or 'becoming' professional - key stakeholders' expectations of students' and one subtheme "Student' or 'Student nurse' - what is in a name? Evidently, key stakeholders acknowledged some students commence the pre-registration nursing course feeling unprepared for the academic level of study and amount of self-directed learning required. Some key stakeholders felt there was lots of mechanisms in place to support students with their academic study in higher education but were concerned students may not know how, or where, to access the support. Inconsistent approaches to the Academic advisor role appeared to influence how supported students felt, overall key stakeholders felt this was an area for improvement. Findings from this study also indicate key stakeholders have an expectation student nurses exhibit professional behaviours and attitudes from the start of the course and continue to develop their professionalism throughout the course. This expectation may contrast with student's self-perception as students whilst in a university setting and student nurses in the clinical practice placement environment. Having a clearer designation as a 'student nurse' may help students establish a distinct identity early in the course precipitating the development of professionalism. Results from the key stakeholder emotional touchpoint mapping event are tabulated with the core themes that emerged from the student emotional touchpoint mapping event to produce problem statements that will form the bases of the small co-design working group discussions discussed in the following chapter (See Appendix 14 - Problem statements tabulated from student and key stakeholder emotional touchpoint mapping events).

CHAPTER EIGHT

PRIORITIES AND ACTIONS FOR COURSE IMPROVEMENT FROM THE STUDENT AND KEY STAKEHOLDER CO-DESIGN EVENTS

'If we teach today's students as we taught yesterday's, we rob them of tomorrow' (Dewey, 1923)

8.1 Introduction

The findings from the student and key stakeholder emotional touchpoint mapping events were presented in chapters four, six and seven. This chapter describes the two Co-design events conducted as part of this EBCD study, where participants included students and key stakeholders who collaboratively coproduced priority improvements for the BSc Pre-registration (Adult) nursing course. The chapter begins with an overview of the Co-design events, including an outline of the double diamond design model adapted for use in each event, and exploration of the KJ brainstorming technique implemented during the events. The three priority recommendations for course improvement students and key stakeholders agreed will be examined including: to facilitate and support student development of independent study skills, enhance student support in the clinical practice placement environment and clarify and enhance the role of the Academic advisor.

8.2 Overview of the student and key stakeholder Co-design event

The overall objective of the Co-design event was for students and key stakeholders to collaboratively identify and agree ways to redesign aspects of the BSc Pre-registration (Adult) nursing course that could improve experience of the course for future students. Although the original plan was for just one Co-design event to be held on site at the University's main campus, a second Co-design event was subsequently held as none of the six students recruited attended the first event on the day. Instead, four students emailed their apologies, a further student had missed the event after mixing up their dates and no explanation was received, or contact made, with the final student. Students expressed different reasons for non-attendance including childcare issues, poorly children and a sudden change in working hours on clinical placement. Seven key stakeholders did attend the first Co-design event. Although Co-design with student participants and key stakeholders was a key objective of this study, the opportunity to conduct Co-design with the seven attending key stakeholders was perceived as valuable for testing the KJ brainstorming technique before use with

students' and key stakeholders in a second Co-event, and for gathering the varying perspectives of the initial seven key stakeholders who had a mix of designations and experiences. The priority recommendations from this key stakeholder Co-design event are subsequently presented and discussed alongside the recommendations from the second Co-design event in this chapter.

A second Co-design event took place with both student and key stakeholder participants several weeks after the first event. For the second Co-design event seven different students were recruited and attended the meeting alongside four different key stakeholders than the first event. The intention was not necessarily to recruit different students than the first event, however when the study was re-advertised to all students enrolled on the BSc Pre-registration (Adult) nursing course none of the previously recruited students responded. This may have been a result of their workload and the inconvenience of attending the university campus, as at the time of the second Co-design event most of those students were scheduled to be in the clinical practice placement environment.

The format of the Co-design event was based on an adaption of the 'double diamond design model' (British Design Council, 2005) which is divided into a four-stage process designated as discover, define, develop and deliver (Huq & Gilbert, 2017). Application of the double diamond design model required the study participants to work collaboratively through a sequence of divergent thinking (exploring and discovering issues widely) and convergent thinking (more focused shared defining of the issues). Followed by a further process of divergent thinking (collective development of ideas for improving experience on the nursing course) and finally convergent thinking where cooperative focused solutions to redesigning aspects of the nursing course are agreed (priority recommendations for course improvements) (See Figure 35 - Adaption of double diamond design model for Co-design event).

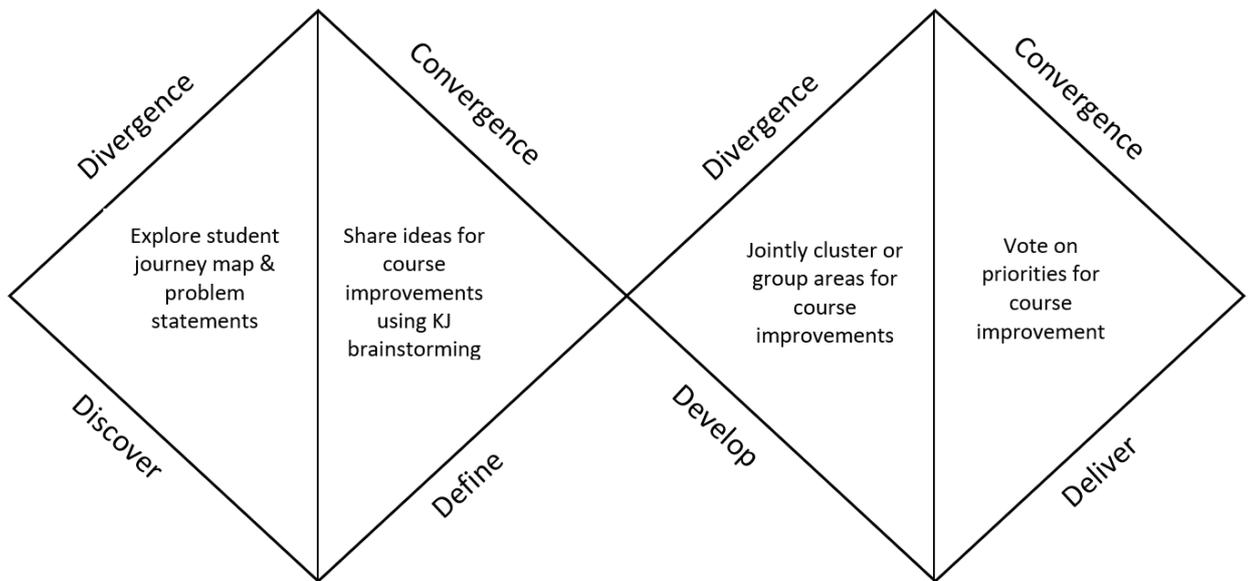


Figure 35 - Adaption of double diamond design model for Co-design event

8.3 Co-design using the KJ brainstorming technique

Both Co-design events began with participants jointly exploring and discussing the student journey map and the problem statements that emerged from the findings of the student emotional touchpoint mapping and key stakeholder emotional touchpoint mapping event (See Figure 36 - Exploring and discussing the student journey map, and Appendix 14 - Problem statements tabulated from student and key stakeholder emotional touchpoint mapping events). This was followed by the larger group being divided into smaller co-design working groups who were each given one problem statement to explore in a more focused way using the KJ brainstorming technique. The groups were divided into three or four people, with consideration given to ensuring a mix of designation (for key stakeholders) and year of study (for student participants) where possible. For example, one small co-design working group in the second Co-design event contained a year two and year three student, and a Lecturer/Module leader (dual role). However, in the first Co-design event with only key stakeholders the seven participants were divided into two small co-design working groups based on designation and experience (See Figure 37 - Small co-design working groups). Each small co-design working group was then able to produce more focused solutions to the challenges described in the problem statements using the KJ brainstorming technique, before deciding as a whole group which solutions should become a priority action for course improvement from this study (Table 7 - KJ brainstorming technique adapted for Co-design

event). The KJ brainstorming technique enables groups of individuals to objectively reach a consensus when prioritising problems and solutions (Spool, 2004).



Figure 36 - Exploring and discussing the student journey map

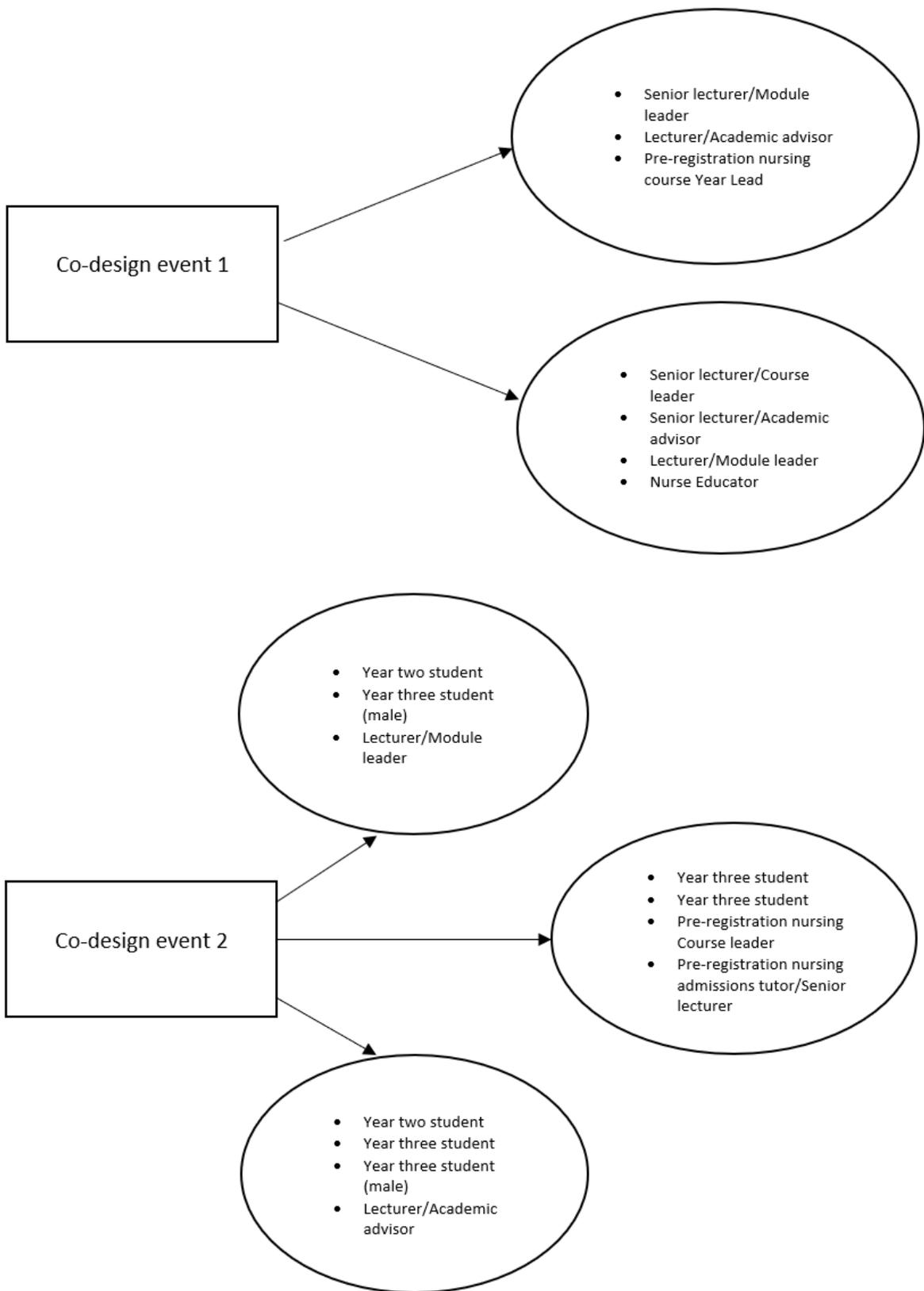


Figure 37 - Small co-design working groups

8.3.1 KJ brainstorming technique step 1

The aim of step 1 of the KJ brainstorming technique is to generate and collect multiple ideas and solutions to a problem. Wilson (2013) describes this as the “divergent phase” where multiple ideas and solutions can be produced without criticism or judgement. Notably, each member of the small co-design working group is considered to have their own individual experience and expertise, making them able to view problems and solutions from a unique perspective than others in the group, resulting in large quantities of creative ideas. For this study, each small co-design working group of students and key stakeholders spent time individually, and silently, writing down ideas and solutions to the problem statement. The idea behind silent brainstorming is for individuals to have comparable opportunity to disclose their own thoughts, opinions and ideas, as the more vocal participants in a group. Each idea or solution was documented on a separate post-it note, with each participant asked to document as many as they could think of (See Figure 38 - Step 1, individual brainstorming).



Figure 38 - Step 1, individual brainstorming

8.3.2 KJ brainstorming technique step 2

Once multiple ideas and solutions have been documented each person within the small co-design working group took turns to present their ideas and solutions with the rest of the small group, without interruption from the other group members. This process serves several purposes, it encourages engagement from all members of the co-design working group, it enables the quieter group members to pitch their ideas and solutions without the more confident or forceful individuals monopolising discussion with their own ideas. Finally, it elicits more creative thinking in listeners within the group who may choose to further develop or

build on their own ideas and solutions. Once all ideas and solutions had been presented, the small co-design working groups moved onto step 3 of the KJ brainstorming technique.

8.3.3 KJ brainstorming technique step 3

During step 3 individual ideas and solutions were then grouped and clustered by each small co-design working group into a collection of ideas that began to form affinity diagrams. Affinity diagramming enables groups to organise large amounts of data in a meaningful way (Plain, 2007). Therefore, students and key stakeholders discussed how each idea or solution related to another, before jointly agreeing how similar ideas should be grouped (See Figure 39 - Step 2, Grouping and clustering ideas and solutions). A unified consensus was reached by each small co-design working group around naming each cluster of ideas and solutions in a way that best captured the core concept underlying the ideas in that group (Figure 40 and Figure 41 - Forming affinity diagram, image 1 and image 2).



Figure 39 - Step 2, Grouping and clustering ideas and solutions



Figure 40 - Forming affinity diagram, image 1



Figure 41 - Forming affinity diagram, image 2

8.3.4 KJ brainstorming technique step 4

Finally, step 4 of the KJ brainstorming technique requires a group to identify and prioritise those issues, ideas and solutions they feel are the most important for improving a service. Therefore, individuals within each small co-design working group were asked to vote for the group of ideas they wanted to prioritise for course improvements using green tick stickers. Individuals were allocated two votes (two stickers) each. Two groups of ideas and solutions emerged from each Co-design event as the most important priorities for course improvement, receiving the most participant votes overall. Key stakeholders from Co-design event 1 identified 'clarify and enhance the role of the Academic advisor' and 'additional academic support' as their priorities for course improvement. Participants from Co-design event 2 identified 'study skills' and 'support in clinical practice' as their priorities for course improvement. Notably, key stakeholders in Co-design event 1, and student and key stakeholder participants from Co-design event 2, identified and voted for a similar group of ideas and solutions as a priority for course improvement, but labelled this priority differently. In Co-design event 1 this priority was labelled 'additional academic support' whereas participants in Co-design event 2 named the priority 'study skills' (See Figure 42 - Priority improvement from Co-design event 1 and Figure 43 - Priority improvement from Co-design event 2). As both priorities related to 'support with independent study skills' the ideas and solutions were combined to form one priority recommendation from this study with the overall title: 'facilitate and support student development of independent study skills'.

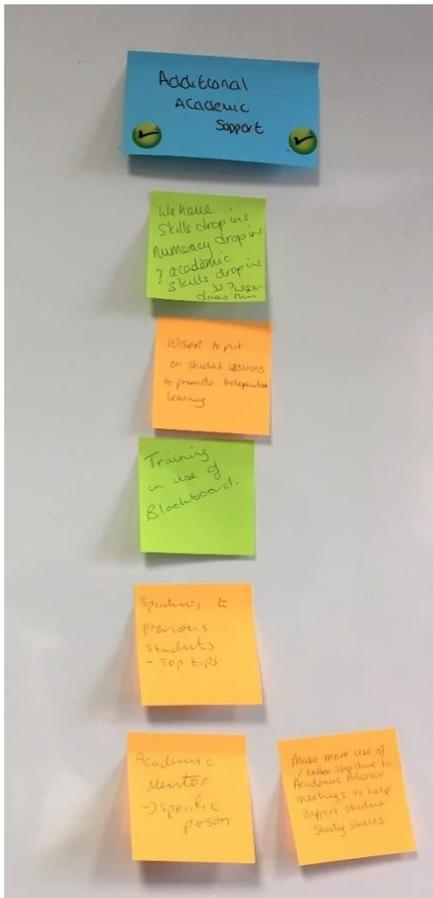


Figure 42 - Priority improvement from Co-design event 1

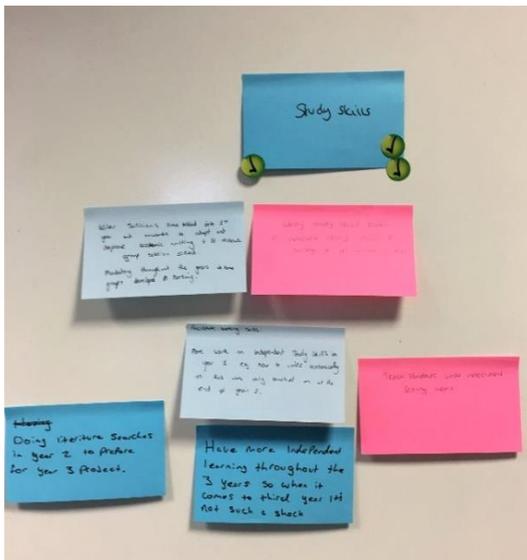


Figure 43 - Priority improvement from Co-design event 2

In summary, both Co-design events enabled students and key stakeholders to coproduce three priority recommendations for course improvements on the BSc Pre-registration (Adult) nursing course to be discussed in the following sections:

- Facilitate and support student development of independent study skills
- Enhance student support in the clinical practice placement environment
- Clarify and enhance the role of the Academic advisor

8.4 Priority 1 - Facilitate and support student development of independent study skills

Supporting students to develop independent study skills was identified as a key priority in both Co-design events. Overall, participants felt students should be introduced to the concept of independent study prior to starting the nursing course, with that information being built on from day one of the course and throughout the three years. Suggested solutions included, encouraging greater collaboration between the university and partner colleges/schools focused on developing independent study in future higher education students prior to commencing their university study. The university facilitating two-day summer camps focused on study skills and independent learning prior to students starting the nursing course. Once on the nursing course, provide clear resources to help students develop their study skills such as video guides to undertaking study skills/independent learning, 'students top tips for academic study/independent learning' devised by previous/current students for new students and more guidance during induction week about independent study skills. Finally, as students' progress through the course and different academic level, establish a student led support network focused on study skills and independent learning, provide academic study skills drop-in sessions, an academic mentor (staff member or other student) to support students with academic studies and make more use of the Academic advisor/Home group meetings to help support students with study skills and independent learning. Post-it note comments related to priority 1 and recommended solutions are summarised in table 9 (See Table 9 - Priority 1, Facilitate and support student development of independent study skills).

		Priority 1 - Facilitate and support student development of independent study skills			
Post-it note comments	Teach students what independent learning means	<i>Ask previous students to develop top tips for independent study based on their experience</i>	We already have clinical skills and numerous drop-in sessions so let us have academic skills drop-in sessions too	Have more independent learning throughout the three years so when it comes to 3rd year it's not such a shock	Students are told they are adult learners, but they may not know what this means, include more about this in the 'Welcome week'
	Put on my library study skills sessions and independent learning specifically for nursing	Facilitate learning skills by having more sessions on independent study skills in year one e.g. how to write academically, as this was only touched on at the end of year two	Have study skills sessions timetabled into first year and onwards to adapt and improve academic writing and literature reviewing skills. Make them mandatory throughout the years in home groups	Have sessions with Home group tutors to review learning and come up with an individualised learning plan	<i>Provide more information as to the benefits of independent learning i.e. how will this help students with their future studies</i>
	Work with colleges to prepare students for University study	Include learning outcomes in the curriculum	<i>Use Home group sessions to discuss what we have learned during our independent study</i>	University to provide a definition of 'self-directed study'	Early identification of student's expectations (of independent study)
	<i>Offer one to one drop-in support for academic study skills</i>	Make more use of academic advisors to help support students study skills	Offer a week's 'pre course' sessions to go through referencing, academic writing and analytical/critical thinking	University to put on student sessions to promote independent learning	Provide students with academic mentors as a specific point of contact
Summary of Solutions	<ul style="list-style-type: none"> • Implement supplementary study skills • Devise a step-by-step video guides to undertaking study skills/independent learning similar to YouTube clips e.g. on database searching • Previous/current students to create 'students top tips for academic study/independent learning' for new students • Establish academic study skills drop-in sessions specific for student nurses alongside clinical skills drop-in and numeracy drop-in sessions (setting up academic study skills drop-in sessions where together students and staff can explore effective methods and practices for undertaking independent learning) • Make more use of the academic advisor/Home group meetings to help support students with study skills and independent learning • Introduce an academic mentor, or specific person (staff member or other student), to support students with academic studies • Establish student led support network focused on study skills and independent learning • Introduce greater collaboration with partner colleges and schools focused on future Higher Education students developing independent study skills prior to commencing their university study • Undertake a two-day summer camp focused on study skills/independent learning prior to students commencing their university studies 				

Table 9 - Priority 1, Facilitate and support student development of independent study skills

8.5 Priority 2 - Enhance student support in the clinical practice placement environment

Enhancing student support in the clinical practice placement environment was a further priority identified in the student and key stakeholder event (Co-design event 2). Participants specifically suggested mentors, clinical practice supervisors and assessors should be better educated about their roles in managing the student clinical practice experience. Continuity of supervision and support was considered a high priority with participants agreeing a specific clinical practice supervisor should be identified as a point of contact on students first day in the clinical practice area (although this does happen in many clinical areas it is not always the case for all students). Continuity of supervision and support was considered particularly important for students identified as having neurodiversity, who should have an opportunity to work alongside the same clinical practice supervisor throughout the clinical practice placement where possible. Participants also felt there needed to be greater contact between the University and placement area. A suggested way to improve communication was through better use of the Practice Assessment Record and Evaluation (PARE) system. PARE is where students and clinical practice staff document student/staff communications and assessments, progress and competence. However, names and email addresses of student's Academic assessors (University staff responsible for supporting students in the clinical practice environment) was not always clearly documented in PARE, making it difficult for students to access support from designated University staff when they were in the clinical practice environment. Furthermore, some clinical staff were not familiar with using PARE. One suggested solution was for there to be more training for students, clinical staff and Academic assessors on using PARE. Finally, participants also agreed there should be more PEFs in place to help support students and mentors/clinical practice supervisors/assessors in their role. Post-it note comments related to priority 2 and recommended solutions are summarised in table 10 (See Table 10 - Priority 2, Enhance student support in the clinical practice placement environment).

Priority 2 - Enhance student support in the clinical practice placement environment					
Post-it note comments	let the Ward and mentor know that students are coming in advance	<i>all it a partnership rather than a mentorship</i>	more education and how to help students and encourage students	incentives for staff to promote the advantages of mentoring a student	Add contact names and emails to the PARE document
	Ensure all staff and previous mentors are familiar with the new roles. I've heard you can have a different practice supervisor for every shift	Have people in place to be mentors for the day so when you show up on placement it's not going to be like "who can we put you with?"	being able to work with a new person for each shift might provide valuable learning experience but it may mean the practise assessor does not get used to the student	more education on the additional needs of students and how to look out for struggling students	<i>greater contact between university and placement</i>
	<i>More training on PARE for all (students, clinical practice and academic staff)</i>	on my first placement with the new practice supervisor/practice assessor system it did not feel any different to having a mentor and associate mentor. We all collaborated to make the most out of my placement for myself and then	ability to discuss problems through PARE	More PEFs to help support staff and students	there needs to be more of an outline of what is expected from year one, year two and year 3 students and what to expect from staff
Summary of Solutions	<ul style="list-style-type: none"> • Ensure all clinical practice staff/previous mentors are familiar with their new roles as clinical practice supervisors • Ensure a specific clinical practice supervisor is identified as a point of contact on the students first day in the clinical practice area • Ensure clinical practice supervisors are educated in managing students with additional learning needs in the clinical practice area • Ensure continuity of supervision and support by arranging for students identified as having neurodiversity to work alongside the same clinical practice supervisor throughout the clinical practice placement • Ensure the Practice Assessment Record and Evaluation (PARE) document includes the contact name and detail of Academic assessors • More training for students, clinical staff and Academic assessors on using PARE • Employ more PEFs in practice to support students and mentors/clinical practice supervisors/assessors in their role 				

Table 10 - Priority 2, Enhance student support in the clinical practice placement environment

8.6 Priority 3 - Clarify and enhance the role of the Academic advisor

Clarifying and enhancing the role of the Academic advisor was a priority for course improvement identified in the key stakeholder event (Co-design event 1). Although no students had attended Co-design event 1, key stakeholders felt from the student journey map, the problem statements generated from the student and key stakeholder emotional touchpoint mapping event, and their own experience, that Academic advisors played an important part in students overall experience on the BSc Pre-registration (Adult) nursing course. Suggested solutions to clarifying and enhancing the role of the Academic advisor was through appointing an Academic advisor lead, offering Academic advisor training (particularly to new teaching staff) and devising clearer guidance for students and staff around the role and remit of an Academic advisor. A further solution was the introduction of a peer review and feedback process for the Academic advisor role, similar to the peer review process for teaching and learning, as this currently does not exist. As findings from this study suggest there was confusion around the variety of names used to denote the Academic advisor role including 'Academic advisor', 'Personal tutor' and 'Home group leader', key stakeholders suggested all material relating to the role should be updated to reflect one title. Post-it note comments related to priority 3 and recommended solutions are summarised in table 11 (See Table 11 - Priority 3, Clarify and enhance the role of the Academic advisor).

Priority 3 - Clarify and enhance the role of the Academic advisor				
Post-it note comments	Appoint an Academic advisor lead	<i>I don't know how to contact my Academic advisor</i>	Provide structured guidance to around running Academic advisor meetings	<i>More support for being an Academic advisor</i>
	Provide Academic advisor training for the role	I am unaware of the Academic advisor role	Provide Academic advisor peer reviews and feedback	An academic advisor I would go to for university issues
	We need an Academic advisor definition and guidance	<i>I wouldn't want to bother my Academic advisor with placement issues</i>	I do not know how to contact my Academic advisor	Better guidance for students and staff about what the role involves
Summary of Solutions	<ul style="list-style-type: none"> • Appoint an Academic advisor lead • Offer Academic advisor training • Clarify the purpose of the Academic advisor role • Devise clearer guidance for students and staff around the role and remit of an Academic advisor • Enhance student's awareness of the role of the Academic advisor via University intranet site • Introduce a peer review and feedback process for the Academic advisor role similar to the peer review process for teaching and learning • Ensure parity throughout the University around the title used to denote an Academic advisor, update all course/module materials and university webpages to use the same title for the Academic advisor Role 			

Table 11 - Priority 3, Clarify and enhance the role of the Academic advisor

8.7 Conclusion

In summary, this chapter has presented an overview of the two Co-design events conducted as part of this EBCD study, and the small co-design working groups where student and key stakeholder participants identified and collaboratively produced priority recommendations for improvements on the BSc Pre-registration (Adult) nursing course. Through a process of collaboration participants specifically identified and agreed three priorities including: facilitating and supporting student development of independent study skills, enhancing student support in the clinical practice placement environment and clarifying and enhancing the role of the Academic advisor. The activities in the two Co-design events served to synthesise some of the findings from the semi-structured interviews and emotional touchpoint mapping events in a solution focused way. The following chapter will discuss the overall findings from this study in relation to the wider theoretical discourse around student experience of a pre-registration nursing course, and the implication of this study for undergraduate nurse education and use of aspects of EBCD in higher education research.

CHAPTER NINE

DISCUSSION

'All principles by themselves are abstract, they become concrete only in the consequences which result from the application' (Dewey, 1938/2015, p.20)

9.1 Introduction to discussion

Chapters six and seven presented the results from the student and key stakeholder emotional touchpoint mapping events, whilst chapter eight described the three priority recommendations for course improvement. What follows is a discussion of the findings. The chapter is divided into two sections. The first section synthesises the overall findings from this study and situates the results from the semi-structured interviews, emotional touchpoint mapping events and Co-design events within the context of wider literature and theoretical insights on the student experience in higher education. The student experience of the BSc Pre-registration (Adult) nursing course will be contextualised by reviewing the aim and objective of this study in relation to the key findings and significant touchpoints that influenced the student experience. This is followed by an examination of the key findings and discussion on their contribution to existing knowledge and gaps in knowledge. Since a significant original aspect of this study is its use of EBCD as a research methodology to explore student experience, the second section of this chapter reflects on the features of EBCD that worked well, the challenges of using EBCD in a higher education setting and the implications of this study for EBCD use in future studies. Finally, implications of the study findings for Pre-registration nurse education and the limitations of this study will be discussed. Throughout this chapter the term 'this study' is utilised as self-referential phrase to indicate presentation of the findings from the research conducted as part of this thesis and does not refer to studies from the wider literature. Furthermore, as this study was conducted with a small number of students the findings cannot be generalised to all nursing students, therefore all references to 'students' in this chapter denote 'student participants' from this study and is not suggestive of the wider student population.

9.2 Contextualizing the findings on the student experience of the BSc Pre-registration (Adult) nursing course

This Experienced Based Co-Design study has captured, explored and gained some understanding of the student nurse experience of the undergraduate Pre-registration (Adult) nursing course. At the beginning of this thesis the student experience was defined as a personal subjective phenomenon, elements of which could be understood when captured

through personal narrative and the emotions described in that narrative (Bate & Robert, 2007a). This study has achieved the main objectives of identifying and exploring the emotional touchpoints that shaped student participants experience of the nursing course using semi-structured interviews and emotional touchpoint mapping events with student and key stakeholder participants. Those emotional elements of the student experience serve to give the experience significance and quality, further influencing future experiences (Dewey, 1938/2015).

Exploration of the various emotional touchpoints along the student journey of the course revealed 6 of the 18 identified touchpoints were the most significant for both student and key stakeholder participants in this study including:

- The first clinical practice placement experience
- Mentor support in the clinical practice environment
- Facilitated learning sessions
- Module Assessment Group Support (MAGS)
- Academic advisor support
- Transition into year one/Welcome week

Overall, the core themes that emerged from these six touchpoints for the student participants related to their perceptions of 'support', and the 'influence of academic and clinical practice staff' on their experiences. Although some students describe experiencing good support throughout the course, a significant finding from this study is that most students have an expectation of much more support from academic and clinical practice placement staff than they report they had received. Expectations of more support were heightened during students transition to higher education study, transition into year two and year three of the course, and transition into the clinical practice environment. Unmet expectations around student support resulted in feelings of '*abandonment*' as expressed by several students in this study.

Core themes that emerged from the key stakeholder event similarly related to issues around 'student support', as well as 'expectations of students' and 'expectations of themselves' as Academic advisors. By contrast key stakeholders perceived nursing students having access to lots of support mechanisms, but felt students were either unaware how to access available support or chose not to seek support. The findings in this study mirror that of Roberts et al. (2018) investigation of a range of institutional support provision that showed differences existed in students' awareness of support services, and non-use of student support services related primarily to a lack of knowledge around locating and accessing those services. This

suggests student support should be delivered in a meaningful and experience-enhancing way that ensures uptake (Smith 2007).

An overwhelming emotion expressed by most key stakeholders during the emotional touchpoint mapping event was 'sadness' that students felt '*abandoned*' and '*unsupported*'. Furthermore, some key stakeholders perceived a dichotomy with striking a balance between supporting students, particularly with their academic study skills, and encouraging students to become independent learners. Developing independent learning skills fosters higher order thinking (Roets & Maritz, 2017), which is essential for equipping nursing students for their graduate roles as patient advocates and evidence-based practitioners. Yet some students within this study appeared to locate their learning and development as an academic and clinical placement staff responsibility. Students' anxieties around independent learning related to the amount of independent learning, also referred to as self-directed study, required on the nursing course. Though the University provides support with independent study through Blackboard sites, assignment guidance, Module Assessment Group Support (MAGS) and central services such as WISER Academic support and Library services, several students indicated they still '*don't know how to learn!*' and described themselves '*struggling with the same things*' as a result. Although many students in this study honed their study skills quickly, those students who struggled to establish effective independent study skills early in the course continued to struggle well into year two and year three. As a result, several student narratives indicate those who either fail or perform more poorly than expected in at least one assessment considered leaving the course. Interestingly, many year two and year three students within this study expressed dissatisfaction with, and negative emotions related to, the amount of support they had received as the course progressed, irrespective of how well or poorly participants performed academically.

One interpretation of the findings above is that mechanisms for supporting students on the pre-registration nursing course have a critical influence on the overall student experience. Although support mechanisms are in place at the University some students do not know where or how to access the support, or how to engage with the support in a way that effectively helps them. Furthermore, other students perceive the support as insufficient, particularly as they progress through the course, and have an expectation of increased support to prepare them for professional qualification. On the other hand, key stakeholders have reported that students advancing through the course should typically require less support and exhibit more autonomy and independence as part of their professional development process. Dewey's (1938/2015) notion of 'experiential learning' explains these mismatched perceptions as arising out of the 'continuity and interaction' of the students and key stakeholders' experiences, culminating in

a positive or negative judgement about that experience as discussed in section 1.3 of this thesis. In other words, a current experience is not an isolated static event separated from other experiences, instead experience is a continuum with each new experience building on past experiences. Furthermore, interactions during a current situation will influence how individuals judge their present experience and their expectations of future experiences.

Therefore, many students within this study had previously attended Further Education (F.E.) colleges, or other learning environments, where they experienced different teaching and learning models to that encountered at university. Specifically, schools and colleges incorporate more guided learning and support (Money, et al., 2020) which can leave some students struggling to develop the higher order thinking skills necessary for independent study (Wingate, 2007). As students assimilate their previous experiences with their current experience (continuity) disparity between the two experiences becomes more evident. Within this study interactions experienced on the nursing course compounded this disparity further as participants described feeling '*abandoned*' and unsupported, whilst key stakeholders believed striking the balance between '*support and empowerment*' enabled students to '*think for themselves*' and develop those necessary independent learning skills. Thus, a further interpretation of the findings from this study is that key stakeholders have an expectation students' take more active responsibility and control of their learning, something wider literature refers to as having more 'learner agency' (Mercer, 2012; Klemencic, 2015; Schoon, 2018; Vaughn, 2020). Whilst some student participants feel unprepared to manage their own learning independently and lacked, or perceived a lack of, 'learner agency' creating a feeling of dependency on the academic support of others for their learning experiences. A study by Titus and Roman (2019) purports learner agency as a critical component of positive learning experiences and the development of self-esteem for students on professional higher education courses.

It must be acknowledged that not all student nurses need, or expect, extensive support on nursing courses. Notably, some support needs are beyond the scope of university provision, potentially requiring students to take more personal responsibility. However, the findings above do suggest better support could improve students experiences on the nursing course overall. Moreover, as revealed in the introductory chapter of this thesis, following the introduction of student fees and increased competition across universities for student business there is a greater expectation that universities provide positive student experiences where possible. Therefore, the ensuing section will frame 'student support' in terms of understanding the concept of student support, establishing the student support needs identified in this study and identifying the mechanisms for supporting students on the pre-registration nursing course.

This is followed by a wider discussion of the mechanisms for supporting students as they relate to the findings from this study, therefore 'Support with transition onto the course', 'Support with transition through year two and year three of the course', 'Support with learning and assessment', 'Support with transition into the clinical practice placement environment', 'Clinical practice placement support through the mentorship model', 'Academic advisor support' and finally 'Supporting students develop learner agency'.

9.2.1 Framing student support

As numerous factors impact the nature of student support, understanding support from the perspective of students and support providers is crucial. Therefore, within this discussion student support is contextually framed through the lens of the student participants and key stakeholders in this study. Several students experienced effective support with some aspects of the nursing course, particularly the practical elements such as administrative support with the enrolment process. However, many students in this study perceived a shortfall in the support they had expected versus the support received with their academic studies on the course and with their learning and development in the clinical practice environment. Conceptualising what constitutes sufficient support that meets students' expectations is a challenge as it raises questions about what student's expectations and understanding of student support are, what influences those expectations and how students recognise support as it occurs? Added to this is the institutional challenge of offering generic support services that meets the individual needs of a diverse student population, whilst simultaneously striking the correct balance between support and 'hand-holding' (McInnis, 1998).

A further consideration when framing student support is the need to avoid positioning students as 'victims' that need help. Wider literature describes this emphasis on the shortcomings of the student with a problem to solve as a 'deficit model' of student support (Jacklin & Le Riche, 2009; Smit, 2012; Roberts et al., 2018). Smit (2012) argues the massification of higher education and increase in non-traditional students led to the growth of a school of thought that regards those students needing support as 'underprepared' and 'lacking' in the academic ability necessary to succeed. A danger of this belief is that ignores and deflects from the role higher education plays in perpetuating barriers to student success (Smit, 2012). To avoid a focus on perceived student inadequacies the remainder of this section seeks to frame student support through a positive lens with a focus on the essential features that constitute effective support experienced by students in this study, whilst recognising that they are a small sample of a very large cohort.

As espoused in chapter one of this thesis student experience is not restricted to the classroom but encompasses all aspects of student life, even extending beyond the university to include experiences within the clinical practice environment for participants in this study. Therefore, when seeking to discuss the study findings as they relate to the mechanisms for effective student support a model of student support that considers the whole student experience will be applied. In particular, Tait's (2000) 'Taxonomy of student support' remains instrumental in the development of concepts around student support (Jacklin & Le Riche, 2009), and provides a framework for supporting student's overall experience (Tait, 2015).

Tait (2000) proposes a taxonomy of student support that incorporates three interdependent and interrelated functions:

- Cognitive
- Affective
- Systemic

Within Tait's' taxonomy, cognitive student support relates to supporting students with their learning and assessment. Affective support relates to ensuring a supportive learning environment that generates student commitment and improves self-esteem (Tait, 2000). Systemic functions relate to ensuring efficient, student-friendly administrative processes (Tait, 2000). Tait's taxonomy mirrors some of the findings from this study. For instance, effective support for many students in this study incorporated cognitive elements, such as help with learning and assessment through the MAGS sessions. Systemic elements of support were evident through the expectation of administrative help for example with the process for applying for essay extensions. Affective student support was observable in students who reported gaining confidence when effectively supervised in clinical practice and supported academically. Affective student support seeks to develop student's well-being, self-confidence, self-esteem, personal agency and responsibility. Those students in this study who reported a lack of effective clinical supervision consistently described a reduction in confidence and overall well-being.

Findings from this study indicate a significant aspect of effective student support emerged out of the relationships and connections participants had developed whilst on the course. Jacklin and Le Riche (2009) report similar results in their study exploring students understanding of 'support' in which they identified interrelation support, where students had someone they could discuss their concerns with, as the most important type of support. Therefore, effective student support facilitates the formation of personal connections, interactions and communication with those in a position to offer support, i.e. with tutors, Academic advisors and peers. An example

from this study is found in several student accounts were having a '*one-on-one relationship*' with their Academic advisor facilitated access to pastoral support during the more challenging times on the course. Notably, effective student support must also be accessible and available. Without accessibility and availability, cognitive, affective, systemic or relational student support cannot take place as was evident from the study findings some students did not know where or how to access support. One example from the findings of accessible and available student support was in the form of Home group meetings where Academic advisors would offer '*guidance*' and '*address personal problems directly*'. By contrast, student support was perceived as un-accessible, or unavailable, for some students when the approach to assessment support shifted from individual supervision to group supervision part way through the course. Tait's (2000) taxonomy of student support with the addition of relational support will form the framework around which the remainder of this discussion of the study findings is structured.

9.3 Cognitive student Support

Cognitive student support relates to supporting students with their learning (Jacklin & Le Riche, 2009). Cognitive support incorporates facilitating learning that helps students develop the skills and competencies necessary to meet their educational goals and pursue the postgraduate career (Kalamkarian & Karp, 2015). On the pre-registration nursing course student learning takes place in both an academic and clinical practice placement environment, with effective cognitive support necessary in both settings. For participants in this study the transition from one environment to another was perceived as a pivotal point (described as touchpoints in this study) on the course. Students who were supported well during these transitions reported more positive learning experiences overall. For example, one participant reports her first clinical placement as '*really amazing and such a good experience*', stating '*they (the ward staff) made sure I was in the thick of things, and by the end of placement I felt very confident...my mentor was very busy but made sure I had two associate mentors if I wasn't with her*'. The transition onto the course itself was a critical touchpoint for most participants in this study. One participant reported a lack of support during her transition onto the course as impacting her learning more negatively as she had felt '*there was a lack of support in some areas. If I didn't understand something you couldn't really contact somebody, you were a bit out on a limb really. I know its independent learning but coming into university is a big step, a different world and I just didn't feel like there was necessary support. The first year was the hardest... the adjustments!*' Four specific mechanisms to emerge from this study for supporting students during these pivotal touchpoints on the course were support with transition onto the course, support with transition through year two and year three of the

course, support with learning and assessment and support with transition into the clinical practice placement environment.

9.3.1 Support with transition onto the course

Study results suggest most students expected more support than they received during periods of significant transition through the nursing course. Within this study student transition denotes student movement or progression through the course marked by distinct changes or events, for example the movement to higher education. Many students experience changes to their personal circumstances, such as giving up full time work to study at higher education, and for some students' adjusting to the demands of university life and studies in the first year is difficult. Some student's transition into university is incremental requiring only small adjustments, for instance those students who have already studied at higher education level on a different course. Other students experience more radical transition, for example those students who have not studied at higher education level before or who have been 'out of education' for a long period of time. Within this study several students experience of the initial transition into higher education was like entering into a '*different world*'. The current studies results echo findings from contemporary student transition literature which suggest all students experience some level of transition when entering higher education for the first time, although the level of that transition may be experienced differently by different students (Brinkworth et al., 2009, Gale & Parker, 2014; Cheng, 2015; O'Donnell et al., 2016; Turner et al., 2017).

Emotions associated with transition into year one for students in this study include feeling '*excited*', '*scared*', '*overwhelmed*' and even '*pure fear*'. These feelings are particularly evident when the first week (Welcome week) of the course is perceived as too '*busy*', '*hectic*' and '*chaotic*'. The study's findings are consistent with the themes identified in the literature review of this thesis, which suggest both the first weeks and first year at university are key periods requiring new students to adjust to intensified personal, lifestyle and social changes alongside the new academic demands during their transition into higher education (Birks et al., 2013; Smith et al., 2018). For some students the transition into higher education and adjustment to a new learning environment is difficult and challenging (Brinkworth et al., 2009), making it a critical point for risk of withdrawal (Turner et al., 2017). The results of this study show students who do not feel supported during this period struggle adjusting to year one on the course. Apparent lack of support leaves students with a sense of isolation and aloneness, as they are unsure who to approach for advice and support. Results from this study suggest student's

sense of support originates from their initial experience of Welcome week which will be explored in the following section.

The initial means for supporting early adjustment to university life and education at the time of this study was through students attending an induction and orientation week (referred to as Welcome week) at the beginning of the course. During Welcome week students meet key members of the course team such as their Course leader, Module leaders and Academic advisors. In addition, there is an emphasis on the significant points of contact for student support throughout the course, e.g. Study Skills Support and library services. For several students in this study too much information is relayed during Welcome week for them to process in any meaningful way. Evidently, it is difficult to recall some of the essential information around student support communicated during Welcome week when needed later in the course, resulting in students feeling unsure who to contact for help and support. Information overload occurs when an excessive amount of information is communicated resulting in information saturation whereby an individual is unable to process any further information (Khalid et al., 2016). Irrelevant, incomplete and inaccurate information exacerbates information overload subsequently leading to an information retrieval problem (Grimshaw, 2008), as expressed in some student narratives within this study. The information overload that occurs at the beginning of the course contributes to some students experiencing a more challenging transition. Ineffective transition early in the course leads to academic underachievement, student dissatisfaction and risk of student attrition (Vinson et al., 2010; Turner et al., 2017), whereas effective transition increases student experience, satisfaction and retention on the course (Burnett, 2007).

The findings around induction week above have been reflected, and debated, in the research for over 25 years (Carpmael et al., 1992; Gale & Parker, 2014; Barton, 2017). However, an unexpected finding from this study is how some student groups have a misconception about the purpose of the induction week, resulting in one student from the study choosing not to attend. Within the pre-registration nursing course the term 'Welcome week' has replaced what was traditionally called 'Freshers week' that takes place across most universities. Although Welcome week shares some similarities with Freshers week in that usually both are a period set aside for inducting students into university life, giving students an opportunity to register with academic services (i.e. course and library services), to enrol with different groups or societies of interest (i.e. sports clubs) and attend introductory lectures in order to meet key staff and other students on the course. Welcome week within Pre-registration nursing has minimal focus on social aspects of student life, whereas a major feature of Freshers week was the many organised social events students could attend. Notably the nursing course attracts

large numbers of non-traditional students including mature students and Black, Asian and minority ethnic (BAME) individuals who may practice abstinence from alcohol as part of their faith who, based on pre-existing assumptions of Freshers week, may feel Welcome week is not designed to meet their needs. One student participant in this study chose not to attend welcome reporting '*I thought it was just for people that drink, and I don't drink, so I wouldn't be able to get involved, so there's no point going*'. Students who choose not to attend Welcome week based on a misconception of its purpose forgo the chance to prepare for the rigours of the course and to form initial bonds with their peers and Academic advisors potentially lasting the next three years.

The need to change the labelling of Welcome week to reflect its importance emerged from the Key stakeholders' findings. Furthermore, this study highlights the need to ensure the information related to this pivotal week, such as the content of the week, is packaged and communicated to new students in a more effective way. Study results expose a potential lack of consideration for the needs of mature students and students from the BAME community when communicating about Welcome week. An examination of the wider literature reveals a distinct lack of research on the effectiveness of Welcome week in supporting students from the BAME community transition to higher education, and currently no published study specifically explores BAME students' perceptions and experiences of Welcome week, suggesting a gap in knowledge. Although the findings above are based on one student's experience and cannot be generalised to the general BAME population, this study does make a small but significant contribution towards the knowledge on both the role of Welcome week in supporting students transition into higher education and the potential perceptions and experiences of BAME students.

The use of a 'Home group' system during students' initial transition into higher education, and throughout the nursing course, appeared to be one pragmatic approach to student support. Home groups are field specific small groups of students (usually 25), apportioned from the larger nursing cohort. Home groups differ from other small class teaching approaches by having an Academic advisor who oversees the group and provides pastoral and academic support for the 3-year duration of the nursing course. This results in nursing students having a specific academic point of contact and a consistent group of peers throughout their education. For many students in this study regular Home group meetings held throughout the academic year acted as an accessible resource for student support where most Academic advisors would carry out welfare checks on their students by asking '*how students were doing*' and offering '*guidance*'. Jacklin and Robinson (2007) suggest student and Academic advisor contact is vital and emerged as one of the strongest supportive structures identified by

students in their study, alongside interpersonal relationships with their peers. For all but two students in this study their Home group experience fostered the formation of friendships early on the course, something perceived as quite difficult in class sizes of several hundred students. In turn those friendships became useful support networks that provided many pragmatic benefits academically, socially and emotionally as the course progressed. For example, several students described car sharing with their Home group peers and forming study groups during assessment times. Almost all students in this study acknowledged the importance of Home group peers' emotional support helping them continue through the course. One interpretation of this finding is that the concept of a 'home' group creates a sense of belonging in nursing students, with the Home group forming a base, or foundation, students always return to following time spent in large key lectures and in the clinical practice placement environment.

Helping students to develop a sense of belonging through peer support has also been reported in studies by Chapman and Orb (2001), Birks et al. (2013), O'Keeffe (2013), Grobecker (2016) and Freeman et al. (2017). O'Keeffe (2013) reports the development of a sense of belonging within higher education as a critical influence on student retention. For Grobecker (2016) a sense of belonging is a 'fundamental human need' that positively shapes students' confidence, motivation and learning. Research conducted as far back as Tinto (1987) acknowledges the significance of peer relationships on student's social integration and adjustment to higher education. As identified in chapter 2 of this study, a shared sense of belonging with peers appears to be a 'coping strategy' for nursing students, as they perceive that only student nurses can fully understand the experiences of other student nurses (Chapman & Orb, 2001) consequently making them a strong resource for support (Birks et al., 2013). Although lots of literature around the importance of supporting students develop 'a sense of belonging' exist, research exploring the use of a Home group approach to support students in higher education is limited making it difficult to compare the results of this study with the wider literature. Only one study by Juutilainen et al. (2018) explores the experiences of the Home group approach for supporting first year student teachers. Juutilainen et al. (2018) found that Home groups were perceived as 'emotionally safe' environment's where students develop their identity and agency. Although Juutilainen et al. (2018) research is focused on student teachers in Finland and the effect of Home groups for fostering student agency, their results do reflect some of the findings from this study. For example, Juutilainen et al. (2018, p.122) suggests as students "get to know each other at a profound level", that deep relationship facilitates emotional safety and a sense of freedom to engage more fully with learning on the course.

The positive effects of forming deep relationships with peers from their Home groups was evident within this study as seven student participants specifically identified the support they received from peers in their Home groups as instrumental in helping them emotionally and academically through the course. Several students frequently used comments like *'I couldn't have done it without them'*, *'without our home group there's no way I would have got through this'* and *'they become like a little family'* to depict the significant role peers within Home groups played in supporting them on and through the nursing course. In summary the findings from the current study adds valuable insight into the benefit of Home groups for providing support to nursing students during their initial transition into higher education, particularly during the induction week, and throughout the nursing course. In particular, allocating students on courses with large student numbers, or class sizes, to smaller Home groups has been shown to have applied benefits, such as fostering useful friendships and facilitating a sense of belonging.

9.3.2 Support with transition through year two and year three of the course

Supporting students during the early transition period of their course has clearly been established in the previous section as pivotal to the student experience of, and satisfaction with, the nursing course. In order to effectively support students' universities must have some understanding of student transition, what it is, how it is experienced and the kind of support mechanisms that need to be in place to facilitate successful transition. However, a report by the Higher Education Academy (HEA) indicates current theories around transition to higher education fail to fully explain the transition process or develop sufficient evidence-based interventions for assisting new undergraduates through the process (O'Donnell et al., 2016). Furthermore, 'student transitions' as a field of study has failed to explicitly define 'transition', as such there remains no single definitional consensus, instead 'transition theory' relies on "implicitly held assumptions" around what transition is, why and how it occurs (O'Donnell et al., 2016, p.5).

Although there is a growing number of studies on transition of the general adult learner in higher education, much of the literature focuses extensively on the first-year experience as evidenced by Cheng (2015) whose report outlines six models of student transition, five of which relate exclusively to first year students transition early in the course. Whittle (2018) believes the concerns around student retention is what drives the current focus on the first year transition experiences. However, results from this study identified the transition to year two and year three as significant touchpoints for student participants, comparable to the transition into year one. This signifies student transition is a continuous process composed of

many phases across the whole course and highlights the need for a transition model focused on the experiences of year two and year three student nurse experience.

Some participants in this study found transition into year two of the nursing course a shock. For both second year and third year students the move to higher level study is more challenging than they expect, i.e. from level 4 to 5 and level 5 to 6. How well-prepared students feel for the elevated level of academic study positively or negatively affects transition through each year. Students who feel unprepared for year two and year three experience the most difficulty adjusting to the advanced level of study. Consequently, students who struggle in year two are most likely to contemplate leaving the course. Yet published literature currently focuses on first year students' preparedness for level 4 study, and the effect on academic performance, with few studies exploring challenges around the increased demands of studying at level 5 and level 6 (Moreton et al., 2017; Ayala & Manzano, 2018). CooperGibson Research (2018) suggests there is no standard definition of what constitutes level 4, 5 or 6 study in higher education, and no standard understanding of the nature of academic study at each level of education documented in the wider literature. Consequently, students entering consecutive years of study unequipped with clear knowledge of what to expect, or what is expected of them, anticipate support with adjusting to the advanced level of academic study. Unmet support needs appeared to have contributed to students' feelings of '*abandonment*' as expressed by some participants in this study.

Several studies as far back as 1993 have cited a 'sense of abandonment' in student nurses, however this tended to relate to feeling abandoned by nurse academics in the clinical practice environment (Beck, 1993; Price et al., 2011; Heinonen et al., 2019). This study also found some students felt abandoned in the clinical practice placement area. For student participants abandonment was associated with '*left on their own*' to manage poorly patients. However, this study appears to be the first to document students using the term '*abandonment*' in relation to their academic studies in year two and year three, originating out of their anxiety around 'being left' to do more self-directed study without support the further they progressed through the course. An interesting study by Norrie and Dalby (2007) found nursing students exhibited less adult learner characteristics, such as being active and self-directed in their learning, as they progressed through their studies, something they term 'retrograde andragogy'. Norrie and Dalby (2007, p.327) suggest third year students potentially need more support as they become "tired and jaded" with their studies, resulting in less willingness to engage in independent learning. The concept of 'retrograde andragogy' could be used to explain why students' in the current study expected more support in year two and year three of the nursing course and experience a sense of abandonment when those expectations of support are not met.

However, the results from this study show many students struggle with independent learning from the first year of the course and some student persistently struggle throughout the remaining years of study, not just in their third year. Although this study was conducted with a small number of students and thus the findings cannot be generalised to the whole nursing student population, results could potentially have implications for the current curriculum constructed around assumptions of student's intrinsic andragogical characteristics. Furthermore, as the nursing curriculum, and undergraduate study in general, moves towards a more heutagogy instructional approach, the imperative to support students to become self-determined learners is more evident.

9.3.3 Support with learning and assessment

A finding from this study was that most student participants '*struggled*' with the academic elements of the course at some time during their studies. For many students this is at the beginning of the course and throughout the first year of study, whilst some continue to struggle well into year two and year three. Interestingly, most students in this study expressed a level of dissatisfaction with the support for learning and assessment, including those students who had not identified themselves as struggling academically at any point in their studies. Students who articulate an expectation of individual supervision with assessments, and more taught contact time, express the most dissatisfaction with their experience of learning on the nursing course. Many student participants articulated struggling with the amount of independent study on the course with one participant commenting '*there is so much self-directed study, but if you don't know how to be doing that, that's a big thing!*'. Without effective support and guidance some participants continue to struggle with the same issues around self-directed '*a lot of people don't know how to learn; I don't know how to learn! It lowers your confidence because I keep struggling with the same things because I don't know how to improve*'. A critical review by Barker et al. (2016, p.22) suggests Pre-registration nursing students' inability to undertake independent study remains unaddressed within higher education due to academics "misguided assumption that all students (by the fact that they are adults) are prepared and motivated to direct their own learning".

The findings of the current study are consistent with the wider literature with several studies indicating many higher education students retain a dependent learning style developed during their earlier school experiences and prefer the more traditional didactic approach of teacher instruction over independent study (Timmins, 2008). Reasons for this include students need for physical and social interaction with their teacher and feeling unready or unable to self-regulate their own learning (Bingen et al., 2019). The more active learning pedagogy featuring independent study that has become a core tenet of undergraduate nurse education can lead

to increased student dissatisfaction. A study by Ferreri and O'Connor (2013) aimed at shifting the foundational content of their pharmacology course to independent study resulted in more negative comments in the course evaluations, even though the overall student grades had improved. Similar results were found in a systematic review by Betihavas et al. (2016, p.19) that showed two of the five studies reviewed reported negative comments and student dissatisfaction with the amount of "out-of-class preparation time". Other studies also reported a tension between academic performance and student satisfaction with their experience (Horn, 2013; Tune et al., 2013). Paradoxically, the increased amount of independent learning described in the current study may have improved some student grades whilst simultaneously reducing student's satisfaction with their experience of the nursing course. The results of this study suggest nurse academics can find themselves at an impasse when trying to both meet learner's needs to succeed in their studies and meet their expectations around the student experience. The challenge of balancing independent study with student satisfaction exists beyond nursing courses and requires academics to understand the benefits of and barriers to independent study.

9.3.3.1 Facilitating student development of independent study skills

Learning by oneself, or non-taught time, where students are expected to direct their own learning is a key component of all UK pre-registration nursing course, with various names designated to the activity including 'self-directed study', 'directed study time' (Barker et al., 2016), 'self-directed learning', 'independent learning' and 'independent study' (Tekkol & Demirel, 2018). Independent study correlates with upper-level thinking, problem solving, critical thinking and lifelong learning skills (Tekkol & Demirel, 2018), which are qualities required of student nurses as indicated in the NMC standards of proficiency (NMC, 2015). However, most student participants, and several key stakeholders, within this study felt there was '*too much self-directed study*' on the nursing course. Though independent study is understood in the wider literature to improve individuals' self-confidence, autonomy, motivation and lifelong learning skills (Tekkol & Demirel, 2018), conversely for students in this study who '*don't know how to learn*' the amount of independent study was perceived to '*lower confidence*'.

In keeping with the results of this study several factors were found by Barker et al. (2016) to influence students experience of independent study including ill-preparation for, orientation to and lack of the necessary skills to do independent study (Barker et al., 2016). Barker et al. (2016) believes the assumption student nurses possess the skills and motivation to effectively direct their own learning emanated from the move to higher education from schools of nursing. When 'nurse training' was based in schools of nursing located on NHS hospital sites, teacher-

centred methods of content delivery incorporating rote learning tended to be employed (Handwerker, 2012) with minimal apportioned independent learning time (Barker et al., 2016). Once Pre-registration nurse education transferred exclusively to higher education settings in the early 1990s, teaching and learning strategies were adapted to meet university requirements of more active learning, including the incorporation of independent study time (Barker et al., 2016). Thus, the move to higher education resulted in a paradigm shift, with the responsibility for learning transferring from external sources such as lecturers to an internal source, therefore the individual learner (Tekkol & Demirel, 2018). In their critical review, Barker et al. (2016) questions nurse lecturers' capacity to support student nurses developing independent study skills. Booth et al. (2016) suggests operating within two distinct disciplines 'education and nursing' does not result in expertise in both, which can explain why some nurse educators find it a challenge to effectively facilitate student independent study. Notably, findings from this study suggest students were mostly satisfied with their overall experience with academics on the nursing course, indicating that operating as a nurse and educationalist does not preclude expertise in both as stated by Booth et al. (2016) above. However, results show there was distinct dissatisfaction with support for independent study.

Although many nurse educators recognise the benefits of independent study, confusion exists regarding its use and application resulting in inappropriate and inconsistent use of independent study time on nursing courses (Timmins, 2008). Literature also reports the view learning on professional nursing courses differs from traditional adult learning as a result of the predetermined learning outcomes set by nursing's professional body, the NMC (Walsh, 2004; Timmins, 2008). Contemporary nurse education prepares students to meet the challenges of a dynamic and constantly changing healthcare environment requiring new graduates to be fit for purpose (Pryce-Miller & Serrant, 2019). The need for nurses to demonstrate their fitness for purpose by meeting specific NMC standards of proficiency requires a more didactic pedagogical approach than other non-professional university courses (Walsh, 2004). This can result in disparate approaches to facilitating learning and encouraging student independent study amongst some nurse educators. This was evident in the key stakeholder findings which suggest a lack of consistency among academics with some perceived as '*over delivering*' and raising students '*expectations beyond what can be delivered*'. A perception of '*under delivery*' of course content by some lecturers may contribute to students' feelings of dissatisfaction on the course. Study results indicate some lecturers find it hard to achieve the correct balance between '*delivering learning*' and supporting students develop independent learning skills.

Facilitating student development of independent study skills was identified as an improvement priority on the nursing course during the Co-design event by student and key stakeholder participants in this study. Several recommendations were made that may help academics consistently support students develop independent study skills including, providing study skills guidelines and top-tips, academic study drop-in sessions, student led study support networks and academic study summer camps prior to students commencing their university studies. Wider literature suggests higher education institutions are still a long way from the shift to a self-directed learning paradigm (Guglielmino, 2013; Van Rensburg & Botma, 2015), and Morris (2018) suggests there is a distinct lack of studies investigating the extent to which self-directed learning is facilitated within a higher education context. However, Bailey et al. (2019) recently published a collection of papers directly addressing self-directed learning pedagogies and provides examples of useful models for promoting and implementing self-directed study. Several papers (Bosch et al., 2019; Johnson & Johnson, 2019; Van Zyl & Mentz, 2019) advocate a collaborative approach to managing independent learning as proposed by the findings and priorities for course improvement identified in this study, suggesting the findings from this study are in line with contemporary literature around independent study in higher education. Example recommendations from this study of collaborative approaches to supporting independent learning include establishing student led support networks focused on study skills and independent learning and setting up academic study skills drop-in sessions where together students and staff can explore effective methods and practices for undertaking independent learning. Effective learning manifests when learners co-create their educational experiences by taking ownership of their learning (Gros & López, 2016). However, more research needs to be conducted exploring the effectiveness of implementing strategies for supporting independent study in nurse education.

Key stakeholder participants within this study indicated student expectations around independent learning were not being sufficiently managed. Several key stakeholders suggested the '*mismatch between staff perceptions and perception of students*' of independent learning contributed to students' disappointment with support at the university, despite the '*significant efforts*' by academic staff to support students with their learning. This notion of disparate expectations between students and academics is reflected in the wider published literature (Laing et al., 2005; Borghi et al., 2016; Dowell et al., 2016; Money et al., 2017). Both Laing et al. (2005) and Money et al. (2017) suggest students hold unrealistic expectations of teaching, learning and assessment, that derive from their prior learning experiences, life experiences and views of higher education (Laing et al., 2005). Dowell et al. (2016) indicates this disparity is contingent upon students' assumptions around the universities responsibility towards them compared with their sense of responsibility towards

their own learning experience. Adopting strategies for closing the gap between students and academics expectations is critical to support students transition better into higher education (Money et al., 2017). Most key stakeholders in this study agreed more work could be done with potential students' pre-arrival at university, for example through working closer with partner colleges to prepare students better for the transition to higher education and exploring potential students' perceptions of higher education study.

A final consideration when discussing the findings around independent learning in this study is the influence of student demographics, particularly the recruitment of more non-traditional students on the pre-registration nursing course. In a review of the research on student support in higher education Smith (2007) found non-traditional students were most likely to experience difficulties with independent study and the lack of supervision espoused in universities. Non-traditional students include students from low-income families, first generation students, mature students, students with a disability and students from minority ethnic groups (Cotton et al., 2017). The higher education widening participation agenda of recent decades seeks to close the gap in take-up of higher education between different traditional and underrepresented non-traditional student groups (Connell-Smith & Hubble, 2018). Within nurse education the need to meet the widening participation agenda along with the necessity to reflect a diverse healthcare workforce (Heaslip et al., 2017) has seen an increased recruitment of older students, men and Black and Minority Ethnic (BAME) students, alongside more students with non-traditional entry qualifications (Thomas & Duckworth, 2018). As all but one student identified as non-traditional within this study the findings related to students experience of independent study cannot be compared between the traditional and non-traditional student participants. Furthermore, of the three students who identified themselves as BAME in this study only one recounted struggling with independent study and a perceived '*lack of support*', making it difficult to contrast their experiences of independent study with that of non-BAME students.

9.3.4 Support with transition into the clinical practice placement environment

The first clinical practice placement experience was a pivotal touchpoint on the journey through the course for students in this study. One participant recalls her first placement as '*quite a shock for me going into a general medical ward that was extremely busy, that was quite scary*'. Although many participants in the present study expressed feeling '*daunted*', '*scared*' or '*shocked*' by their first clinical placement, but a surprising finding was that both students with and without prior health care experience expressed feelings of anxiety around the first clinical practice placement on the course. Clearly having prior care experience does

not appear to alleviate fear or offer extra reassurance for students attending their clinical practice placement for the first time. A suggested reason for this is that 'experienced' carers perceive a distinct difference between their previous role of healthcare assistant and their new role as a student nurse.

A plethora of nursing literature has found the transition from university to clinical practice as the most challenging and stressful component of the pre-registration nursing course (Sharif & Masoumi, 2005; Andrews et al., 2006; Cooper et al., 2015). Research suggests the initial transition onto the first clinical experience is particularly associated with high levels of stress and anxiety (Andrew, 2013; Crombie et al., 2013; Hart & Swenty, 2016). The student experience of the first clinical practice placement is a key determinant of an undergraduate nurses' success on the course with the quality of the initial clinical experience setting the benchmark for subsequent experiences (Andrew, 2013). Cooper et al. (2015) concurs the first clinical placement experience as the most powerful and influential on undergraduate nurses. A catalyst for students leaving nursing education early in the programme can be a negative initial clinical experience (Andrew, 2013; Crombie et al., 2013; Cooper et al., 2015). Whereas successful transition to clinical practice is associated with a positive clinical experience and the movement towards becoming a competent nurse (Hart & Swenty, 2016). A project by Health Education England (HEE) (2018a) focused on reducing Pre-registration attrition and improving retention, suggest healthcare students' feeling unprepared for the clinical experience in the first year of study was amongst the top three reasons for leaving the course.

An effective way to facilitate a seamless transition to the clinical environment is through supporting students to feel better prepared for their first clinical practice placement. Although many participants in this study described feeling unprepared for placement, how quickly students overcame those feelings was dependent on the level of support students received whilst acclimatizing to the clinical practice placement environment. Stark differences were evident in the student participants experiences of support and supernumerary status. Students without prior nursing care experience gained confidence from working in a supernumerary capacity under close supervision from an allocated mentor, making them feel better prepared for subsequent clinical placements. Similarly, for some students a non-supernumerary status on the first clinical placement augments prior care experience, providing they are closely supported by a mentor or associate mentor. On the other hand, students who are expected to work in a non-supernumerary capacity without mentor support on their first clinical practice placement felt negatively overwhelmed by that experience. Juxtaposing these two experiences reveals the level of mentor support significantly influences the overall student experience of their first clinical practice placement irrespective of supernumerary status. This

finding strengthens the argument that mentor support in the clinical practice placement environment is a significant touchpoint on the pre-registration nursing course.

Notably, as students progressed through the course they appeared to favour more non-supernumerary engagement in nursing practice but continued to value direction and support from mentors in the clinical practice environment. This was evident from several second year and third year nurses' narratives who described how being allowed a '*free rein to do more*' alongside being '*strongly advised and guided*' developed their understanding of patient care and confidence in their role. The findings above suggest there is no one size fits all approach to mentoring. Instead, this study proposes a model of mentorship that facilitates an individualised approach to managing student nurses in the clinical environment based on a students' year of study, previous health care experience and learning and development needs.

9.3.4.1 Preparing students for the clinical practice placement experience

A way to prepare students better for the clinical environment is by establishing environments and situations where students can develop their self-efficacy. Self-efficacy relates to student's belief about their own ability to initiate successfully actions when performing different tasks in specific contexts (Bandura, 1997). Facilitated classroom learning provides a setting where students can practice their nursing skills alongside developing their knowledge, and competence before being exposed to 'real life' clinical situations. Yet as previously indicated, students in this study described receiving far less taught contact time than they had expected, specifically clinical skills teaching on the nursing course. The fewer than expected number of taught skills sessions, also referred to as 'simulated practice' or 'simulation', appeared to contribute to student's anxiety around competency levels and feelings of being unprepared for the clinical practice placement environment. Key stakeholder participants also noted a reduction in simulation and taught clinical skills on the course over the last few years, suggesting the quality of the nursing programme has been '*diluted*' as a result, and giving credence to students concerns. The findings above are in keeping with the wider literature which suggest hands-on practice contributes to the development of clinical competency and lack of preparation for clinical practice induces anxiety and worry (Strand et al., 2009; Onda, 2012). Preparation for practice begins with students acquiring generalised nursing knowledge and skills in the university academic environment that they prepare to transfer and consolidate in the clinical placement environment (Scully, 2011). Although, literature on nurse education has historically purported a gap between theory taught on nursing programmes and clinical practice (Scully, 2011), contemporary research suggests a closing of the theory-practice gap can be achieved by incorporating more situated learning strategies within nurse education (Jeppesen et al., 2017). Situated learning is employed throughout nursing curricula in the form

of clinical practice placement experiences and 'simulation' or 'simulated clinical practice' in the university setting (Fetter, 2009; Onda, 2012; Jeppesen et al., 2017). Situated learning in the form of 'simulation' is viewed as a technique that replaces, or replicates, aspects of real-world experiences by fully immersing and guiding learners through interactive tasks or settings they would encounter in actual clinical practice environments (Gaba, 2007). Therefore, simulation enables students to connect theory with clinical practice experience in a controlled supervised environment such as a classroom setting or skills laboratory. As such, simulation is recognised as fundamental to the development of competency and preparation for the clinical practice placement environment (Fetter, 2009).

Essentially simulation facilitates student learning, skills practice and competency development in a safe environment guided by educators, without negatively impacting real patients (Aebersold, 2018; Camp & Legge, 2018; Palominos et al., 2019). A growing body of research indicates simulation increases students feeling of being more prepared for the clinical practice environment (Kuiper et al., 2008; Holland et al., 2013; Richardson & Claman, 2014). Furthermore, students value the opportunity to develop their cognitive, affective, and psychomotor skills in a safe, nonthreatening learning environment (Woolley & Jarvis, 2007; Strand et al., 2009; Labrague et al., 2019; Palominos et al., 2019). In a study by Jeppesen et al. (2017) student nurses perceived skills teaching through simulation to be more effective and meaningful, as it develops their critical thinking and situated cognition skills and stimulates motivation to learn, a sentiment articulated by several participants in this study.

Simulation in various formats has been incorporated into nurse education for decades (Lavoie & Clarke, 2017). In 2007 the NMC (the governing body that regulate Pre-registration nursing) introduced a baseline standard for simulation which included a 300-hour cap on simulated practice learning within Pre-registration nursing programmes (NMC, 2007). However, that cap has since been removed allowing more flexibility for higher education institutes to determine the type and amount of simulation to include in their nursing programmes (NMC, 2018b). However, at the time of this study no system was in place to monitor the amount, quality, application or timing of simulated learning within nursing programmes once a course is validated by the NMC. Given that the study findings show student participants associated the amount of taught clinical skills sessions delivered on the course with a (perceived) level of clinical practice competency, and evidence from the wider literature suggests the inclusion of more simulated teaching can help prepare students better for the clinical learning environment, concerns around the amount and timing of simulation raised in this study cannot be ignored.

9.4 Relational student Support

The findings in this study suggest most students valued the relational interactive elements of the nursing course that enabled the formation of personal connections with peers, academic and clinical practice staff. These relationships played a significant role in students' socialisation and development of their professional identities. For example, several students described lecturer's '*knowledge*', '*guidance*' and '*approachability*', and their mentor's '*guidance*' and '*support*' as preparing them well for the requirements of the course and registration as a qualified nurse. In addition, three student participants shared stories about specific occasions when their Academic advisors positively influenced their experience on the nursing course. A common theme in all the stories was the personal interactions that occurred with accessible and available academic and clinical practice staff at a time when each student needed them. Two students describe a sense of feeling 'cared for' when Academic advisors inquired about their well-being and offered practical help and advice with things they had been struggling with. Hawk (2017) notes a specific distinction between being 'cared for' and 'cared about' in the student-lecturer relationship. Being 'cared for' entails a level of engagement with or specific action by the one caring for, as described by the student participants above, this is only possible when students have a level of relationship and interaction with staff members.

In their final report exploring the factors impacting healthcare student attrition and retention HEE (2018b) use Tinto's 'model of student retention' to demonstrate a link between the students' relationship with the institution and their success on the course. Notably, an effective relationship between student and institution resulted in increased student retention, and consequently attrition was an indication of a poor relationship (HEE, 2018b). Similar findings are evident in the wider literature suggesting the greatest supportive structure in education is the development of interpersonal relationships, for example student to student, student to academic staff or student to mentor (Lowe, 2005; Jacklin & Robinson, 2007; Keeling, 2014; Guzzardo et al., 2021). Keeling (2014, p.142) specifically describes educational institutions as "structured communities of people" that require staff to "make and sustain responsive, empathic relationships with students". Similarly, Guzzardo et al. (2021) suggests alongside increased retention it those student-faculty relationships and interactions that are conducive to students' learning experiences. Two specific mechanisms to emerge from this study for facilitating relational student support is through the mentorship model in the clinical practice environment and Academic advisor support in the university environment.

9.4.1 Clinical practice placement support through the mentorship model

Mentors shape student learning and development and influenced future career decisions. Student participants express a mixture of both favourable and negative experiences. Notably, positive mentoring experiences resulted from mentors supporting students in the clinical practice environment by working alongside students and facilitating lots of learning opportunities. Good mentors were perceived as those who engage and motivate students in clinical learning. When unavailable to support students themselves, due to absence or workload constraints, good mentors ensured continuous support for students via other team members such as associate mentors as evident in one student narrative '*(My mentor) was a Sister. She made sure I had two associate mentors so if I wasn't with her I was with my associate mentors and all the nurses on that unit were brilliant*'. Conversely, participants associate negative mentoring experiences with unavailable or disinterested mentors who made students feel like a low priority or even a burden. Several participants described experiencing conflicts with mentors that left them feeling either '*intimidated and bullied*' or that the clinical placement was '*untenable*'. For example, one participant describes '*a strong clash with my mentor whilst on placement to the point where I felt intimidated and bullied! When I informed the PEF at the end of placement review they were shocked and said they would "sort it". When I returned to placement my mentor then made it evident that they had been informed about what I had said!*'

The findings above are consistent with the themes identified in the literature review of this thesis and add to the current body of knowledge which attest to the significance of a mentor on the student experience of clinical practice placement and the undergraduate nurse's journey (James & Chapman, 2010; Courtney-Pratt et al., 2012; Papastavrou et al., 2016). Numerous studies indicate the mentorship relationship is the most influential factor on student satisfaction, attrition and the development of clinical competency (Hamshire et al., 2012; Cooper et al., 2015; Dimitriadou et al., 2015; Papastavrou et al., 2016; Doyle et al., 2017). Andrew (2013) describes the mentoring experience as a 'make or break' component of students' first clinical placement (Andrew, 2013). Other studies illustrate a strong link between good mentoring experiences and student learning and success, satisfaction and self-confidence, psychological health and well-being and preparedness for registration (Ousey, 2009; Eby et al., 2010; Kaihlanen et al., 2013; Eller et al., 2014; Papastavrou et al., 2016).

The mentorship model of Pre-registration student nurse supervision was formally embedded in clinical practice during the 1990s (Rylance et al., 2017) and became a mandatory requirement within the UK in 2007 following the release of NMC (2006) '*Standards to support learning and assessment in practice*' (Ousey, 2009). Since then all undergraduate student

nurses were allocated a named mentor, or associate mentor, whom they work alongside for a minimum of 40% of their time in the clinical practice placement environment (NMC, 2018c). Until recently all registered nurses were required to complete an approved mentorship training programme and fulfil the role of mentor (Clark & Casey, 2016). The NMC (2008, p.56) define a mentor as a registered nurse who “facilitates learning and supervises and assesses students in a practice setting”. The key responsibilities of mentor include directly managing student learning in practice by supporting, guiding, observing and facilitating students’ clinical practice, skills, knowledge development, learning and professional growth (NMC, 2008; Ousey, 2009).

To undertake the responsibilities of mentor the NMC (2008, p.39) suggest mentors “will need time, when undertaking work with a student, to be able to explain, question, assess performance and provide feedback to the student in a meaningful way”. However, the NMC refrains from adopting a standard strategy or guideline for managing or funding protected time for mentors (Clark & Casey, 2016). Consequently, mentors are not allocated protected time or remuneration to fulfil the role, instead supporting students is additional to their normal workload (Clark & Casey, 2016). Hunt et al. (2016b) describe mentorship as a system reinforced by informal support that functions on the goodwill of mentors. This can result in inconsistency amongst mentorship experiences, which was a frustrating and common theme reported by student participants in this study.

Given the importance of mentors for supporting students with their transition into the clinical practice environment, facilitating student competency development and socialising students into the profession of nursing the abolition of ‘mentors’ which took effect from September 2019 appears to contrast with the evidence gathered from this study. Changes to the ‘mentorship model’ arose out of the necessity to usher in a new approach to support student learning and assessment in practice following a succession of negative national enquiries and reports on the quality of nurse education (Willis, 2015; Morley et al., 2019). New NMC standards has seen mentors replaced with ‘practice supervisors’ and ‘practice assessors’ (NMC, 2018a). The NMCs intention was to implement a multi-professional team approach to student learning with all members of the healthcare team assuming responsibility for a students’ ongoing professional development irrespective of discipline (Morley et al., 2019). Although the new approach endorses a team approach to teaching and learning the practical need for clinical supervision and assessment remains. Therefore, under the new structure student supervision and assessment is divided into three distinct roles; the Practice supervisor, Practice assessor and Academic assessor (Heath, 2019) and the requirement for students to spend 40% of their time in clinical practice with their mentor has been removed (Royal-Fearn, 2019).

Currently it is too early to tell if these fundamental changes will benefit or impede the student experience of clinical practice learning and requires evaluation. Change processes in large organisations such as the NHS take time to roll out and embed. However, the findings from this study augment the need for students to consistently have access to a named person to advise, support and guide students into and through their clinical practice placement experience. The current danger is that students may feel disadvantaged by the new system whilst it is being embedded, and whilst mentors'/practice assessors/clinical supervisors get to grips with their new titles and responsibilities.

9.4.2 Academic advisor support

Findings from the present study suggest students have wide-ranging experiences with their Academic advisors both positive and negative. Students perceive positive experiences as those where Academic advisors take an active interest in student's personal welfare and academic progression. Familiarity and a personal connection with an Academic advisor results in students feeling comfortable approaching their Academic advisor for help and advice when needed as evident from the extract below:

My Academic advisor supported me when I went through a bit of a struggle at one point. I was thinking 'I don't think I can continue all of this at one time' and he was really good. He sat me down and asked if I needed any extensions on things and stuff, he was saying this is your future and it's affecting it so you need to take that opportunity, and he really helped me out at that point. If I hadn't had that Home group then I don't think I would have just gone to any lecturer and just said "I'm struggling", so the Home group is perfect for that really, just having that one-on-one relationship with a tutor (SP07)

By contrast factors that impede a good student experience include students' being unfamiliar with, or unaware of, their Academic advisor and Academic advisors showing disinterest in a student's welfare. Academic advising, also referred to as personal tutoring by students and key stakeholders in this study, is a widely used system for providing support, guidance and advice for students within higher education (Iatrellis et al., 2017; Chan et al., 2019) and is a vital function of higher education, with a direct link between effective advising, higher student retention and positive student satisfaction evident in the literature (Battin, 2014; Zarges et al., 2018; Larson et al., 2018).

Findings from this study indicate that fostering a good relationship between Advisor and Advisee is a prerequisite for engagement in honest and open dialogue, resulting in more effective student support. A positive and genuine relationship developed with an Academic advisor acts as a safeguard against some of the challenges faced by first year students (Yale, 2017). The large class sizes (many are over 400 students per class) on the nursing course is

a shock to many new students, Home group meetings with an Academic advisor alleviates fears and offers reassurance as it enables students to discuss their expectations and anxieties relating to the course. Results from this study show students who have a good early experience with Academic advisors feel comfortable throughout the three-year course approaching them for help and support. This finding is consistent with that of Yale (2017) who describe a good first encounter between a student and their Academic advisor as key to a successful relationship and students feeling comfortable approaching their tutor for help and support.

Further findings from this study show students are less likely to seek support when they feel a disconnect from their Academic advisor. A sense of detachment is exacerbated further when Academic advisors fail to remember their student's name as it implies disinterest in the student. This is particularly evident the closer a student is to completing the course as paradoxically this unfamiliar person is responsible for writing student's employment reference recommending their suitability for the role of qualified nurse; this leaves many students feeling bewildered and frustrated. A poor relationship and inadequate communication between an Academic advisor and student have been noted in the broader literature as having a direct link to negative experiences and low student satisfaction (Al-Ansari et al., 2015). Other studies have noted the importance of relationship building between Academic advisor and student during the initial transition into higher education to ensure student success later in the course (Thomas, 2012). Results from a UK project *What works? Student retention and success* reports one fifth of their respondents as unaware who their Academic advisor was, and 75% of students having a poor, very poor or no relationship with academic staff (Thomas, 2012). Thomas (2012) suggests those students who felt distant from academic staff and their Personal tutor were most likely to consider withdrawal from their course. Yale (2017, p.533) goes even further suggesting "poor personal tutoring is worse than not having a Personal tutor at all" and is a significant factor in students re-evaluating their decision to study at undergraduate level.

Comments from student participants in this study around their experiences with Academic advisors provoked strong negative emotions in the key stakeholders; many felt sad, challenged and frustrated by student's comments. Many key stakeholders were sad some students had poor experiences when they perceived themselves as working hard to provide a positive student experience. Although the disparity amongst Academic advisors in the same university was a source of frustration, several key stakeholders reflected on their own Academic advisor roles and acknowledged the role was often subsumed a lower priority than other academic responsibilities such as their teaching, module leadership and marking. The

findings suggest lack of time was the main reason for some academic advising not taking precedence over other responsibilities, and for one key stakeholder having too many (75) personal students to manage, some with '*difficult problems to sort out*' made it difficult for her to allocate time to less needy students.

The findings above contribute to the body of knowledge associated with the role of the Academic advisor in universities, with many current studies also concluding the Academic advisor role receives low priority and prominence, particularly within UK higher education institutes. For example, many higher education institutes within the US employ individuals in a full-time/part-time capacity exclusively as professional Academic advisors (White & Steele, 2016). By contrast academic advising/personal tutoring in the UK is perceived as a subsidiary aspect of academia, with personal tutoring delivered as a secondary part of an academic's role, often given lower priority than teaching and research (Myers, 2008). Furthermore, some personal tutors liken their role to that of a 'referral agent' as they signpost students to para-academic service providers such as counsellors for support (Macfarlane, 2011). As the literature reveals, this results in great variance in approaches and practices related to academic advising, not just between higher education institutes but across single campuses and departments within universities (White, 2015; Troxel et al., 2018; Zarges et al., 2018).

Variance with approaches and practices may result from a lack of universally agreed definition articulating the nature of academic advising (Grites et al., 2016; Troxel et al., 2018), with as many as 15 different definitions used to describe the concept of Academic advising (NACADA, 2006). Within this study the lack of a clear definition to denote the role and practice of academic advising could explain the confusion amongst student and key stakeholder participants about the role of the Academic advisor. However, a unique finding from this study is that confusion and misunderstanding around the role of the Academic advisor results predominately from the number of different terms designated to the same role. In particular, student participants within the present study referred consistently to an 'Academic advisor' as 'Personal tutor', and key stakeholder participants used the terms 'Academic advisor', 'Personal tutor' and 'Home group tutor' interchangeably throughout the emotional touchpoint mapping and Co-design events. At the time of writing this thesis the Academic advisor role within the whole University had undergone a major change and been replaced by 'Year tutors', each with responsibility for the pastoral and academic support of over 100 students in the nursing school, further adding to the confusion associated with the role.

Inconsistent use of one term designated to the role of the Academic advisor generates ambiguity and uncertainty around its meaning and purpose. Moreover, the use of the word

'Academic' within the name potentially misrepresents the role as it is suggestive of academic elements of the role, for instance giving advice relating to academic study, assessments and assignment writing; a remit usually associated with module supervisors. The description of an Academic advisor on the University intranet page within this study was "an academic member of staff whose role is to offer you academic advice and support by providing guidance or referral to appropriate services" (University of Central Lancashire, 2020), yet there was no explanation of the term 'academic advice and support' leaving students to interpret its meaning for themselves. Key stakeholders in the present study suggest this potentially misleads students giving rise to unmet expectations of extensive academic support. However, several Key stakeholders described the Academic advisor role as essentially focused on providing '*pastoral support*'. This perception of academic advising encompassing a more pastoral approach appears unique to the wider UK literature (Grey & Lochtie, 2016). Several studies have found a gap between a student's expectations of academic advising and what is then experienced, this can lead to student dissatisfaction with the course and disengagement in contact between an Academic advisor and student (Sutton & Sankar, 2011; Yale, 2017).

Clarifying and enhancing the role of the Academic advisor was identified as a course improvement priority during the Co-design event for this study. Students and key stakeholders specifically co-designed improvement suggestions that included devising clearer guidance for students and staff around the role and remit of an Academic Advisor, introducing a peer review and feedback process for the Academic advisor role, and ensuring parity throughout the University around the title used to denote an Academic advisor. However, since completion of this study all Academic advisor roles have been replaced by Year tutors throughout the university. At the time of writing this thesis the remit and application of the Year tutor role was evolving, and no clear guidance about the Year tutor role was available for students or staff to access. Therefore, a recommendation from this study is for the co-designed improvement suggestions above to be applied to the new role of Year tutor to avoid similar confusion to that associated with the previous role of Academic advisor. Specifically, clear guidance around the role and remit of Year tutors could be devised, and a peer review and feedback system for the Year tutor role could also be implemented.

9.5 Affective student Support

Affective student support considers student's emotional and well-being needs and seeks to develop student's self-confidence and self-esteem. Students' sense of self-efficacy and confidence is by strengthened by affective support (Kalamkarian & Karp, 2015). As previously indicated within this study good student support had an affective therapeutic effect of building

confidence and fostering well-being. Whereas poor support, such as ineffective clinical supervision, reduced self-efficacy and overall well-being for several students in this study. Keeling (2014) acknowledges the impact student's well-being has on their ability to learn, whilst Robinson and Snipes (2009) note a direct link between student's well-being, self-efficacy and development of their sense of agency. Bandura, an influential social cognitive theorist, defines self-efficacy as "people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives" and proposes a person's self-efficacy beliefs impacts their feelings, thoughts, motivation and behaviour (Bandura, 1994, p.71). In other words, self-efficacy relates to an individual's perceived ability to accomplish success through the decisions and actions they take. Those with a strong self-efficacy deal with situations confidently and aptly apply their skills, resulting in higher levels of motivation and performance success or 'mastery' (Bandura, 1990). The aim of Pre-registration nursing education is to help students move from the place of a novice carer towards a level of mastery. As Bandura (1990) indicates, a person with a strong self-belief (self-efficacy) in their capabilities is more motivated and better prepared to learn and pursue their educational and occupational choices. However, central to a person's self-efficacy is their ability to exercise control (agency) over those events that affect their lives (Bandura, 1990). This suggests agency plays a critical role in students developing and maintaining self-efficacy beliefs that positively influences their success on the course and their overall learning experiences. Therefore, one way to develop and increase student's self-efficacy beliefs to emerge from the findings in this study was by supporting students develop learner agency as will be explored in the following section of this discussion.

9.5.1 Supporting students develop learner agency

A major finding from this study is that many participants lacked, or perceived a lack of, 'learner agency' creating a feeling of dependency on the academic support of others for their learning experiences. Learner agency, a term used interchangeably with student agency, refers to the level of students' self-reflective and intentional action and interaction with their environment (Klemencic, 2015). However, before a learner engages their agentic resources and chooses to exercise their agency in a particular learning context, they must hold a personal sense of agency – a belief that their behaviour can make a difference to their learning in that setting (Mercer, 2012). Originating out of social cognitive theory, learner agency correlates with an individual's self-efficacy (Vaughn, 2020), and ability to be self-reflective and intentional in their actions and decisions (Klemencic, 2015). In other words, students with agency are cognizant of their own capabilities, act with intent, and perform reflective self-examination of their actions and experiences. A study by Roman and Dison (2016) revealed a positive relationship between student agency and learning experiences, with students who exert agency being

describe as 'agentic'. Though students start their higher education courses with different levels of learner agency, an aim of higher education is for students to graduate with a greater capacity for agentic knowledge and action, something Case (2015) terms the 'morphogenesis of student agency'.

Learner agency requires individuals to engage with their environment (Schoon, 2018), set their own terms and conditions for learning and development (Zimmerman & Schunk, 2011) and take control of their learning experiences (Irvine et al., 2013). As individuals' experiences are shaped by their active participation in learning (Dewey, 1938/2015) students with learner agency are better able to influence and mediate their learning pathways and environments (Klemencic, 2017). Some participants in this study displayed learner agency early in the course and quickly established their own approach to independent study and time management. This is described as 'personal agency' by Bandura (2000) who presents three forms of agency including 'personal agency', 'collective agency' and 'proxy agency'. Other participants within this study developed a 'collective' form of learner agency as the course progressed, as was evident from those participants who described forming study groups with peers from their Home group. Collective agency sees individuals benefit from the shared efforts of various people to bring about a desired outcome or goal such as passing an assignment (Bandura, 2000). However, several participants displayed a 'proxy' form of learner agency whereby individuals remain reliant on others to act on their behalf exercising 'proxy agency' (Bandura, 2000). This was evident in those students who described expecting more, not less, support with their learning needs as they progressed through the course.

Proxy learner agency was particularly evident when participants transitioned into the clinical placement environment where they had expected to be closely supervised and directed by their mentors. Several participants had felt '*overwhelmed*' and out of their depth when left unsupervised, and some students felt they had '*missed a lot of learning opportunities*' they had expected their mentors to advise them about. Proxy agency is not uncommon where individuals have little or no direct control over their social and environmental circumstances (Bandura, 2018). In some circumstances individuals often turn to those perceived as experts with influence and power, such as mentors, to act on their behalf (Bandura, 2000), as appeared to be the case for students on their first clinical placement of the course.

Student agency is an important factor in empowering students (Roman & Dison, 2016), yet as humanly created social structures with the power to suppress or support opportunities for personal agency (Bandura, 2000), some educational contexts inadvertently place constraints on learner agency (Klemencic, 2015). For example, the very nature of some clinical practice

areas alongside workload demands and staff shortages can impede student's freedom to choose and achieve their own learning goals. Furthermore, until students develop the competence to work safely in the workplace environment some mentors or clinical supervisors may be hesitant in enabling students to use their agency. Several participants in this study had expressed concerns about making mistakes in clinical practice that could be detrimental to their patients, colleagues or themselves, leading to anxiety around some of their actions and clinical decision-making. Additionally, suppressing learner agency lowered some student's confidence in their clinical practice over the three-year course, and left some students feeling unprepared for practice as registered nurses.

As previously established self-directedness and independent study skills featured recurrently within the student participant's and key stakeholder findings of this study. The development of learner agency for students undertaking a pre-registration nursing course is a fundamental mechanism for facilitating self-direction and independence. However, learner agency operates within humanly created social structures such as higher education settings and clinical practice environments, and as indicated in the discussion above these structures have the potential to constrain agency or conversely provide opportunity to practice agency. One framework for exploring learner agency, and specifically those experiences that either constrain or activate learner agency is the 'Model of student agency' (Vaughn, 2020) (See Figure 44 - A model of student agency). Although Vaughn's model is rooted in promoting agency amongst school students in a learning context, the foundations of this model hold relevance and transferability for exploring agency in the wider context of a higher education setting and will be utilised to explore student experience in this study and the influence of learner agency on those experiences.

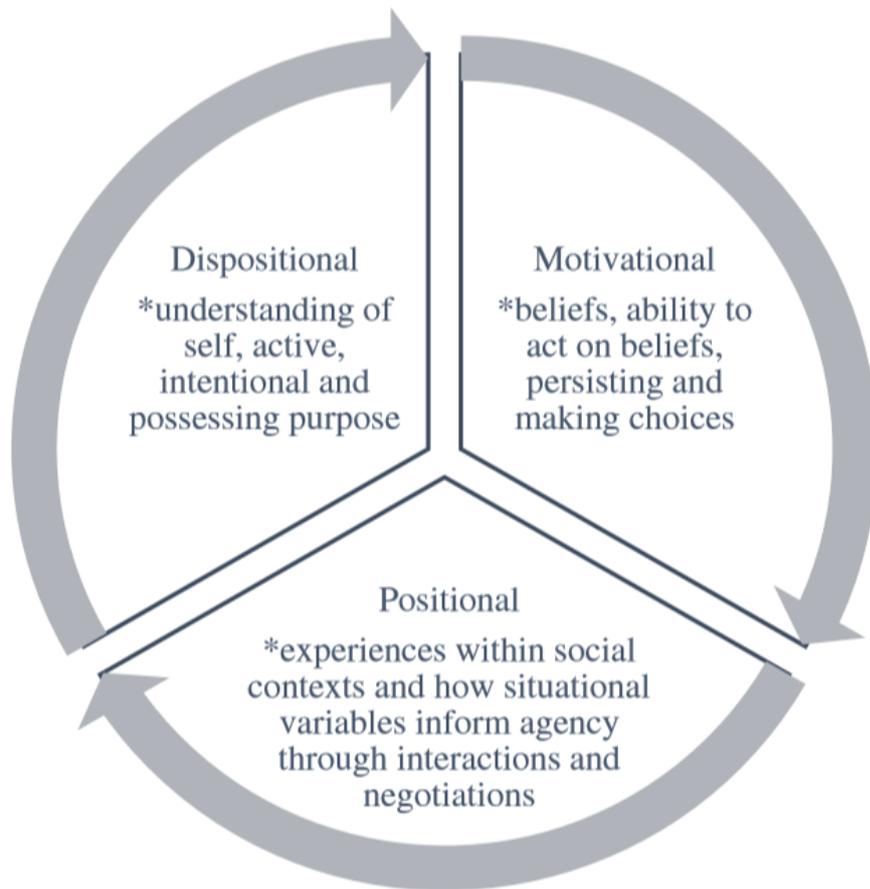


Figure 44 - A model of student agency (Vaughn, 2020)

Vaughn’s model presents three dimensions of student agency; dispositional, motivational and positional. The dispositional dimension relates to a student’s propensity to understand their goals and ideas, and act with intention to achieve their purpose (Vaughn, 2020). The motivational dimension relates to students’ ability to regulate their actions (Bandura, 2001) through reflection on and perseverance with their decisions, regardless of perceived obstacles to achieving their goal (Vaughn, 2020). Whilst the positional dimension determines the social contexts and interactions that influence a student’s experiences (Vaughn, 2020). The model suggests for learners to have agency, students must have a disposition to pursue their ideas, the motivation to act, and be positioned to engage in contexts and interactions with others conducive to achieving their goals. To develop learner agency students need a balance of support across all three dimensions (Vaughn, 2020), however the following sections will analyse each dimension separately in relation to the findings from this study.

9.5.2 Dispositional understanding of self, active, intentional, and possessing purpose

The dispositional dimension relates to a student's self-awareness and proclivity to act with intention and purpose to achieve their goals (Vaughn, 2020). Students with a sense of agency use their initiative to purposely pursue and direct activities that create opportunities for learning (Vaughn, 2020). Although it was not the remit of this study to investigate student purposiveness, it is evident that all student participants exhibited dispositional tendencies to act with intention and purpose to achieve their goals and objectives. Most notably all students had achieved successful recruitment to the nursing course and at the point of interview were actively working towards their goal of becoming registered nurses. Nevertheless, many participants appeared to doubt their own ability or power to actively, and purposely, exercise agency and direct their own learning. Student's sense of agency is simultaneously grounded in past experiences and informs future experiences (Manyukhina & Wyse, 2019). Therefore, student nurses' beliefs about agentic capacities to act with intention and purpose may be negatively influenced by their past learning experiences with more traditional pedagogy.

Even when students possess the ability to act with intention and purpose, Manyukhina and Wyse (2019) suggest those with a sense of agency do not necessarily feel empowered to exercise that agency. Previous research has shown a sense of agency combined with the ability to exercise that agency as a prerequisite to students effectively developing independent study skills (Mercer, 2011). Furthermore, a direct link exists between students' agency and their capacity for autonomous learning (Manyukhina & Wyse, 2019). Yet findings within this study consistently revealed student participants '*struggled*' to manage their own learning autonomously and were dissatisfied with the amount of independent study on the course. Furthermore, students had expressed a sense of '*abandonment*' by academics and perceived a lack of support with developing their independent study skills. This perception was in direct contrast with key stakeholders' premise that their role is to encourage higher thinking skills traditionally associated with higher education that derive from more independent study. Academic's concerns around the distinction between supporting students to develop a strong sense of self-directedness and over-supporting can become a constraining factor for learner agency.

While conducting this study the nursing curriculum had moved to a more 'active learning' philosophy characterized by student led interactive learning necessitating more independent study than the previous curriculum. For both student and key stakeholder participants the impact of the curriculum change, and particularly of the reduction in content delivery via

classroom-based teaching sessions in year two and year three had left students feeling less prepared for '*the real world of nursing*'. However, facilitating opportunities where students can see the inherent potential for learning can be achieved where educationalists understand the impact on learner agency of curriculum content and delivery (Manyukhina & Wyse, 2019). Therefore, academics have a key role to play in facilitating opportunities for students to recognise and understand the benefits of 'active learning' and support students to develop, and act on, a stronger sense of learner agency, something Vaughn et al. (2020) refers to as a 'dispositional shift'. One avenue for supporting students to experience a dispositional shift toward active learning and develop their learner agency identified in the Co-design event was through consistent and effective application of the Academic advisor role. However, at the point of writing this thesis there had been a shift from Academic advisors to Year tutors fulfilling the role of Academic advisors. Therefore, clarifying and enhancing the role of the Year tutor through staff training, regular peer reviews and clear guidance around the remit of the role could address the sense of '*abandonment*' students described in this study, by providing a consistent point of contact throughout their three-year studies. As previously indicated, effective academic advising, particularly at the beginning of a course, has been shown to make students feel comfortable seeking help and support from their tutor and fosters student success later in the course. Thus, through effective application of the new role, Year tutors could be just as ideally positioned to shape students' beliefs and perceptions about their agentic disposition, build student confidence and provide real opportunities for students to effectively manage their own learning experiences.

9.5.3 Motivational beliefs, ability to act on beliefs, persisting and making choices

The motivational dimension relates to students' ability to reflect on and regulate, or manage, their own actions and ideas (Vaughn, 2020). Motivation creates, maintains and directs behaviour, and prevails as an important condition for learning (Adib et al., 2019). Students with agency exercise decision-making skills and persist with achieving their goals irrespective of perceived obstacles (Vaughn, 2020). Unsatisfactory experiences on the nursing course appeared to have little effect on the motivational beliefs of student participants within this study. Even those students who described feeling abandoned in year two and three of the course exhibited a strong motivation to persist with the course despite any perceived obstacles. For all students, the driver for completing the course was their desire to become qualified nurses. This was evident in one participant who had considered leaving the course after failing several assessments in year one. The demands of undertaking year one reassessments alongside year two academic work had felt unsustainable, forming a perceived

obstacle to completing the course as indicated in the participants own statement '*in second year it was like 'I'm just going to walk away''*'. For this participant analogically seeing '*the goal post*' was the motivational catalyst for acting on her disposition to successfully pass year one and two, and 'become a nurse'. For other students, the support of peers' or their Academic advisor had been pivotal in motivating them to persist with the course. These findings are consistent with a recent study by Adib et al. (2019) that showed high academic motivation amongst nursing students. Although goal orientation plays a part in motivating most university students to engage with and complete their studies, for nursing students the clinical practice placement experience and particularly the influence of mentors appears to be an additional factor within the motivational dimension.

Several participants regarded their mentors as influencing their motivation, describing them as '*a huge inspiration*' who made them '*want to go and learn*'. Yet poor clinical placement experiences, and specifically poor mentors, also had the ability to de-motivate students and erode their self-efficacy, ultimately constraining learner agency. As previously indicated self-efficacy relates to a person's belief about their ability to successfully perform in a specific context, task, or domain (Bandura, 1997). Well-developed self-efficacy in student nurses is essential for fostering confidence in clinical practice (Henderson et al., 2016). Participants who were apprehensive about their role as student nurses exhibited poorer self-efficacy and low confidence in the role of student nurse. Poor self-efficacy, demotivation and disengagement was evident in those participants who were left to work in a more HCA orientated role throughout their placements and when their mentors appeared indifferent or disinterested in helping/teaching them. Only one student indicated their mentors' lack of interest motivated them to seek out their own learning opportunities in the placement area. Clearly this student had a strong sense of learner agency and self-efficacy. However, for most participants in this study learner agency is activated when mentors take an interest in them and impel them to engage in deeper learning. Several examples articulated by participants in the findings include mentors '*challenging me to go and learn*' and '*wanting me to do quite a lot of research*'. In each case these prompts appeared to trigger participants motivation to engage in deeper learning and concurrently develop autonomous study skills.

The discussion above strengthens the argument for designating the role of mentor, or clinical supervisor, to those who have a predisposition to support students with their learning in the clinical practice area rather than the current system whereby all registered nurses are expected to engage in the role. Good mentoring results in students developing autonomous learning skills and confidence exerting agency as they work towards achieving their goal of becoming a nurse. Ramifications of poor mentoring for some students include reduced

motivation, confidence and self-efficacy. Student satisfaction with their learning journey is directly affected by their self-motivation and arises out of their sense of personal accomplishment (Walker et al., 2016). Furthermore, motivation and capacity for exercising agency will differ amongst students with some learners needing support to reach their maximum agentic potential (Manyukhina & Wyse, 2019). A study by Adib et al. (2019) revealed a direct correlation between academic motivation and self-directed learning suggesting educators have a significant role to play in increasing the academic motivation of students to promote their independent learning skills.

During the Co-design events student and key stakeholder participants identified ‘facilitating and supporting student development of independent study skills’ as one of the course improvement priorities. Several of the recommendations discussed in chapter eight of this thesis could provide opportunities to better motivate students with their academic studies and consequently improve their independent learning skills, for example introducing academic mentors (either staff member or peer) to support students with their academic study, implementing supplementary study skills in the form of drop-in sessions and step-by-step video guides to undertaking study skills/independent learning, and establishing student led support networks focused on study skills and independent learning. What is clear from the discussions above is that student’s motivational beliefs, ability to decision make and intentionally act on beliefs is dependent on a level of self-efficacy which for student nurses is not only influenced by their experiences with mentors and academics but can also be directly affected by their positional experiences.

9.5.4 Positional experiences within social context and how situational variables inform agency interactions and negotiations

The positional dimension relates to individuals’ interactions with different social contexts and learning environments (Vaughn, 2020). Vaughn (2014) proposes a sociocultural perspective of student agency where learning experiences are socially mediated and positioned within multifaceted learning contexts. As such learner agency is “not a personality characteristic, but a relational process that emerges through interaction with others” (Schoon, 2018, p.8) and is manifestly formed by the way students’ interact with the wider socio-cultural context. In other words, learner agency is not innate but is generated through interaction with various social structures and environments (Larsen–freeman, 2019), and is co-constructed and influenced by the communities of practice where various interactions take place (Vaughn, 2020). Within this study student learning was positioned within an academic university location as well as a clinical NHS setting, with learners moving between the two environments every few months.

How students choose to act, and make decisions, within these two contexts is influenced by their perceived level of agency within the positional dimension (Vaughn, 2018). Juxtaposing these two environments reveals disparate situational variables and interactions influencing learners' agency. As student nurses balance multiple shifting identities across various social contexts tensions arise between their professional nursing role and their identity as a university student (Jackson & Steven, 2020).

As was evident in this study the different expectations of students' agentic behaviour in clinical practice placement than when on university campus may contribute to identity confusion. For example, in the clinical practice environment many students appeared to depend on mentors to meet their learning needs. This behaviour is perpetuated when mentors were perceived as obstructing engagement in learning activities students had organised for themselves when placement areas were busy and required the student to work in an HCA capacity. On campus, academics expect students to engage with independent learning by actively seeking out valuable learning opportunities outside of the classroom setting. Frustrating learner agency in one context, whilst expecting students to exert agency in another context ultimately constrains confidence.

A further situational variable influencing student agency within the 'positional experience dimension' for the participants in this study relates to their capacity to exert influence within the context of their learning. Contemporary higher education thinking acknowledges students as coproducers of their knowledge and learning, and therefore members of the 'academic collective' where students are involved in the educational decision-making processes about the contents and delivery of their course (Klemencic, 2017). Effective application of the academic collective requires students to have a degree of autonomy (Klemencic, 2017). This was evident in the clinical practice setting for some students in this study. For example, several students report arranging specific learning opportunities in different clinical settings for themselves, often termed a SPOKE. However, the contents of the course in the university setting within this study is governed by the NMC that informs the nursing standards of proficiency, UK legislation, statutory regulations, clinical guidelines and local NHS hospital trust policies. Thus, student nurses may feel they have little say over the contents of the course or delivery methods impacting their learner agency. Furthermore, fear of contravening NMC and local NHS trust guidelines and policies can result in anxiety and hesitancy exerting agency, and dependence on mentors and academic staff (proxy agency) as appeared to be the case for those students in this study who reported '*missing out on learning opportunities*' whilst waiting for their mentors, PEFs and academic staff to clarify what they were permitted to do as student nurses in the clinical practice environment. More focused support and clarity

from mentors, PEFs and academic staff around the skills and activities sanctioned by the NMC could foster the confidence in students to exercise more agency with their learning needs.

In summary, the discussion above contributes to the argument for preparing student nurses better for clinical placement learning, specifically their understanding of their role and accepted practice. As student nurses work towards registration the process of developing professional characteristics, recognised as autonomous evidence-based decision-making skills, must be facilitated (NMC, 2018c). The findings from this study show facilitation of autonomy occurs when student nurses perceive a level of efficacy and agency, whereas feeling vulnerable and powerless reduces students' confidence, further impeding their efficacy. Accepting that students on pre-registration nursing course possess a disposition to act with intention and purpose, and the motivation to pursue their goal of becoming registrants, key stakeholders within the University and clinical practice environment have a responsibility to ensure students' positional experiences, particularly those relating to individual interactions positively influence their progress through the course. A suggestion from the findings is that key stakeholders work collaboratively with students to establish environments where student nurses feel safe to disclose their lack of confidence and supported to develop and competently exert their agency without repercussions. Adopting an EBCD approach to future projects focused on the experiences of student nurses may be an effective way to accomplishing the greater collaboration espoused above.

A further suggestion from the study findings is that higher education institutions find ways to better meet students' support needs, whilst ensuring current support mechanisms are more visible and accessible. Effective student support was shown in this study to be accessible and available whilst incorporating cognitive, relational, affective and systemic elements. Moreover, the discussion above has shown the elements of student support indicated above to be underpinned by wider literature. Therefore, tenets of the Tait's (2000) 'Taxonomy for supporting students' on pre-registration nursing courses to emerge from this study could be utilised by academic and clinical practice staff as a framework for supporting nursing students on pre-registration nursing courses.

9.6 Systemic student support

Systemic student support relates to supporting students with navigating administrative systems (Kalamkarian & Karp, 2015) and incorporates assisting students with registration, technical support, library access and learning, assessment and accreditation, needed for successful learning (Jung & Hong, 2014). For Tait (2000) efficient administrative support influences both student satisfaction and loyalty to an institution. Efficient systemic support

should be user-friendly, inclusive and provide opportunities for social networking, peer support and shared learning (Jung & Hong, 2014; Shikulo & Lekhetho, 2020). Participants in this study described positive experiences of systemic student support overall. For example, one participant reports administrative support as '*Overall, pretty good*' because the Course Administration Service (CAS) team had always got back to her in a timely manner when she needed advice. Another participant describes struggling with the application process: '*When I'd gone onto the website they were saying about credits and I had no idea what credits were! I rang the university Course Enquiries and they were really helpful. They told me what I needed to do and how to go about it*'. Applying for the BSc Pre-registration nursing course can be challenging, particularly when it relates to establishing the qualifications necessary for the nursing course or trying to make sense of unfamiliar terms and confusing jargon such as 'credits'. For potential candidates being able to speak directly to Course Enquiries about applying for the nursing course offered some relief and reassurance. However, the excerpt above suggests that despite the move towards an automated and technology-driven service some students still value being able to access an individual who can clarify and simplify information more clearly.

Despite the importance of efficient administrative support in ensuring a positive student experience, most participants in this study did not appear to know or understand the purpose or role of the administrative team. Several participants claimed to have had minimal experience of administrative support suggesting '*I don't think I've had that much of a need for them*' and '*I've not had much experience with Brook Hub (administrative support) apart from just basically calling in sick when I had my accident a few years ago*'. Yet a clearer understanding of how effective administrative support ensures seamless delivery of the curriculum through the co-ordination of enrolment and induction, managing student data (e.g. attendance and module grades) and managing student progression through the course could significantly shape a better student experience overall.

Alongside ensuring efficient administrative assistance systemic student support fundamentally offers opportunities for social networking and peer support (Alias & Rahman, 2005; Jung & Hong, 2014; Shikulo & Lekhetho, 2020). Although peer support is more naturally situated within relational student support, Shikulo and Lekhetho (2020) argue institutions have a responsibility to provide opportunities for students to integrate into the university community through the use of social and multimedia as part of a systemic student support approach. Not least because early social integration and adjustment to higher education through peer support are intrinsically linked and can enhance the learning processes, interactions with other students and lecturers, and reduce attrition (Tinto, 1987; Irwin et al., 2012; Shikulo & Lekhetho,

2020). Many forms of social media exist within the university environment for example Twitter, WhatsApp groups, and TEAMS.

The main forum for seeking peer support for participants in the current study was through the School of nursing Facebook pages. Participants specifically described using Facebook to make connections with peers, form friendship groups and as a resource for information and advice early in the course. This was evident from comments such as *“I didn't know anybody whatsoever! Thankfully we had already built-up friends on the Facebook group”* and *“I like the Facebook page because other students comment on stuff you've got issues with. It was nice to see who was getting buses, who was driving in and who you could catch a lift with, very helpful”*. By contrast, previous research had found on-line peer support was underutilised by most student participants in their study, with only those mature students (above 35 years of age) reporting seeking support from peers online (Alias & Rahman, 2005). This could indicate a shift in perceptions about the use of social media for support on an academic course.

Several participants in the current study reported specifically accessing the School of Nursing Facebook page specific to their cohort rather than the wider generic university Facebook pages. This may signify that some participants begin forming a sense of connectedness and belonging with peers on a course that fosters a sense of identity as a student nurse. However, an interesting finding from this study was that some participants who had found Facebook useful at the beginning of the course had found the use of Facebook counterproductive the further along the course they were. In particular, where Facebook had previously been a useful vehicle for information sharing and support, many participants describe the social space evolving into a place for *‘moaning and bitching’*. Furthermore, some participants perceived a level of unprofessionalism by some students posting their dissatisfaction with elements of the course, such as the lectures, even when knowing that academic staff and other students could view these comments. Evidently, some students appeared to use virtual worlds such as Facebook as a platform to vent their feelings and opinions seemingly with no apparent repercussions. An excerpt from the findings suggest this resulted in some participants leaving the Facebook group, *“well I've left the Facebook group now because everything was just irritating me...people moaning and bitching about people, I just thought it's a bit unprofessional. I left it months ago”*.

The discussion above suggests student's view and use Facebook differently depending on how far along the journey through the nursing course they are. At the start of the course, students appear to use social media for guidance, help and advice, as well as for making friends and forming social networks. As students' progress through the course they appear to

use Facebook as a medium for voicing their opinions and feelings, particularly if disgruntled with specific elements of the course. Some students approaching the final transition to qualified nurse began to acknowledge the qualities of professionalism and appear to dissociate with behaviours and mediums they perceive as unprofessional.

9.7 Implications of this study for pre-registration nursing education Systemic

This study contextualizes what it 'feels' like to undertake an undergraduate nursing course for some students in one UK university. Issues discovered around feeling prepared to study at higher education level, feeling abandoned on the course and feeling frustrated with perceived lack of support suggest more needs to be done within this university to increase support and to better highlight support mechanisms already in place. Though these issues may not be new in nurse education the narratives from students in this study draw attention to the heightened levels of stress and anxiety undergraduate nurses experience during the course, with anxiety levels increasing as students approach the registration point. During moments of reflection leading up to graduation some students teeter between excitement and anxiety around '*doing the job*' of a registered nurse. Ultimately student nurses join a workforce renowned for high occupational stress (Sarafis et al., 2016) and burnout (Hetzl-Riggin et al., 2019); the impact of burnout on the nursing workforce is well documented in the literature as exacerbating nursing shortages within the UK. Without efficient strategies in place some newly qualified nurses will continue to enter the profession already experiencing the negative effects of stress and anxiety, subsequently hastening burnout in nurses who find themselves working in demanding environments. This study not only highlights the importance of supporting students prior to and during their transition to registrant but can contribute to existing 'health and wellbeing' policies within the organisation where this study was conducted.

Student transition is a persistent theme throughout this thesis, with many significant touchpoints occurring during pivotal transition phases. Findings indicate a variety of factors influence student's experience of these transition phases positively or negatively. Although student transition has been widely discoursed in the literature, transition theories focus predominantly on transition into year one and transition from student to registrant. Results from this study demonstrate students want more support, rather than less, as they progress through the course. Currently, institutions contribute significant investments into enhancing the first-year experience and improving year one retention rates, whilst major gaps continue to exist in the student retention literature beyond year one study in higher education (Sterling, 2018). The research presented in this thesis offers a unique perspective on the importance of understanding the effect of mid-course transitions on student experience and attrition; and

provides evidence for future research and investment on the year two and year three programme.

This study further highlights the need to develop a 'student model of transition' with an extensive focus on year two and year three of the pre-registration nursing course, alongside transition to clinical practice placement. Current theoretical frameworks explaining student transition focus principally on the general student populations' transition into year one. The few transition models related to undergraduate nursing similarly emphasise transition into year one alongside the graduation phase as individuals move from student to registrant. Findings from this study advances the argument for an 'undergraduate nursing transition model' that evaluates and explains how student nurses experience transition in year two and year three and offers effective measures to support students through transition. Any future 'undergraduate nursing transition model' must incorporate a distinct clinical practice component that considers the transition across environments, therefore from an academic to clinical practice placement setting.

Results from this study indicate mentors are pivotal to the student experience of the clinical practice environment. Mentors are in a unique position to support students with the development of knowledge, clinical competency and professional identity. Furthermore, mentors have a significant influence on student nurses' development of confidence and sense of preparedness for registration. Findings also suggest students value having access to a specified named person to advise, support and guide students through their clinical practice placement experience. With the new system of student supervision and assessment now underway findings from this study draw attention to the need for a systematic evaluation of the new NMC standards for supporting student learning and assessment in clinical practice. Meanwhile, strategies must be clearly identified and in place to support students and mentors whilst the new system is rolled out and embedded.

This study highlights the importance of nursing students developing effective independent study skills early in the course, with the support of key stakeholders. As previously established a fundamental mechanism for students developing independent study skills was through exercising learner agency. Those student participants who possess learner agency are less dependent on the academic support of others for their learning experiences. Learner agency operates within higher education and clinical practice social structures that have the potential to constrain or facilitate agency. This study demonstrates the effect on learner agency of student's disposition to pursue their ideas, motivation to act and position to engage with others to achieve their goals. A balance of support across all three dimensions is needed for students

to develop learner agency. This study not only highlights the importance of understanding the significance of learner agency in nurse education but was the first to utilise a model of student agency to explore factors that either constrain or activate learner agency for students on the BSc Pre-registration (Adult) nursing course. Priorities for course improvements identified during the Co-design event are potential mechanisms for supporting the development of learner agency, for example through clearer application of the Academic advisor model.

Although the university where this study was conducted has moved from an Academic advising approach to a Year tutor approach to supporting students pastorally across their three-year course, this study still adds to the debate on the purpose and role of the Academic advisor for those institutions across the UK that continue to employ an Academic advisor system. This study calls for a distinction to be noted between a Personal tutor and Academic advisor as currently a blurring of lines between academic advising and personal tutoring is contributing to confusion around the roles, for students and staff. This study also found inconsistency around the terminology used to denote an Academic advisor among staff, students, course documentation and the Universities website, with the addition of the new Year tutor role potentially adding to this confusion. Findings from this study can be used within the organisation where this study took place to help formulate a clear definition and guidelines framing the new Year tutor role.

9.8 Reflections on the use of Experience Based Co-design in a higher education setting

EBCD has been successfully used as a research methodology in a multitude of health care settings, yielding positive documented results around patient experience (Donetto et al., 2014). Tenets of EBCD were recognisably appealing for exploring the student experience, particularly as it enabled students to share their experiences of the BSc Pre-registration (Adult) nursing course, and both students and key stakeholders to engage in identifying and co-designing course improvements as was evident in the Co-design event. Fundamentally, this study is distinct from previously published research conducted on student experience of higher education as it is the first documented to use aspects of EBCD exclusively with student and staff participants in a university setting. Although EBCD has previously been used in healthcare settings, the search strategy indicated that no published study has demonstrated how EBCD could be used in a non-healthcare environment. This study reports an original use of aspects of EBCD and evidences the crossover of an EBCD approach from a healthcare setting to an educational setting, thus making an important contribution to knowledge on the challenges of using EBCD in a non-health care setting.

On reflection several aspects of the application of EBCD process could be improved. For example, no formal training in the use of an EBCD approach was undertaken prior to commencing this study. A recent report mapping the use of EBCD found around 50% of respondents had not experienced formal training in the use of EBCD (Donetto et al., 2014). This resulted in the development of an EBCD toolkit available for online access (Donetto et al., 2014), which formed the foundation of EBCD knowledge for this study alongside Bate and Robert's (2007a) published book and research articles identified as using EBCD. These resources were useful for understanding the overarching methodology of EBCD and several examples of how to conduct the emotional touchpoint mapping events were included. However, there was no distinct set of methods advocated for some aspects of the approach such as undertaking data analysis, as you expect from other research methodologies. Training in the use of EBCD may have been invaluable for addressing some of those issues and offered the chance to seek advice about the aspects of EBCD less explored in the literature.

The methodology section of this thesis outlined the use of an EBCD approach and posed several challenges. For example, as no previously published study had documented the use of an EBCD outside of a healthcare setting, specifically with students in a higher education environment, there was a distinct lack of available comparative data providing insight into the efficacy, strengths and weaknesses of using EBCD to explore the student experience of an undergraduate nursing course. The lack of previously published EBCD studies conducted in higher education offered a unique opportunity for this study to contribute to discourse around the use of aspects of EBCD outside of the healthcare setting.

Implementing an EBCD approach as part of a PhD created practical challenges with administering a realistic timeline for the study. As previously noted, EBCD projects in healthcare tend to have a short timeline with most projects completed in under 18 months, including setting up the project, gathering data, implementing priority recommendations and evaluating the changes (Donetto et al., 2014). The benefit of such a short timeline is that the research participants are more likely to be available, and willing, to take part in the whole study. However, this study took over six-years to complete due to the part-time nature of PhD work and the data collection phases lasting three-years. Therefore, the first two years were spent producing the research proposal, conducting a literature review and applying for ethics approval (setting up the project). The data collection and analysis process took three years due to the accessibility of student participants who only appeared available/willing to take part in the study during their theory blocks, and the workload responsibilities of the lead researcher (this included module leader, cohort lead, year lead and finally course leader responsibilities).

This meant student participants recruited to the earlier data collection events, such as the semi-structured interviews, had graduated from the nursing course and were unable to take part in the final Co-design events. Although a preferred aspect of EBCD is the collaborative inclusion of the same participants throughout the whole project a rolling recruitment approach where different participants are recruited to a study was adopted. This process can be seen in many other EBCD studies that encountered similar problems with long timelines (née Blackwell et al., 2017). On reflection, carefully planning a shorter timeline for data collection would enable some students to participate in all phases of data collection and the Co-design event for future PhD studies utilising an EBCD approach.

9.8.1 Implications of this study for Experience Based Co-design

Although toolkits exist offering step-by-step guidance and resources to support the implementation of EBCD, as noted above the process for analysing the data is not stipulated. As indicated in the methodology section of this thesis most published EBCD studies do not specify their adopted approach to data analysis, including the seminal work of Bate and Robert (2006). However, several studies since 2006 have identified thematic analysis as their method for analysing gathered data, and one study specifies using thematic framework analysis (née Blackwell et al., 2017). Within EBCD there is great focus on the practical stages of data collection and co-design, but little attention given to the analysis of any data gathered. Though the action of abstracting meaning and interpreting qualitative data is difficult to describe and illustrate, presenting the iterative process of data analysis in a series of steps is a useful tool for guiding readers and subsequent researchers through the decision-making process (Polit & Beck, 2009). Clearly documenting the analytical process potentially adds rigor and validates inferences and conclusions drawn in a report, increasing the credibility of a study amongst the research community. Therefore, this study makes an original and significant contribution to the growing knowledge on the application of EBCD as a research methodology by clearly identifying the 'Six phases of thematic analysis' framework (Braun & Clarke, 2006) as the applied method for analysing the raw data from this study.

Braun and Clarke's (2006) thematic analysis framework is cited in nearly 40,000 published studies; however no published research clearly documents its use in an EBCD study. Furthermore, this study systematically illustrates the relationship between themes identified in the raw data and the touchpoints that formed the student journey through the nursing course and presents this information in a framework that future researchers using EBCD can access and utilise (See Figure 45 - Framework for documenting the relationship between core themes and touchpoints).

Participant	Data	Code:	Theme:	Subtheme:	Touchpoint:
06	Group supervision overall, I've had a really positive experience, I've enjoyed them. I find it supportive because you're bouncing things off each other, and people think of things you might not have necessarily thought of yourself, and I have found them really supportive, I think they're a good idea to be honest.	Positive experience of group supervision	Navigating the academic journey	Engagement with academic assessment, support and feedback	Module Assessment Group Support (MAGS)
03	Group supervision I hate with a passion! I don't see how it was justified, I feel it really disadvantages our learning. The only thing I can think is the university was bringing it in right across the board and the school of nursing couldn't argue because it's a university initiative. I really struggle writing essays, and I feel right now like I've got no support	Feeling disadvantaged by group assessment supervision	Navigating the academic journey	Engagement with academic assessment, support and feedback	Module Assessment Group Support (MAGS)

Figure 45 - Framework for documenting the relationship between core themes and touchpoints

Consequently, this study addresses the gap in the literature for research focused on touchpoints within an HEI setting and presents a demonstrable model for analysing qualitative data using an EBCD approach.

9.9 Limitations of the study

This study had several potential limitations. Firstly, the length of time it took to complete the first five stages of the EBCD Cycle (Donetto et al., 2014) was six-years, from stage-one setting up the project to stage-five conducting the small Co-design events. This study formed a PhD undertaken in a part-time capacity for which six years is the acceptable norm, however most EBCD projects have a short timeline, with previously conducted studies documented as completing in under 18 months (Donetto et al., 2014; Locock et al., 2014). As previously noted, the six-year timeline impacted the timing of the data collection phases. All but one of the student participants who had contributed to the semi-structured interviews and emotional touchpoint mapping event had graduated from the course before the Co-design events took place. At the beginning of the project it had not been anticipated that data collection would take three years. A recommendation for future research EBCD projects focused on students as users of a service is to establish a shorter timeline for data collection that would enable students to participate in all phases of data collection and the Co-design event.

Potentiality, only completing five of the six staged EBCD cycle could be viewed as a limitation of the study. Therefore, stage-one to stage-five (setting up, engaging student and gathering experiences, engaging key stakeholder and gathering experiences, student and key stakeholder Co-design events and small working groups coproducing priority improvements and actions for the BSc pre-registration (Adult) nursing course) was completed. However, a deliberate decision was made early in the study to only complete stage-one to stage-five as that would successfully meet the aims and objectives of the study. Dimopoulos-Bick et al. (2019) notes variation in implementation of the EBCD methodology throughout the published literature, at present there is no critical evidence to suggest omitting a component of the process impacts the success of a project. A recommendation from this study is for stage-six (implementation of priority improvements and actions for the BSc pre-registration (Adult) nursing course and project evaluation) to be conducted as part of a post-doctoral project.

A further potential limitation of this study was the participant sample that represented a small proportion of the cohort numbers. Although the study aimed to use a purposive sampling strategy the number of participant responses was smaller than anticipated leading to a convenience sample being recruited and making maximum variation sampling unachievable. Reasons for the smaller than expected recruitment numbers could relate to the many curricula changes taking place at the time of the study (as alluded to several times in this thesis), alongside competing demands on student time academically and personally, leaving some students unwilling to take on extra activities such as engaging in research. Overall, the participant sample comprised of a diverse non-homogenous demographic which included Black, Asian and Minority Ethnic (BAME), male, female and mature students, however the sample was not representative of cohort and year of study. Therefore, the sample was skewed predominantly towards third year students from September cohorts. Notably, the sample size was large enough to generate rich descriptions based on informational need. However, when interpreting the results of this study it must be acknowledged that clinical practice representation was missing from the key stakeholder participant sample. Although PEFs were invited to take part in the study only one responded in the affirmative, but consequently attended on the wrong date (after the event was conducted). Therefore, this study does not claim to make generalisations, or to be statistically representative of the wider student and key stakeholder population.

Filmed narratives traditionally form part of the EBCD approach but within this study the decision was made to audio record rather than film all semi-structured interviews and emotional touchpoint mapping events, which could be perceived as a limitation. Filmed patient narratives are frequently used to trigger discussion in the Co-design events (Adams et al.,

2014). However, filming students for this study was carefully considered in relation to ethical issues and any future repercussions on study participants. Researchers go to great lengths to protect the interests of study participants by retaining anonymity and confidentiality whilst avoiding 'deductive disclosure'. Paradoxically filmed interviews make individuals identifiable potentially exposing them to future ramifications. Thus, film clips used locally, for example in emotional touchpoint mapping events, risk participants being recognised by current peers and academics responsible for the teaching and assessment of student participants. On reflection this was the right decision as researchers have a great responsibility to act in the best interest of their study participants both during and after study completion. Several recent EBCD projects have also chosen not to film study participants in response to staff reluctance and patient nervousness (Cooper et al., 2016). Furthermore, audio recording and transcribing interviews verbatim has been shown to maintain fidelity to the data (DeJonckheere & Vaughn, 2019). Thus, all semi-structured interviews and emotional touchpoint mapping events conducted during the present study were audio recorded, transcribed and analysed for touchpoints and verbatim quotes related to each touchpoint incorporated into the student journey map to prompt discussion during the Co-design event in a similar way to film clips from other EBCD projects.

The inclusion of key stakeholders and student participants in the same Co-design event had the potential to limit the veracity of the findings. Though co-design centres on service users (in this case students) and key stakeholders working collaboratively to identify priorities for the redesign of services, within this study students may have perceived a power differential between the key stakeholders and themselves. Inherent power differential between educators and their students results in a disparity in power with academics having undue influence which can adversely affect student behaviours and responses during the study (Aycock & Currie, 2013). To avoid accentuating any perceived power differentials during the Co-design event participants were divided into three smaller groups with each group containing equal or more numbers of students; therefore two groups contained three students and one key stakeholder participant, whilst the third group contained two student and two key stakeholder participants. Furthermore, students and key stakeholders were not asked to introduce themselves or their designation, therefore participants were not made aware of which students were first, second or third years and were not reminded about the role of each key stakeholder, for example Course leader or Year lead etc.

A final consideration within the limitation section is the issue of 'double agency'. Double agency arises when an individual simultaneously assumes two roles, for example academic and researcher, as was the case with this study (Edwards & Chalmers, 2002; Ferguson et al.,

2004). Concerns around double agency evolve where there is divided loyalty or a conflict-of-interest such as when teachers engage their students in their research study (Edwards & Chalmers, 2002; Ferguson et al., 2004). Ferguson et al. (2004) identify academics unintentionally exerting pressure on students to participate in studies or students fearing repercussions from refusal to participate as issues relating to double agency. To avoid a conflict-of-interest arising in this study steps were taken to ensure ethical principles were adhered to throughout the briefing, recruitment and data collection phases of the study. Ethical approval was sought and gained from STEMH Ethics committee. Students were briefed about the study by impartial third parties not involved with the research such as module leaders, and student participants were informed they could withdraw from the study at any point up to their data being anonymized without the need for an explanation.

9.10 Dissemination of findings

Preliminary findings from this study have been disseminated centrally in the University via the UCLan Faculty of Health and Wellbeing PGRS forum, the UCLan Learning and Teaching Conference (June 2017), the Adult Division Team meeting (September 2018) and the UCLan School of Nursing Three Minute Thesis (December 2018). In addition, findings will be disseminated to students and key stakeholders in the academic and clinical practice environment through presentation at Student Staff Liaison Committee (SSLC) meetings, Programme Management meetings and Transforming our Practice Partnerships (TOPPS) meetings. Priority recommendations for course improvement identified during the Co-design events could also contribute to the next BSc Pre-registration (Adult) nursing programme Continuous Course Enhancement report. Wider dissemination of the study findings will be through paper publications in educational and professional journals such as Nurse Education Today, the Journal of Further and Higher Education and Nurse Education in Practice, conference presentations and webinar.

9.11 Conclusion

This study set out to capture, explore and understand the experiences of student nurses undertaking a BSc Pre-registration (Adult) nursing course in one university setting, and identify course improvement priorities that potentially enhance future student experience of the nursing course. The use of the innovative design methodology, Experienced Based Co-Design, enabled student and key stakeholder participants to reflect on the complete student journey through the nursing course rather than exclusively on one feature, time span or pathway on the course. Thus, the findings from the semi-structured interviews, emotional touchpoint mapping events and Co-design events helped formulate a meaningful portrayal of

the whole student journey through the course for participants in this study. The substantive findings suggest students had varied experiences on the nursing course, both positive and negative, particularly of student support academically and in the clinical practice environment. Expectations of sufficient support was evident at the beginning, and throughout, the student's journey of the nursing course and appeared to align with students' sense of learner agency. Findings also revealed that for student support to be effective it must comprise of several key elements, it should be cognitive, affective, systemic and relational, whilst simultaneously accessible and available.

Insight from this study is particularly timely following the recent Covid 19 pandemic that resulted in more online learning and a reduction in face-to-face contact time with academics. Consequently, student support may feel less accessible and available as nursing students predominantly study nursing within a distance learning context. As a result, establishing student agency and fostering independent study skills early in the nursing course has taken on even more significance. As nursing courses are set to look very different in the foreseeable future, higher education institutes must adapt to these changes quickly and better support students through these changes. Universities that fail to adapt quickly and incorporate effective student support into curriculum design risk compromising the student experience. Thus, as the current global challenge to public health potentially marks a paradigm shift in delivering education to nursing students through a blended learning approach that incorporates more on-line and independent learning, this study aptly contributes to future discourse around providing higher education that considers and emphasises the importance of the student experience on nursing courses.

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LIST OF APPENDICES

Appendix 1: 12-step guideline for structuring and documenting a literature search strategy

Step	Description
1	Provide a purpose statement to describe the question to be addressed in the literature search
2	Document the databases or search engines used
3	Specify the limits applied to the search e.g. dates, language, human studies etc.
4	List the inclusion criteria and exclusion criteria for the search
5	List the search terms used
6	Document the search process for each search engine including search engine, terms and number retrieved on a search results table
7	Assess retrieved articles for relevance using inclusion and exclusion criteria
8	Document a summary table of included articles
9	Provide a statement specifying the number of retrieved articles at the end of the search process i.e. search results
10	Conduct quality appraisal of retrieved literature
11	Critical review of literature
12	Check the reference list for accuracy

Based on Kable, A. K., Pich, J., & Maslin-Prothero, S.E. (2012). A structured approach to documenting a search strategy for publication: a 12-step guideline for authors. *Nurse Education Today*, 32(8), 878–886.

Appendix 2: List of literature identified as eligible for review

	Article chosen for review
1	Andrew, N., McGuinness, C., Reid, G., & Corcoran, T. (2009). Greater than the sum of its parts: transition into the first year of undergraduate nursing. <i>Nurse Education in Practice</i> , 9(1), 13-21.
2	Birks, M., Chapman, Y., Ralph, N., McPherson, C., Eliot, M., & Coyle, M. (2013). Undergraduate Nursing Studies: The First-Year Experience. <i>Journal of Institutional Research</i> , 18(1), 26-35.
3	Donough, G., & Van der Heever, M. (2018). Undergraduate nursing students' experience of clinical supervision. <i>Curationis</i> , 41 (1) (pp e1-e8), 2018.
4	Grobecker, P. A. (2016). A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements. <i>Nurse Education Today</i> , 36, 178-183.
5	Hamshire, C., Barrett, N., Langan, M., Harris, E., & Wibberley, C. (2017). Students' perceptions of their learning experiences: A repeat regional survey of healthcare students. <i>Nurse Education Today</i> , 49, 168-173.
6	Hamshire, C., Willgoss, T. G., & Wibberley, C. (2013). What are reasonable expectations? Healthcare student perceptions of their programmes in the Northwest of England. <i>Nurse Education Today</i> , 33(2), 173-179.
7	James, A., & Chapman, Y. (2010). Preceptors and patients - the power of two: nursing student experiences on their first acute clinical placement. <i>Contemporary Nurse</i> , 34 (1), 34-47.
8	Last, L., & Fulbrook, P. (2003). Why do student nurses leave? Suggestions from a Delphi study. <i>Nurse Education Today</i> , 23(6), 449-458.
9	Liljedahl, M., Björck, E., Kalén, S., Ponzer, S., & Laksov, K.B. (2016). To belong or not to belong: nursing students' interactions with clinical learning environments – an observational study. <i>BMC Medical Education</i> , 16, 197
10	Magnussen, L., & Amundson M.J. (2003). Undergraduate nursing student experience. <i>Nursing & Health Sciences</i> , 5(4), 261-267
11	Mckendry, S., Wright, M., & Stevenson, K. (2014). Why here and why stay? Students' voices on the retention strategies of a widening participation university. <i>Nurse Education Today</i> , 34(5), 872-877.
12	Mills, A., Ryden, J., & Knight, A. (2020). Juggling to find balance: hearing the voices of undergraduate student nurses. <i>British Journal of Nursing</i> , 29(15), 897-903.
13	Papastavrou, E., Dimitriadou, M., Tsangari, H., & Andreou, C. (2016). Nursing students' satisfaction of the clinical learning environment: a research study. <i>BMC Nursing</i> , 15(1), 44.
14	Porteous, D. J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. <i>Nurse Education Today</i> , 60, 56-61.
15	Smith, M.R., Grealish L., & Henderson, S. (2018). Shaping a valued learning journey: Student satisfaction with learning in undergraduate nursing programs, a grounded theory study. <i>Nurse Education Today</i> , 64 (pp 175-179)
16	Ten Hoeve, Y., Castelein, S., Jansen, G., & Roodbol, P. (2017). Dreams and disappointments regarding nursing: Student nurses' reasons for attrition and retention. A qualitative study design. <i>Nurse Education Today</i> , 54, 28-36.

Appendix 3: Criteria for appraising qualitative and mixed methods research studies

Stages	Essential criteria
Scope and purpose	Clear statement of, and rationale for, research question/aims/purposes
	Study thoroughly contextualised by existing literature
Design	Method/design apparent, and consistent with research intent
	Data collection strategy apparent and appropriate
Sampling strategy	Sample and sampling method appropriate
Analysis	Analytic approach appropriate
Interpretation (findings)	Context described and taken account of in interpretation
	Clear audit trail given
	Data used to support interpretation
Reflexivity	Researcher reflexivity demonstrated
Ethical dimensions	Demonstration of sensitivity to ethical concerns
Relevance and transferability	Relevance and transferability evident

Appendix 4: Literature summary table

Author, Year & Setting	Scope and Purpose	Design and Analysis	Sampling Strategy	Interpretation (Findings)	Ethical dimensions, Relevance and Transferability	Grade
Andrew, N., McGuinness, C., Reid, G., & Corcoran, T. (2009) Greater than the sum of its parts: Transition into the first year of undergraduate nursing, <i>Nurse Education in Practice</i> (2009) 9, 13–21 UK	Investigate the experience of nursing students first clinical placement: how prepared are students professionally and socially for year one of an undergraduate nursing programme	Mixed methods Approach Evaluative survey study using questionnaire of previous action research initiative Analysed using SPSS (Statistical package for the Social Services)	n = 418 First year nursing students Purposeful sampling	Students appear to understand their role as nursing students, their understanding of what is expected of in the first placement is less clear. There is also a lack of clarity regarding their role and that of the mentor in the achievement of clinical placement learning outcomes.	Ethics approval obtained and ethical considerations clearly described. Limitations/weaknesses of study clearly outlined. Findings comparative to wider literature. This article reported part of a wider project (the Enhance project) and findings within this article are described as one spiral of the whole project, aspects of which are transferable to the general student experience.	B
Birks, M., Chapman, Y., Ralph, N., McPherson, C., Eliot, M., & Coyle, M. (2013). Undergraduate Nursing Studies: The First-Year Experience. <i>Journal of Institutional Research</i> , 18(1), 26-35. Australia	This study reports on a survey by a regional Australian university that aimed to identify the needs of beginning nursing students and develop strategies to reduce attrition and promote success in their undergraduate studies.	Qualitative Online survey Thematic analysis	n =112 First year nursing students	Findings were presented as issues faced in adapting to the role of a university student in the first year of study, services or support mechanisms accessed to assist in transition to the role of university student, and services lacking that would have assisted in the transition to the role of university student. Issues faced by students beginning a program of tertiary study are varied and complex. Nursing students face additional challenges as a result of the requirement to participate in clinical placements.	Relevant study that discussed student experience of adapting to first year Higher education study 7% response rate. A low level of response can significantly impact on both the usefulness and transferability of the findings. Limitations/weaknesses of study not clearly outlined.	B

<p>Donough, G., & Van der Heever, M. (2018). Undergraduate nursing students' experience of clinical supervision. <i>Curationis</i>. 41 (1) (pp e1-e8), 2018.</p> <p>South Africa</p>	<p>To explore the experiences of undergraduate nursing students on clinical supervision.</p>	<p>Qualitative</p> <p>Descriptive design with a qualitative approach using focus group interviews</p> <p>Thematic analysis</p>	<p>n=36</p> <p>Nursing students (9 students from year-1, 9 students from year-2 and 9 students from year-3)</p> <p>Purposive sampling</p>	<p>Findings indicated both positive and negative experiences regarding clinical supervision. Positive experiences included the support that was received from supervisors. These were overshadowed by negative experiences concerning the behaviour and competencies of the supervisors. Students experienced differences in the clinical procedures demonstrated by various supervisors. Negative experiences that relate to abusive behaviour such as misuse of power were also found, as well the incongruence amongst clinical supervisors regarding clinical procedures.</p>	<p>Ethical considerations clearly described. Participants across all three years of nursing program included in study</p> <p>Conducted in South Africa, therefore some of the findings may not relate to the UK student experience.</p>	<p>B</p>
<p>Grobecker, P. A. (2016). A sense of belonging and perceived stress among baccalaureate nursing students in clinical placements. <i>Nurse Education Today</i>, 36, 178-183.</p> <p>USA</p>	<p>The purpose of this study was to describe the level of a sense of belonging and perceived stress among baccalaureate nursing students in their clinical placements.</p>	<p>Quantitative</p> <p>A descriptive correlational study using the National Student Nurses Association (NSNA) database and SurveyMonkey</p>	<p>n=1296</p> <p>Nursing students (participant year of study not indicated)</p>	<p>The findings from this study revealed a statistically significant low inverse relationship between a sense of belonging and perceived stress among baccalaureate nursing students in their clinical placements. The results support the concept of a sense of belonging as a fundamental human need, having a positive influence and impact on students' learning, motivation and confidence. In contrast, perceived stress has negative consequences on the students' self-concept, learning skills and competence.</p>	<p>Large sample from across multiple Higher Education institutes</p> <p>The study utilised a convenience sample of student nurses which could result in the sample biases and reduce generalizability.</p> <p>Limitations/weaknesses of study not clearly outlined.</p> <p>Year of study on the nursing course not indicated</p>	<p>N/A</p>

<p>Hamshire, C., Barrett, N., Langan, M., Harris, E., & Wibberley, C. (2017). Students' perceptions of their learning experiences: A repeat regional survey of healthcare students. <i>Nurse Education Today</i>, 49, 168-173.</p> <p>UK</p>	<p>To determine similarities and differences between students' perceptions of their learning experiences between 2011 and 2015 in relation to campus-based learning, placement-based learning and personal circumstances.</p>	<p>Quantitative Survey</p>	<p>n=1983</p> <p>Students on professional programmes</p> <p>(50% of respondents from the Adult nursing course)</p>	<p>Although students were positive overall about their experiences, a number were dissatisfied with some aspects of their experiences - particularly in relation to initial support on campus and whilst studying on placement. Four years on from the original survey, despite a considerable investment in improving students' experiences across the region, there appears to be little change in students' perceptions of their learning experiences</p>	<p>Ethics approval obtained and ethical considerations clearly described. As study included a multitude of students on professional course relevance and transferability was evidently not transferable to the general student population. Limitations/weaknesses of study not clearly outlined.</p>	<p>N/A</p>
<p>Hamshire, C., Willgoss, T. G., & Wibberley, C. (2013). What are reasonable expectations? Healthcare student perceptions of their programmes in the North West of England. <i>Nurse Education Today</i>, 33(2), 173-179.</p> <p>UK</p>	<p>The aim of this study was to determine how students in the North West of England perceived their studies and to identify the factors that could contribute to students' dissatisfaction</p>	<p>Mixed methods sequential exploratory study</p> <p>Phase 1 used narrative inquiry</p> <p>Thematic framework analysis</p> <p>Phase 2 online Survey</p> <p>Four-point Likert-type response format</p>	<p>Phase 1</p> <p>N=24</p> <p>Nursing and Midwifery students</p> <p>Phase 2</p> <p>N=1080</p> <p>Students on professional programmes</p> <p>(Including student nurses)</p>	<p>The majority of students reported positive experiences of their course. There was strong agreement in the importance of the role of the Personal tutor and of a supportive placement mentor. Some students indicated that the workload and academic level were a shock at first. Students identified difficulties around the cost of placement travel and the impact of placements on family life. Financial hardship was a frequently cited issue that students attributed to thoughts of discontinuation</p>	<p>Ethics approval obtained and ethical considerations clearly described. Limitations/weaknesses of study not clearly outlined.</p> <p>Aspects of this multi-professional study are transferable to the general student population.</p>	<p>B</p>

James, A., & Chapman, Y. (2010). Preceptors and patients - the power of two: nursing student experiences on their first acute clinical placement. <i>Contemporary Nurse</i> , 34 (1), 34-47. Australia	Explore and describe the experiences of 2 nd year undergraduate nursing students undertaking their first acute clinical placement. Offer insight into how these experiences influence their journey as a student and their future career in nursing	Qualitative Heideggerian phenomenology Data analysed using Max van Manen's (1990) analysis technique	n = 6 Second year Undergraduate Nursing students Convenience sample	Three main themes emerged from the findings: being overwhelmed and confronted; patients as people and perceptions of preceptors. Findings inform why some students consider discontinuance of their studies and how the experience impacts on decisions about future nursing practice.	The research was confined to one campus of one school of nursing and midwifery in one university. Small sample size Participants were only drawn from one clinical context, that being medical/ surgical and from 1-year level. Results not representative of 2 nd year nursing students in general.	B
Last, L., & Fulbrook, P. (2003). Why do student nurses leave? Suggestions from a Delphi study. <i>Nurse Education Today</i> , 23(6), 449-458. UK	The purpose of this study was to establish a consensus view of the reasons why student nurses leave their Pre-Registration education programme.	Mixed methods triangulation Phase one - qualitative approach using focus groups and semi-structured one-to-one interviews. Phase two - Quantitative Delphi study	n=6 Nursing students across all three years (exact numbers not indicated) n= 12 Multi-professional focus group	A number of factors result in student nurses leaving. These include communication and operational factors between the university and clinical areas, feelings of not being valued, unmet expectations, and stress. These issues were of concern to students and appeared to have a cumulative effect that led them to question whether they should continue their education programme.	Limitations/weaknesses of study clearly outlined Number and designation of multi-professional participants included in study was vague	C
Liljedahl, M., Björck, E., Kalén, S., Ponzer, S., & Laksov, K.B. (2016). To belong or not to belong: nursing students' interactions with clinical learning environments –	The aim of this study was to explore the interdependence between affordances and engagement in clinical learning environments of	Qualitative Inductive thematic approach	n = 6/10 Nursing students/clinical supervisors	The results revealed students strived to fill out the role they were offered in an aspirational way but that they became overwhelmed when given the responsibility of care. When students' basic values did not align with those enacted by the	Limitations/weaknesses of study clearly outlined Number of participants from the study not clearly indicated Year of study on the nursing course not indicated	C

an observational study. BMC Medical Education. 16, 197 Sweden	nursing students. They posed the following research question: How are nursing students influenced in their interactions with clinical learning environments?		(participant year of study not indicated) Ethnography-inspired observational study	workplace, they were not willing to compromise their own values. Workplaces succeeded in inviting students into the community of nurses and the practice of care. Students demonstrated hesitance regarding their desire to belong to the workplace community.		
Magnussen, L., & Amundson M.J. (2003). Undergraduate nursing student experience. Nursing & Health Sciences, 5(4), 261-267 UK	To describe and explicate the experience of being a nursing student	Qualitative descriptive study Analysed using constant comparative method	n = 12 undergraduate nursing students Convenience sample (participant year of study not indicated)	Four major theme clusters emerged from the data: (i) meeting conflicting demands; (ii) feeling overworked; (iii) feeling unprepared and (iv) seeking respect and support from one's faculty. Student's stories provide insights into the current educational environment, which can assist faculties to understand the impact of their pedagogical approaches.	Focused on students' perceptions of their experience of being a student nurse Specific methodology/ research design not identified. The participants were all from the same school of nursing and represented a very limited sample of nursing students Year of study on the nursing course not indicated	C
Mckendry, S., Wright, M., & Stevenson, K. (2014). Why here and why stay? Students' voices on the retention strategies of a widening participation university. Nurse Education Today, 34(5), 872-877. UK	The study aimed to explore student motivations, experiences and support requirements during their first year to determine the efficacy of institutional retention initiatives.	Qualitative Focus groups Grounded theory and Thematic analysis	n=46 First year nursing and midwifery students.	Students utilise a range of support mechanisms before and during their studies in order to maintain their motivation and to juggle the many demands on their time. These include university staff, fellow students, friends and family and those they currently know within the profession.	This study clearly positions itself in relation to the prominent theoretical perspectives. Limitations/weaknesses of study clearly outlined.	B

<p>Mills, A., Ryden, J., & Knight, A. (2020). Juggling to find balance: hearing the voices of undergraduate student nurses. <i>British Journal of Nursing</i>, 29(15), 897-903.</p> <p>UK</p>	<p>To examine the health and wellbeing implications of undertaking a BSc nursing degree in the UK for first-year students.</p>	<p>Qualitative Narrative analysis of 100 written student reflections</p>	<p>n=100 First-year student nurses</p>	<p>Nursing students juggle multiple competing demands on their physical capabilities, personal resources, income and time. Students are constantly seeking to achieve balance and personal equilibrium through the use of a variety of coping strategies.</p>	<p>Limitations/weaknesses of study clearly outlined. Ethical considerations not identified. Findings from this study are not generalizable to the wider student population.</p>	<p>C</p>
<p>Papastavrou, E., Dimitriadou, M., Tsangari, H., & Andreou, C. (2016). Nursing students' satisfaction of the clinical learning environment: a research study. <i>BMC nursing</i>, 15(1), 44.</p> <p>Cyprus</p>	<p>The aim of the study was to investigate nursing students' satisfaction of the clinical settings as learning environments.</p>	<p>Quantitative descriptive, correlational design Descriptive statistics</p>	<p>n = 463 Student nurses (participant year of study not indicated)</p>	<p>Nursing students were highly satisfied with the clinical learning environment and their satisfaction has been positively related to the pedagogical atmosphere, the Ward Manager's leadership style, the premises of Nursing in the ward, the supervisory relationship (mentor) and the role of the Nurse Teacher. Students who had a named mentor reported more satisfied with the supervisory relationship.</p>	<p>Conducted across 3 university institutions Large number of participants Clear themes not identified Year of study on the nursing course not indicated</p>	<p>N/A</p>
<p>Porteous, D. J., & Machin, A. (2018). The lived experience of first year undergraduate student nurses: A hermeneutic phenomenological study. <i>Nurse Education Today</i>, 60, 56-61.</p> <p>UK</p>	<p>This study aimed to understand how one group of undergraduate nursing students perceived their experiences of the transition into higher education and nursing profession.</p>	<p>Qualitative Hermeneutic phenomenology Data analysed using thematic analysis</p>	<p>n = 10 First year undergraduate student nurses Purposeful sampling</p>	<p>Five themes emerged from the data: uncertainty; expectations; learning to survive; seeking support; and moving forward. Findings identify that the participants had developed skills to survive however considerable variation in their experience, influenced motivation and behaviour. They developed their own skills of coping to deal with the demands of academic life and those of the practice setting. An</p>	<p>Results are in keeping with other published research on the experience of student nurses in higher education Findings from this study are not generalizable due to the interpretive paradigm utilised</p>	<p>B</p>

				explanatory student journey model demonstrated that developing self-efficacy was key to their successful transition through the first year of undergraduate study.		
Smith, M.R., Grealish L., & Henderson, S. (2018). Shaping a valued learning journey: Student satisfaction with learning in undergraduate nursing programs, a grounded theory study. <i>Nurse Education Today</i> , 64, 175-179. Australia	To understand undergraduate nursing students' satisfaction with learning.	Qualitative Constructivist grounded theory Semi-structured interviews Symbolic interactionism interviews were analysed for action and meaning	n =17 undergraduate nursing students (6 students from year-1, 7 students from year-2 and 4 students from year-3)	Students are satisfied with learning when they shape a valued learning journey that accommodates social contexts of self, university and nursing workplace. The theory has three phases. Phase 1 - orienting self to valued learning in the pedagogical landscape; phase 2 - engaging with valued learning experiences across diverse pedagogical terrain; and phase 3 - recognising valued achievement along the way.	Limitations/weaknesses of study clearly outlined Themes not clearly identified but described in phases	B
Ten Hoeve, Y., Castelein, S., Jansen, G., & Roodbol, P. (2017). Dreams and disappointments regarding nursing: Student nurses' reasons for attrition and retention. A qualitative study design. <i>Nurse Education Today</i> , 54, 28-36. The Netherlands	The main aim of this study was to examine which factors affect student nurses' decision to leave or complete their programme	Qualitative exploratory descriptive design, employing a phenomenological approach	n =17 Student nurses 3 rd year	Reasons for attrition were strongly related to the training programme and to their clinical placements, in particular the perceived lack of support from mentors and team. Feelings of being welcomed and working in a nice team proved to be more important reasons for completing the programme than the specific clinical field.	Contemporary focus with interesting results Results not statistically significant. Only 2 study participants left the course even though a key focus of this study was attrition.	B

Appendix 5: Critical appraisal of the quantitative surveys using the ‘Critical Appraisal of a Survey’ (CEBM) tool

Appraisal questions	Literature utilising quantitative survey methodology			
	Answered – Yes, Can’t tell, No	Grobecker (2016)	Papastavrou et al. (2016)	Hamshire et al. (2017)
1. Did the study address a clearly focused question / issue?		Yes	Yes	Yes
2. Is the research method (study design) appropriate for answering the research question?		Yes	Yes	Yes
3. Is the method of selection of the subjects (employees, teams, divisions, organizations) clearly described?		Yes	Yes	Yes
4. Could the way the sample was obtained introduce (selection) bias?		No	No	No
5. Was the sample of subjects’ representative with regard to the population to which the findings will be referred?		No	No	Yes
6. Was the sample size based on pre-study considerations of statistical power?		Yes	Yes	Yes
7. Was a satisfactory response rate achieved?		Yes	Yes	Yes
8. Are the measurements (questionnaires) likely to be valid and reliable?		Yes	Yes	Yes
9. Was the statistical significance assessed?		Yes	Yes	Yes
10. Are confidence intervals given for the main results?		Yes	Yes	Yes
11. Could there be confounding factors that haven’t been accounted for?		Yes	Yes	Yes
12. Can the results be applied to your organization?		Yes	Yes	Yes

Appendix 6: STEMH Ethics Committee approval



Date: 16th January 2017

Rob Monks / Samantha Pollitt
School of Nursing
University of Central Lancashire

Dear Rob / Samantha

Re: STEMH Ethics Committee Application Unique Reference Number: STEMH 583

The STEMH ethics committee has granted approval of your proposal application 'Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study'. Approval is granted up to the end of project date* or for 5 years from the date of this letter, whichever is the longer.

It is your responsibility to ensure that

- the project is carried out in line with the information provided in the forms you have submitted
- you regularly re-consider the ethical issues that may be raised in generating and analysing your data
- any proposed amendments/changes to the project are raised with, and approved, by Committee
- you notify roffice@uclan.ac.uk if the end date changes or the project does not start
- serious adverse events that occur from the project are reported to Committee
- a closure report is submitted to complete the ethics governance procedures (Existing paperwork can be used for this purposes e.g. funder's end of grant report; abstract for student award or NRES final report. If none of these are available use [e-Ethics Closure Report Proforma](#)).

Yours sincerely

A handwritten signature in black ink, appearing to read "Emma", with a long horizontal flourish extending to the right.

Emma Sandon-Hesketh
University Officer for Ethics
STEMH Ethics Committee

Appendix 7: Participant Information Sheet (PIS) / Expression of interest form

INFORMATION SHEET FOR STUDENT PARTICIPANTS

Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

There have been significant changes to undergraduate Pre-registration education in recent years including the move to higher education from schools of nursing and introduction of BSc and MSc only courses. Yet the experiences of adult student nurses remain under-researched in the UK. Therefore, you are invited to take part in a research study focused on your experiences on your course. Before deciding whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact the researchers if anything is unclear or if you would like more information. Their contact details can be found at the bottom of this sheet.

What is the purpose of the study?

The study aims to capture, explore and understand the experiences of student nurses undertaking the Pre-Registration Nursing (Adult) programme and to co-design improvements with key stakeholders who manage and deliver the programme.

Why have you been invited to participate?

All students currently enrolled on the Pre-registration nursing course (Adult field) within the school of nursing are being invited to participate and share their experiences.

Do you have to take part, and can you change my mind?

No. Taking part in this study is entirely your decision and your studies will not be affected in any way if you choose not to participate.

What if you wish to withdraw from this study?

You are free to withdraw at any time and without giving a reason. A decision to withdraw at any time will not affect your place on the course or impact any future grades or assessments. Please note that after each interview, focus group or Co-Design event the data will be anonymised, therefore you will not be able to withdraw your responses as it will not be possible to isolate your individual response as all responses will be anonymised after each interview/focus group.

What will you have to do if you decide to take part?

If you are interested in taking part in this research study and submit the expression of interest form attached you will be contacted by the research team and invited to either a one-to-one interview, focus group or both if you choose, at your convenience and at a time when you are already scheduled to be in university. The one-to-one interviews and focus group will be audio recorded to enable me to transcribe the discussion. You will be able to request a copy of your own transcript from the one-to-one interviews if you choose. Some volunteers may also be invited to an Experience Based Co-design event where staff and students meet together to discuss the findings generated from the interviews and focus groups and help produce recommendations for improving the future student experience on the nursing course and implementing solutions to problems identified. Please note if you agree to take part in an interview or focus group you are NOT under any obligation to take part in any further aspect of the study.

What are the possible benefits of taking part?

New knowledge generated from your participation in this study could enhance the design of future educational provision and contribute to future improvements on the course. Furthermore, participation in the research study can be included in your PDP (professional development portfolio). This may also be a useful experience for those planning to develop their own research portfolio after graduation.

What are the possible risks of taking part?

It is not anticipated that there will be any direct risks to you from participating in this study. If any issue is raised during the interview that you find upsetting the interview can be stopped at your request and support offered via your personal tutor or student support services. Anonymity and confidentiality will be ensured as far as is possible, however please note you may find yourself participating in a focus group with another student you are familiar with. If this is the case, you will have the option of either attending an alternative focus group or withdrawing your participation from the study without any negative consequence.

Will what you say in this study be kept confidential?

Pseudonyms or unique codes will be allocated to all audio digital recordings, and transcribed data, to retain anonymity and protect confidentiality. The consent forms and audio digital recordings will be stored in a secure cabinet, in a locked office, on-site at the University of Central Lancashire (UCLan, 2015). The audio digital recordings will be retained until after transcription of the data generated in phase four of the data collection process, after which all digital recordings will be deleted. Transcribed data will be stored electronically on a password protected database in accordance with the Data Protection Act (DPA) (1998) and the UCLan Data Protection Policy (2015). This data will be kept for 5 years from the end of the study in accordance with the University's policy on Academic Integrity, after which it will be deleted or destroyed.

What will happen to the results of the research study?

This results of this study will be presented at conferences and written up for publication in academic journals, retaining the anonymity of the participants. In addition, data from this study will be used to form the final thesis of a PhD study. Journal publications and the final PhD thesis will be available in the public domain for participants to view.

Who is organising and funding the research?

Sam Pollitt (lead researcher) is organising this study as part of a PhD programme within the University of Central Lancashire. The researcher is self-funding this project. Sam is being supervised by an experience supervisory team; Dr Dawne Gurbutt, Dr Nigel Harrison and Dr Rob Monks.

Who has reviewed the study?

The research has been approved by the University Research Ethics Committee for Science, Technology, Engineering, Medicine and Health (STEMH), and has been reviewed by a supervisory team.

What should you do if you want to take part?

If you are interested in taking part in this research study, please complete the expression of interest form attached to and submit it to Sam Pollitt in BB113 or email it to sjpollitt@uclan.ac.uk, within 7 days to express your interest (remember you can withdraw your participation at any time). You will then be contacted by Sam pollitt to discuss further and invited to attend a focus group, or interview arranged at your convenience over the next 6 months. Please note, if more students apply to take part than the study requires participants' will be selected based on maximum variation sampling. This could mean you may not be chosen to take part but your expression of interest is still appreciated.

Who do I contact if I have any complaints?

If you have any concerns or would like any further information about the study you can contact Sam Pollitt in the first instance. Concerns or complaints should be addressed to Dr Rob Monks as the study's Principal Investigator (RMonks@uclan.ac.uk) or the University Officer for Ethics at OfficerForEthics@uclan.ac.uk, information provided should include the study name or description (so that it can be identified), the researcher (Sam Pollitt), and the substance of the complaint.

Lead Researcher: Sam Pollitt	School of Nursing Brook 113 University of Central Lancashire	Contact: E-mail: sjpollitt@uclan.ac.uk Tel: 01772 893624
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Thank you for taking time to read the information sheet, I look forward to your response

EXPRESSION OF INTEREST FORM

Title of Research Study:

Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

Name of Researcher: Sam Pollitt

Please complete the information below...

Name (please PRINT)			
Email address:			
Contact number:			
Cohort:		Year of study:	
Date of Birth:		Age:	
Ethnicity (please indicate)		Gender (please circle)	Male / Female
Signature:			
Date:			

If you are interested in taking part in the research study above please complete this expression of interest form, detach and either submit this hardcopy to Sam Pollitt in Brook Building 113 or copy and email the form to sjpollitt@uclan.ac.uk, within 7 days.

If you have any further questions or concerns about this study please contact the lead researcher, Sam Pollitt, on 01772 893624.

Thank-you

Appendix 8: Study flyer for student participants



9TH NOVEMBER 11:30AM, BB007 FOCUS GROUP

Lunch provided

This is your opportunity to take part in a study looking at your experiences of the undergraduate Pre-registration (Adult) nursing course so far. We want to know what your experiences have been of the welcome week, home groups, teaching, assessments, and clinical placements. The aim of the study is to explore ways to improve those experiences. Please consider sparing up to 40 min of your time between classes – lunch will be provided.



**Research study -
Understanding the
experiences of
Pre-registration
undergraduate
(Adult) student
nurses**

**Opportunity to
explore your
experiences**

**Chance to be part
of the research
process & include
in your personal
statement**

**Certificate of
Participation
provided**

Free Lunch

SAM POLLITT

School of Nursing
BB349

Tel: 01772 893624

Email: sjpollitt@uclan.a.c.uk

Appendix 9: Student participant consent form for semi-structured interviews

PARTICIPANT CONSENT FORM - Interviews

Title of Research Study:

Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

Name of Researcher: Sam Pollitt

Please tick

1. I consent to take part in the above study	
2. I confirm that I have read and understand the participant information sheet for the above study	
3. I understand I am a voluntary participant, and I am free to withdraw from the study at any point	
4. I understand and give consent for the interview to be audio recorded and kept on record for up to five years	
5. I understand that I will not be able to withdraw my data from the study after it has been anonymised at the data transcription point	
6. I DO / DO NOT (<i>please delete as appropriate</i>) give consent to the use of samples of my audio recorded interview in the focus groups and Experience Based Co-design events for the study	
7. I give consent to the use of samples of my anonymised written quotes as bubble graphics in the focus groups and Experience Based Co-design events for the study	
8. I consent to the use of anonymised written quotes from me in publications / reports	
9. I would like a copy of my one-to-one interview transcript when it is completed (<i>please tick this box only if you would like to receive the interview transcript of the results</i>)	

Name of Participant (<i>please PRINT</i>)		
Signature		
Participant email address		
Participant contact number (<i>optional</i>)		
Date:	Cohort:	Year of study:
Gender (please circle) Male / Female	Date of birth:	Age:
Ethnicity (please Indicate)		
Name of Researcher	Sam Pollitt	
Date:	Signature:	

Participant Identification Code:

Appendix 10: Semi-structured interview topic guide

Topics/questions	Prompts /probes/notes
<ul style="list-style-type: none"> • Introduction and background 	<p>Introduce myself and my nurse/researcher background... <i>My name is Sam Pollitt – thank-you for agreeing to be interviewed today</i></p>
<ul style="list-style-type: none"> • Re-state purpose of the study and interview (regain consent) 	<p><i>This study is trying to capture and understand the experiences of student nurses on the Pre-Registration Nursing (Adult) programme and to work with key stakeholders to make improvements on the programme.</i></p>
<ul style="list-style-type: none"> • Tell me about some of your experiences of the course 	
<ul style="list-style-type: none"> • Tell me about your experiences in clinical placement areas 	
<ul style="list-style-type: none"> • Tell me about your experiences you're your mentors 	
<ul style="list-style-type: none"> • What has your experience been like with lectures/admin staff 	
<ul style="list-style-type: none"> • Can you tell me about your experiences with Brook hub and placement unit? 	
<ul style="list-style-type: none"> • How do you feel about qualifying soon (or going into your third year, second year)? 	
<ul style="list-style-type: none"> • Can you tell me about any particular highs on the course? • Can you tell me about any particular lows on the course? 	
<ul style="list-style-type: none"> • Is there anything you think UCLan could have done differently to make that situation better for you? 	<p>Prompt participants to discuss what actions/support (if any) they feel could have made those events or experiences better</p>
<ul style="list-style-type: none"> • Is there anything else you would like to tell me about or anything you would like to add? 	

Participant Identification Code.....Thank you for taking part in this study

Appendix 11: Student participant consent form for emotional touchpoint mapping event

PARTICIPANT CONSENT FORM - Experience Based Co-design Event

Title of Research Study:

Capturing, exploring, and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

Name of Researcher: Sam Pollitt

	Please tick
1. I consent to take part in the above study	
2. I confirm that I have read and understand the participant information sheet for the above study	
3. I understand I am a voluntary participant, and I am free to withdraw from the study at any point	
4. I understand and give consent for the Experience Based Co-design Event to be audio recorded and kept on record for up to five years	
5. I understand that I will not be able to withdraw my audio recorded data from the study due to the difficulties associated with isolating my voice and comments from that of the other participants' in the Experience Based Co-design Event	
6. I consent to the use of my anonymised written data in publications / reports	

Name of Participant (<i>please PRINT</i>)	
Signature	
Date	
Participant email address	
Participant contact number (<i>optional</i>)	
Name of Researcher	Sam Pollitt
Signature	
Date	

Participant Identification Code:

Appendix 12: Key stakeholder participant information sheet (PIS) and consent form

INFORMATION SHEET FOR KEY STAKEHOLDER PARTICIPANTS

Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

There have been significant changes to undergraduate Pre-registration education in recent years including the move to higher education from schools of nursing and introduction of BSc and MSc only courses. Yet the experiences of adult student nurses remain under-researched in the UK. Therefore, this research study is focused on capturing the student experiences of their course, and as a key stakeholder in the course you are considered as 'knowledgeable' in relation to the provision and delivery of the course. Please take time to read the following information carefully and decide whether you want to take part in this study. Please contact the researchers if anything is unclear or if you would like more information. Their contact details can be found at the bottom of this sheet.

What is the purpose of the study?

The study aims to capture, explore and understand the experiences of student nurses undertaking the Pre-Registration Nursing (Adult) programme and to co-design improvements with key stakeholders who manage and deliver the programme.

Why have you been invited to participate?

You are considered as a key stakeholder (i.e. course administrator, course year lead, module leader, lecturer, practice education facilitator or clinical placement co-ordinator) in relation to the provision of the course. Your experience and knowledge is valuable to offering relevant and realistic recommendations for improving the student experience.

Do you have to take part?

No. Taking part in this study is entirely voluntary and you are free to withdraw from the study at any time.

What if you wish to withdraw from this study?

You are free to withdraw at any time and without giving a reason. Please note that after the focus group/Experience Based Co-design event the data will be anonymised, therefore you will not be able to withdraw your responses as it will not be possible to isolate your individual response from the anonymised data.

What if you decide to take part?

Volunteers who agree to take part in this study will be invited to attend either a focus group, Experience Based Co-design event or both if you choose. Where staff and students meet together to discuss the findings generated from the student interviews and student focus group this will enable us to produce recommendations for improving the future student experience on the nursing course and implementing solutions to problems identified. Both the focus group and Experience Based Co-design event will be audio recorded to enable me to transcribe the discussion and prepare for later analysis. Please note that if you agree to take part in the focus group you are NOT under any obligation to take part in any further aspect of the study.

What are the possible benefits of taking part?

New knowledge generated from your participation in this study could enhance the design of future educational provision and contribute to future improvements of the Pre-Registration Nursing course.

What are the possible risks of taking part?

It is not anticipated that there will be any direct risks to you from participating in this study. Anonymity and confidentiality will be ensured as far as is possible, however please note you may find yourself participating in a focus group with other staff members you are familiar with.

Will what you say in this study be kept confidential?

Pseudonyms or unique codes will be allocated to all audio digital recordings, and transcribed data, to retain anonymity and protect confidentiality. The consent forms and audio digital recordings will be stored in a secure cabinet, in a locked office, on-site at the University of Central Lancashire (UCLan, 2015). The audio digital recordings will be retained until after transcription of the data generated in phase four of the data collection process, after which all digital recordings will be deleted. Transcribed data will be stored electronically on a password protected database in accordance with the Data Protection Act (DPA) (1998) and the UCLan Data Protection Policy (2015). This data will be kept for 5 years from the end of the study in accordance with the University's policy on Academic Integrity, after which it will be deleted or destroyed.

What will happen to the results of the research study?

The results of this study will be presented at conferences and written up for publication in academic journals, whilst also retaining the anonymity of the participants. In addition, data from this study will be used to form the final thesis of a PhD study. Journal publications and the final PhD thesis will be available in the public domain for participants to view.

Who is organising and funding the research?

Sam Pollitt (lead researcher) is organising this study as part of a PhD programme within the University of Central Lancashire. The researcher is self-funding this project. Sam is being supervised by an experience supervisory team; Dr Dawne Gurbutt, Dr Nigel Harrison and Dr Rob Monks.

Who has reviewed the study?

The research has been approved by the University Research Ethics Committee for Science, Technology, Engineering, Medicine and Health (STEMH), and has been reviewed by a supervisory team.

What should you do if you want to take part?

If you wish to take part in this research study please accept the invite to attend the event (remember you can withdraw your participation at any time).

Who do I contact if I have any complaints?

If you have any concerns or would like any further information about the study you can contact Sam Pollitt in the first instance. Concerns or complaints should be addressed to Dr Rob Monks as the study's Principal Investigator (RMonks@uclan.ac.uk) or the University Officer for Ethics at OfficerForEthics@uclan.ac.uk, information provided should include the study name or description (so that it can be identified), and the substance of the complaint.

Lead Researcher: Sam Pollitt	School of Nursing Brook 349 University of Central Lancashire	Contact: E-mail: sjpollitt@uclan.ac.uk Tel: 01772 893624
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Thank you for taking time to read the information sheet, I look forward to your response

PARTICIPANT CONSENT FORM - Emotional Touch Point Mapping event (Focus Group)

Title of Research Study:

Capturing, exploring, and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

Name of Researcher: Sam Pollitt

	Please tick
1. I consent to take part in the above study	
2. I confirm that I have read and understand the participant information sheet for the above study	
3. I understand I am a voluntary participant, and I am free to withdraw from the study at any point	
4. I understand and give consent for the focus group to be audio recorded and kept on record for up to five years	
5. I understand that I will not be able to withdraw my audio recorded data from the study due to the difficulties associated with isolating my voice and comments from that of the other participants' in the focus group	
6. I give consent to the use of samples of my anonymised written data in the study	
7. I consent to the use of my anonymised written data in publications / reports	

Name of Participant (<i>please PRINT</i>)	
Signature	
Participant email address	
Participant contact number (<i>optional</i>)	
Date:	
Gender (please circle) Male / Female	
Ethnicity (please Indicate)	
Name of Researcher	Sam Pollitt
Date:	Signature:

Participant Identification Code:

Appendix 13: Student and key stakeholder participant consent form for Co-design event

Student participant consent form - Co-design event

Title of Research Study:

Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

Name of Researcher: Sam Pollitt

	Please tick
1. I consent to take part in the above study	
2. I confirm that I have read and understand the participant information sheet for the above study	
3. I understand I am a voluntary participant, and I am free to withdraw from the study at any point	
4. I give consent to the use of samples of my anonymised written data in the study	
5. I consent to the use of my anonymised written data in publications / reports	
6. I consent for photographs of the Co-design event to be used within written data in publications / reports	

Name of Participant (<i>please PRINT</i>)		
Signature		
Participant email address (<i>optional</i>)		
Participants contact number (<i>optional</i>)		
Date:	Cohort:	Year of study:
Gender (<i>please circle</i>): Male / Female	Date of birth:	Age:
Ethnicity (<i>optional</i>)		
Name of Researcher		
Date:	Signature:	

Participant Identification Code:

Key stakeholder participant consent form - Co-design event

Title of Research Study:

Capturing, exploring and understanding the experiences of undergraduate student nurses undertaking a Pre-registration nursing degree course: An Experience Based Co-design study

Name of Researcher: Sam Pollitt

	Please tick
1. I consent to take part in the above study	
2. I confirm that I have read and understand the participant information sheet for the above study	
3. I understand I am a voluntary participant, and I am free to withdraw from the study at any point	
4. I give consent to the use of samples of my anonymised written data in the study	
5. I consent to the use of my anonymised written data in publications / reports	
6. I consent for photographs of the Co-design event to be used within written data in publications / reports	

Name of Participant <i>(please PRINT)</i>	
Signature	
Participant designation	
Participant email address	
Participant contact number <i>(optional)</i>	
Date:	
Gender <i>(optional)</i>	
Ethnicity <i>(optional)</i>	
Name of Researcher	Sam Pollitt
Date:	Signature:

Participant Identification Code:

Appendix 14: Problem statements tabulated from student and key stakeholder emotional touchpoint mapping events

Problem statement 1:

Some student participants within this study felt unsupported and even abandoned as they progressed through the course. Reasons for this include a perceived increase in self-directed learning linked with insufficient independent learning skills and decreased classroom-based contact time. Overall student participants indicated a need for more support and direction from academics with independent learning particularly in year three as the level of study became more challenging. Academics in this study were unsure how to achieve the right balance between supporting students with their academic studies and encouraging students to develop independent learning skills.

Question: How can we better facilitate independent learning skills?

Problem statement 2:

Student participants in this study expressed frustration with bad behaviour (incivility) from both academic staff and students in the classroom environment that made it difficult to concentrate and learn. Incivility included students talking in class, using mobile phones, 'scanning and scrambling' and being generally disruptive. Some lecturers were perceived as failing to take control of disruptive classes or being overly controlling resulting in some students feeling intimidated and bullied.

Question: What can students and staff do to effectively manage incivility in the classroom environment?

Problem statement 3:

Some participants in this study felt unclear about the role of the academic advisor, others felt there were inconsistent approaches to the academic advisor role. This appeared to influence how well students felt supported by their academic advisor, and how comfortable they felt approaching their academic advisor or support.

Question: What would you like to see done to reduce perceived ambiguity associated with the role of the Academic advisor and improve the academic advisor role?

Problem statement 4:

Findings indicate support from mentors was amongst the most significant touchpoints that shaped students experiences on the course. Student participants reported mentors were pivotal in influencing their experience in the clinical practice area, both positively and negatively.

Question: How can we ensure and facilitate more positive mentoring experiences in clinical placements?

Problem statement 5:

Findings from this study indicate the nursing degree is a learning journey with an end result of professional registration, however key stakeholders have an expectation student nurses exhibit professional behaviour and attitudes from the start of the course and continue to develop their professionalism throughout the course. This expectation may contrast with student's self-perception as students whilst in a university setting and student nurses in the work-based learning environment. Having a clearer designation as a 'student nurse' may help students establish a distinct identity early in the course and facilitate the development of professionalism.

Question: how can students develop a distinct identity as a 'student nurse' whilst on the course and facilitate the development of professionalism?

Appendix 15: Map of the student journey through the course



Appendix 16: Example thematic analysis from Student Emotional touchpoint mapping event

Line	Student	Transcription from audio recorded interview following emotional mapping	Semantic coding:	Latent coding:	Description	Link to research question:	Theme:
1	10	I've got a lump in my throat, I feel upset. Because it highlights the difference between a good experience and a bad experience.	1. <i>Upset</i> 2. <i>Good versus bad experience</i>	1. Extremes of experience 2. Lack of parity between students' experiences of clinical placement	After reading some of the positive comments other students have had in their clinical placement areas participant 010 becomes upset when reflecting on her own negative experiences. That difference has become stark through the process of emotional mapping.	Touchpoint - Clinical placement Emotion - upset	Clinical placement; disparity
2	10	When you discuss placements and you discuss how you got on with your mentor...you know with other people...I get quite jealous that everybody's having this really, really good time.	1. <i>Clinical placement</i> 2. <i>Mentor</i>	1. Communication between peers uncovers the difference in experiences.	010 describes everyone else having a 'really good time' implying she is not 'having a good time', and feelings of jealousy. She does not describe feeling angry or confused that their experiences are different (better), but she is enviousness of their experiences	Touchpoint - Clinical placement Emotion - Jealousy of other students' experiences	Clinical placement; Mentor; disparity; peer communication
3	9	You're not on your own, I've had 2 out of 4 of my placements I've had a mentor that hasn't been as helpful as they could have been. But I think it's difficult because obviously hospitals are just so overwhelmed at the moment. But it's just difficult for the student because you don't want to intrude when they're busy with something. You're fighting to get your competencies signed off, or you just want to have a chat with them sometimes and it's just hard to find that time.	1. <i>Clinical placement</i> 2. <i>Mentor</i> 3. <i>(clinical) workload</i>	1. Mentors unavailable 2. Clinical /workload priorities (students lower on list) 3. Student priorities versus staff priorities	For student nurses having their competencies signed off is a mandatory requirement and key to them being able to qualify, 009 describes a dilemma she has whilst in placement - does she intrude (she justifies how qualified staff are busy and overwhelmed) or does she stand and do battle (fight) to have her own needs met? Finding 2 of her 4 mentors unhelpful based on the discussion that follows suggest unhelpful = unavailable. Mentors not investing time in students	Touchpoint - Clinical placement, completion of documentation Emotion - Contention (due to conflict of needs)	Clinical placement; Mentor
4	10	It's like the day before you leave the mentor says "oh come on we'll fill your book in now", "let's do this date, what date did you start?"	1. <i>Completing documentation</i>	1. Last minute thought 2. Devaluing the student / process	010 describes having her mandatory documentation being left until the end of placement, with her mentor even back-dating some of the paperwork. This can leave a student feeling a low priority, devalued and even like a chore/burden to the mentor.	Touchpoint - Clinical placement, completion of documentation Emotion - devalued	Clinical placement; Mentor;
5	14	It's very impersonal, you're made to feel like a burden.	1. Impersonal 2. Burden	1. Mentor indifferent and disinterested 2. Student a chore to be dealt with	When something feels impersonal it can feel detached, lacking connection, emotion or warmth as opposed to something that feels personal (relate or belonging to). Thus 010 could be describing the way her paperwork is completed (last minute / back dated) as not truly relating directly to her (her performance / character / skills etc.)	Touchpoint - Clinical placement, completion of documentation Emotion - devalued / detached	Clinical placement; Mentor

Appendix 17: Post-it note comments from the student emotional touchpoint mapping event

Number of post-it notes	Touchpoint	Post-it notes comments	Negative Emotion words/phrases	Positive Emotion words/phrases
6	Mentor support	<p>2 out of 4 of my placements I have had a mentor who wasn't as helpful as they could have been. Some mentors don't have time for their students, and it can be a fight to get your PAD (Placement Assessment Document) signed (<i>Participant 009</i>)</p> <p>I was in a car accident with my backup mentor and informed her that I was going for physiotherapy she made it obvious by telling a patient in my presence that she thought I was wrong! The rest of the placement became untenable (<i>Participant 010</i>)</p> <p>Mixed mentors, sadly some of them have no interest in showing you anything or teaching you. I spent a whole placement finding my own things to see, learn and partake in (<i>Participant 011</i>)</p> <p>My mentors have been a huge inspiration and improved part of my learning. They communicated well, checking all areas needed to learn were covered and supported (<i>Participant 012</i>)</p> <p>I had a strong clash with my mentor whilst on placement to the point where I felt intimidated and bullied! When I informed the PEF at the end of placement review, they were shocked and said they would "sort it". When I returned to placement my mentor then made it evident that they had been informed about what I had said! Confidentiality? (<i>Participant 014</i>)</p> <p>I feel that there should be a better system in place to monitor mentorship skills and the placement are appropriate and integrated (<i>Participant 014</i>)</p>	<ol style="list-style-type: none"> 1. Unhelpful mentors 2. Fight to have PAD signed 3. Untenable placement 4. Sad when mentors not interested in students 5. Strong clash with mentor 6. Feeling intimidated 7. Feeling bullied 	<ol style="list-style-type: none"> 1. Inspirational mentor 2. Mentors improved my learning
5	Academic staff	<p>Lecturers - Some are awful! (<i>Participant 010</i>)</p> <p>It must be hard talking to a room full of people, but lecturers need to be stricter. Tell us to shut up if you need to, you're all too nice...which is a good thing (<i>Participant 011</i>)</p> <p>Lecturers have mostly been approachable. However (lecturers) reading off a PowerPoint I feel it isn't as easy to take in the info. The lecturers who bring in experiences help (me) gain the understanding of the area (<i>Participant 012</i>)</p>	<ol style="list-style-type: none"> 1. Awful lecturers 2. Not easy to learn from PowerPoint presentations 3. Challenging emotional journey 	<ol style="list-style-type: none"> 1. Nice lecturers 2. Approachable lecturers 3. Lecturers respected by students

		<p>Lecture staff are very well respected. Their knowledge and guidance allow us to embrace this challenging emotional journey <i>(Participant 013)</i></p> <p>Sometimes I wish lecturers would take more hold (control) of the room and speak up, because it is hard to hear and they sometimes just continue lectures, but I feel it is hard to learn in those circumstances <i>(Participant 015)</i></p>	4. Hard to learn when lecturers not in control of their class	
5	Facilitated learning sessions	<p>I am a more practical learner and feel personally more clinical skills time would be welcomed <i>(Participant 009)</i></p> <p>Seminars are great in the 3rd year. Two home groups together, this allows diversity and extra opinions. The groups are still small enough to voice our opinions openly, as many wouldn't in the (large group) lectures <i>(Participant 013)</i></p> <p>Important sessions are self-taught! Feel isolated and sometimes like I'm at an open university <i>(Participant 013)</i></p> <p>I feel that taught sessions could have been timed differently to make sure relevant information is retained more effectively <i>(Participant 014)</i></p> <p>Clinical skills I feel that there isn't time for practical (practice) because the lecturers discuss and talk for a long time. Those that learn practically struggle to listen for a long time, and clinical skills sessions are sometimes rushed <i>(Participant 015)</i></p>	<ol style="list-style-type: none"> 1. Feel isolated doing directed study 2. Struggles to listen during long sessions 3. Feel clinical skills rushed 	1. Great seminars when combined with other Home groups
4	Academic advisor support	<p>I have found my home group tutor to be a huge help to me, she even helps support me with my recent job application <i>(Participant 009)</i></p> <p>Had a change of Personal tutor – (had) felt connected to the first tutor <i>(Participant 010)</i></p> <p>When I've emailed with personal reasons my home group tutors been very understanding and supportive. Wish we had more home group meetings for questions or clarity, we are more open in them <i>(Participant 011)</i></p> <p>I personally feel that home groups are more than sufficient. If I required a personal one-to-one, I would arrange this with my home group tutor <i>(Participant 013)</i></p>	-	<ol style="list-style-type: none"> 1. Academic advisor a huge helped 2. Supported by Academic advisor 3. Connection formed with Academic advisor 4. Academic advisor understanding 5. Academic advisor supportive

4	Administrative support	<p>There has been a small number of occasions when I have emailed BrookHub regarding attendance and I haven't had a reply. It can become a concern where attendance is concerned (<i>Participant 009</i>)</p> <p>I was told by admin staff that I would have to produce my 'A' level certificate. I was really stressed and then spent nearly £60 on (replacement) certificates - the department didn't even look at them once I had them (<i>Participant 010</i>)</p> <p>There's been many times I've just been marked absent and I'm unsure why, maybe it's my card, they've (BrookHub) always been polite and sorted it for me, no problems (<i>Participant 011</i>)</p> <p>I felt until year 3, maybe end of year 2, the role for brook, they sorted all concerns out. Placement unit don't communicate well. Placement [unit] communication I find difficult (<i>Participant 012</i>)</p>	<ol style="list-style-type: none"> 1. Concern about lack of communication from administrative staff 2. Stressed about being asked to do something unnecessary 3. Communication difficult with Placement unit 	<ol style="list-style-type: none"> 1. Administrators polite and sort problems
4	Using the University Facebook pages	<p>Facebook is one of the biggest stressors at assignment time! (<i>Participant 010</i>)</p> <p>It's good when you first start to see/meet new people, however there are too many mean comments about lecturers/lessons. People give out wrong info and people worry more (<i>Participant 011</i>)</p> <p>Facebook should be banned, awful! (<i>Participant 012</i>)</p> <p>Facebook is very negative social site and opinions get voiced, especially regarding misinformation (<i>Participant 013</i>)</p>	<ol style="list-style-type: none"> 1. Facebook adds Stress 2. Facebook awful should be banned 3. Facebook makes people worry more 4. Facebook a negative social site 	<ol style="list-style-type: none"> 1. Facebook good for meeting people
4	Assessment Feedback	<p>I don't feel that assignments are marked fairly. Lecturers' views can vary, and one person may have a different opinion to another (Lecturer) on assignment guidance (<i>Participant 009</i>)</p> <p>Every lecturer is different with feedback. Some give me hardly anything, some give you paragraphs! (<i>Participant 011</i>)</p> <p>I feel the feedback given depends on the marker. Talking to others (students) there doesn't feel much consistency (<i>Participant 012</i>)</p> <p>I found the style / amount of feedback to vary quite dramatically (<i>Participant 014</i>)</p>	<ol style="list-style-type: none"> 1. Assignments marked unfairly 2. Inconsistency feedback amongst lecturers 3. Feedback varies dramatically 	-
4	Qualifying	<p>I think placement experience can influence how prepared you feel about qualifying. I think the coming third year OSCEs will prepare me for qualifying, however I am very nervous (<i>Participant 009</i>)</p> <p>I feel that some newly qualified nurses have something to prove and can't understand how they can't remember that only a few months ago they were students! (<i>Participant 010</i>)</p>	<ol style="list-style-type: none"> 1. Nervous about qualifying 2. Jump from student nurse to qualified daunting 	<ol style="list-style-type: none"> 1. Placement experience can prepare students for qualifying

		<p>I think the jump from third year student nurse to qualified is daunting. I hope I have lots of support in my new job and I'm not expected to know it all straight away (<i>Participant 011</i>)</p> <p>As a 3rd year qualifying still feels a little away. The preparation Uni is offering doing the OSCE (NU3359), exams etc. I feel is ticking a lot of the boxes of the areas I was unsure about (<i>Participant 012</i>)</p>		
4	Module Assessment Group Support (MAGS)	<p>I don't find Group Assignment supervision not as supportive as individual supervision, sometimes I leave feeling more confused! (<i>Participant 009</i>)</p> <p>I've found that for quieter people, or people who are shy, Group supervision means they miss out (<i>Participant 010</i>)</p> <p>I feel the Group Assignment supervision are a waste of time. Difficult to get questions over as too many in the group. I feel this hasn't helped my development in assignments (<i>Participant 012</i>)</p> <p>I don't feel that group supervision is as supportive as individual supervision (<i>Participant 014</i>)</p>	<ol style="list-style-type: none"> 1. Individual supervision more supportive than MAGS 2. MAGS leave me feeling Confused 3. Quieter people miss out during MAGS 4. MAGS a waste of time 5. Difficult to ask questions in large group 6. Unhelpful with assignment development 7. MAGS less supportive than individual supervision 	-
3	Module assessments	<p>I am better in placements and learning hands-on. The amount of theory is overwhelming. I understand we need to know, and nurses are trained to do a lot more now, but sometimes I think I'm training to be a doctor (<i>Participant 011</i>)</p> <p>Anatomy and physiology units were a big eye opener. I felt it very difficult to understand, and in year 1 out of my depth! Things all fell into place in the 2nd year and my understanding developed (<i>Participant 012</i>)</p> <p>I thoroughly enjoyed the ethics lectures and found it an interesting part of the course. I got a good result for my assignment which reflected my enjoyment of the module (<i>Participant 012</i>)</p>	<ol style="list-style-type: none"> 1. Amount of theory is overwhelming 2. Anatomy and physiology difficult to understand 3. In year 1 out of my depth 	<ol style="list-style-type: none"> 1. Things fell into place in the 2nd year / developed understanding 2. Good assignment result reflected enjoyment of the module

3	Virtual learning environment (e.g. Blackboard)	<p>No problems (with Blackboard) just wish PowerPoints were uploaded with lecturer talking over for extra information, better for revision (<i>Participant 011</i>)</p> <p>The structure on blackboard is easy to navigate. Wishful in thinking here – all PowerPoints to be uploaded prior to the session as this helps me focus on the content. Avoid 83 pages of pdf, we can't amend them (<i>Participant 013</i>)</p> <p>Blackboard is scary to look at and it isn't always clear where you need to go, but once you've played around (with it) it's really beneficial and helpful. The materials on Blackboard...depending on the lecturer (who has uploaded it)...can be more helpful, so upload more resources (<i>Participant 015</i>)</p>	<ol style="list-style-type: none"> 1. Blackboard is scary 2. Blackboard is unclear 	<ol style="list-style-type: none"> 1. Blackboard is easy to navigate 2. Thoroughly enjoyed the ethics lectures 3. Material on Blackboard can be helpful
3	Home group contact / meetings	<p>When I've emailed with personal reasons my home group tutors been very understanding and supportive. Wish we had more home group meetings for questions or clarity, we are more open in them (<i>Participant 011</i>)</p> <p>I personally feel that home groups are more than sufficient. If I required a personal one-to-one, I would arrange this with my home group tutor (<i>Participant 013</i>)</p> <p>I feel well supported in home group meetings. However, I feel that a taught session may develop a stronger relationship as there are not many home group sessions over the course (<i>Participant 014</i>)</p>	-	<ol style="list-style-type: none"> 1. Academic advisor understanding and supportive is scary 2. I feel well supported
3	Course enquires / Interview and selection process	<p>In comparison to other interviews UCLan offered a far better personal experience, took away some of the anxiety due to the group session (group interviews) this made me feel relaxed and able to contribute as me easier (<i>Participant 012</i>)</p> <p>The interview was structured and professional, extremely compassionate towards all potential students (<i>Participant 013</i>)</p> <p>I only got an interview at UCLan, but it was my first choice, so I was pleased. I'd changed course last minute so was happy I'd got on the course I'd wanted. When I came for my interview, they weren't expecting me as my name wasn't on the list. I was a little embarrassed (<i>Participant 015</i>)</p>	<ol style="list-style-type: none"> 1. Not expected for interview so felt a little embarrassed 	<ol style="list-style-type: none"> 1. Took away some of the anxiety 2. Made me feel relaxed 3. Pleased to get an interview at UCLan 4. Happy I'd got on the course I'd wanted
3	Transition into year one - Welcome week	<p>The huge lecture room was very intimidating. Very difficult to concentrate, so many students. However, I was here something I felt a huge achievement for (<i>Participant 012</i>)</p> <p>Welcome event was absolutely amazing (<i>Participant 013</i>)</p> <p>The huge lecture was a little daunting for me and what I was used to, which was small groups in classes. It put me off a little bit, but as the week went on and we met our home groups it was easier and more welcoming (<i>Participant 015</i>)</p>	<ol style="list-style-type: none"> 1. Huge lecture room intimidating 2. Difficult to concentrate with so many students 3. Huge lecture daunting 	<ol style="list-style-type: none"> 1. Welcome event was absolutely amazing 2. Thoroughly enjoyed the ethics lectures

				3. Meeting our home groups made it easier and more welcoming
2	Transition into year two	I found the beginning of year 2 quite a shock! Year 1 seemed so easy (Participant 009) Second year is a huge jump compared to year 1, not prepared for it either. 3rd year I do feel very much left on your own. I'm disappointed with this as this is when you need additional support (Participant 012)	1. The beginning of year 2 quite a shock! 2. Not prepared for year 1 3. Feel very much left on your own 4. Disappointed with year 3	
2	Transition into year three	I feel Competent and achieved reaching my goal (Participant 013) I feel abandoned in year 3 (Participant 014)	1. I feel abandoned	1. I feel Competent
2	First clinical placement (subsequent clinical placements)	I felt at a disadvantage in placement being older! (Participant 010) Wish placements were selected better. I had orthopaedics twice, then rehab which was patients from orthopaedics! I'm going into year 3 and just getting my first medical ward. (Participant 011)	1. Feeling disadvantaged for being a mature student	-
0	Practice Education Facilitator (PEF) support	No post-it note comments	-	-

Appendix 18: Comments' student participants strongly agree with

Touchpoint	Comment	Strongly agree	Total number of sticker stickers
Academic staff	I love it when we have a strict lecturer or one that goes "shhh" because it's not fair on the people who want to take notes and learn. There are certain lecturers who I know we will get a good lecture today because you know people won't get away with it.	6	6
Facilitated learning sessions	Clinical skills are so valuable, and we feel there should be more in programme. I know it's difficult as there is so much theory for us to go through but if more clinical skills could be built in that would be fabulous	5	5
Course enquires / Interview and selection process	I came for my interview and got accepted - it was very scary in the interview because it's so nerve-wracking. Obviously, I did like the system because you have your personal one-to-one interview, and you have a large group (interview) and that's good if you've got a strong character - but we had one really strong character, and other people couldn't get a word in.	5	5
Transition into year three	It's been a struggle for sure. There's been a few times where I've thought of quitting. I think everybody has at some point.	5	5
Transition into year two	You get through the first year and you feel like you're on top of the world and then the second year knocks you back down because it is really hard, and you have to stay focused	4	4
Qualifying	Nervous! Very excited, can't wait but very nervous at the same time because all of a sudden, you've got that full responsibility.	4	8
Qualifying	It's exciting to think that I've done two years I'm coming to the end because I know it goes really quickly. Everyone says third year you blink, and you missed it!	4	
Facebook	Well I've left the Facebook group now because everything was just irritating me! It went through a big thing of people moaning and bitching about people talking in lectures, then there's been other bits of things on there as well, and I just thought it's a bit unprofessional for people to be talking that way in a group were lecturers and other people in your course can see	4	4
Welcome week	It was brilliant, absolutely brilliant. It was hard going but I think that's because I'm not used to sitting in lecture halls. They had planned so much, and it was so informative, but it was a really good idea. I felt a bit blagged by the end of it and my head was a bit!!!	4	4

Appendix 19: Comments' student participants strongly disagree with

Touchpoint	Comment	Strongly disagree
Academic staff	For example, there's a lecturer who is very grumpy - I call him the grumpy-saurus-rex because he's very moody - and there's been some incidences during lectures when he's been absolutely out of line, and I get very, very frustrated when there are incidences where I think if I had behaved like you, I would be in so much trouble, and I wouldn't get away with it, but you have	3
Mentor support	My mentor was fantastic, she was always challenging me, not challenging me in a nasty way, but the way that she was with me it made me want to go and learn	2
Module Assessment Group Support	I've also found as well the group supervision for the essays, I've found that supportive as well.	2

Appendix 20: Post-it note comments from the key stakeholder emotional touchpoint mapping event

Number of post-it notes	Touch point	Post-it notes comments	Negative Emotion words/phrases	Positive Emotion words/phrases
8	Transition into year one - Welcome week	<p>If students can't commit to week one, it's disappointing! As a professional in training they need to commit to that mindset from day one! KS001 (KS007 added to this post-it note - However, is this more widely perceived? Do we need to change the labelling of the welcome week to reflect the importance?)</p> <p>Concerned [about] students view! May need to involve admin team in welcome week KS002</p> <p>I'm annoyed that some students attending a professional program in a community like University don't want to engage in all the events offered [Welcome week] KS003</p> <p>Just how important is welcome week? Over the years welcome weeks have been diluted somewhat, but it's cleared here how we need to get it right! What we class as transition? Where does it begin and end? How do we support students other than welcome week? KS004</p> <p>Very proud to hear how welcome week was amazing, it really is a crucial time for university to get it right KS004 (KS006 added to this post-it note - Absolutely agree, first impressions, starting positive)</p> <p>We need to make sure students know what is involved in welcome week, encourage to attend KS005</p> <p>Large lecture theatre – difficult to hear how it makes students feel daunted/fearful KS006</p> <p>This shows the importance of a good welcome week. We show ourselves... During the interviews... And we must carry that on in welcome week! KS007</p>	<ol style="list-style-type: none"> 1. Its disappointing 2. Concerned about student views 3. I'm annoyed [student's don't turn up to welcome week] 4. Difficult to hear students feel daunted / fearful 	<ol style="list-style-type: none"> 1. Proud hear how welcome week was amazing
5	Academic staff	<p>It's not being strict, it's firm but fair, to create a learning environment it's a professional course and whilst adults should the nursing want to learn social spaces of the socializing. I like lots of discussion not chat about the night before. It is learning professional values that transfer to the ward environment KS002</p> <p>I'm glad that a majority of students appreciate the difficulty academic staff experience in keeping everyone engaged KS003</p> <p>Disgusting! Grumpy lecturers – really? Does not seem appropriate for this to be evident for students to pick up on – this will impact on the learning KS004</p>	<ol style="list-style-type: none"> 1. Disgusting, grumpy lecturers! 	<ol style="list-style-type: none"> 1. Nice to have validation of a job well done 2. Glad students appreciate academic staff

		<p>Professional course – parent to parent relationship – don't want to have a parent-child relationship – respect both ways – student comments about lecturers to be more “stricter” – ground rules – engaging students interesting sessions KS006</p> <p>It's really nice to have validation of a job well done KS007</p>		
5	Academic advisor support	<p>Consistency of support from staff is disappointing! Over delivering can raise expectations beyond what can be delivered, and we need to take care that we get the balance between support and empowerment KS001</p> <p>Disappointing to hear the disparity in support/connection with personal tutor. This role can often contribute to building students resilience and ability for success KS002</p> <p>How sad when students do not know their personal tutor, it does happen but the impact of it is fast, very sad! KS004</p> <p>It's a shame that the students did not feel supported by the home group tutor. Academic adviser support, the outdoor education days, especially when held near the start of the course encourages bonding and strong group identities KS005</p> <p>Importance of home group tutors by students – ensuring basics right, knowing each student's name – difficulties encountered when having three home groups, two is enough – some students need additional support – need to factor in time when students need it KS006</p>	<ol style="list-style-type: none"> 1. Inconsistent support from staff disappointing 2. Disparity of staff support disappointing 3. Sad when students do not know their personal tutor, very sad 4. A shame students feel unsupported 5. Difficult when Academic advisors have too many Home groups 	
4	Mentor support	<p>I think mentors need to be supported with more than annual updates in terms of development. They are not necessarily teachers as they are qualified nurses – it's a skill (teaching) KS002</p> <p>Upsetting to read about poor mentors, kind of makes me angry – I was a good mentor so it's sad when students do not get good experience! This is their dream, to be a nurse – we need brilliant mentors! KS004 (KS002 added to this post-it note - Totally agree)</p> <p>Sad feeling regarding some mentors not being supportive – placement support – perceptions of student support in placement – exploring the bigger picture KS006</p> <p>Sad to hear that a mentor could be lax! I will be interested to hear in what way? KS007</p>	<ol style="list-style-type: none"> 1. Upsetting to read about poor mentors 2. Makes me angry 3. It's sad 4. Sad feeling 5. Sad to hear 	
4	Administrative support	<p>Very disappointing to hear that placement communication was difficult. More disappointing that this was not escalated to staff to allow this to be addressed to improve experience KS001</p>	<ol style="list-style-type: none"> 1. Disappointing to hear 	

		<p>Concerned [about] students view! May need to involve admin team in welcome week KS002</p> <p>I'm frustrated that the admin role and support available is not clear enough to students, not necessarily anything that can be easily rectified as it covers so many elements KS003 Students have no knowledge of what the admin team actually do and that makes me feel undervalued and unimportant KS003</p>	<p>2. Concerned [about] students view</p> <p>3. Frustrated the admin role not clear to students</p> <p>4. Feel undervalued and unimportant</p>	-
4	Using the University Facebook pages	<p>Good to hear the student voice re-Facebook and that their frustrations are the same as ours KS001</p> <p>I'm glad that students agree regarding consequences of use of social media inappropriately in terms of where to get academic answers KS002</p> <p>I'm relieved to hear that some people are aware that Facebook can do more harm than good and is not the best place to seek support KS003</p> <p>Digital forums have a place but it can create confusion with so many students voicing their opinions – I can see why students opt out! KS004</p>	-	<p>1. Good to hear the student voice</p> <p>2. Glad students agree regarding social media</p> <p>3. Relieved students aware of harm related to Facebook use</p>
4	Assessment Feedback	<p>Need to focus on the purpose of feedback – maybe we need to rephrase what it's called. It's disappointing that so much commitment to someone's attainment is viewed so negatively KS001</p> <p>The new marking standards will follow learning outcomes/the feedforward should address some of these issues KS002</p> <p>I think students' expectations of how much feedback is given is difficult to judge for markers KS003</p> <p>Sad to hear that we might not be managing expectations enough KS007</p>	<p>1. Disappointing feedback viewed negatively</p> <p>2. Students' expectations difficult to judge</p> <p>3. Sad expectations not being managed</p>	-
4	Module assessments	<p>Individual supervision does not aid progression, sad that the message of the effect on attainment has not been taken on board KS001</p> <p>More work may be needed before students transition to higher education around what it will be like. New services such as academic coach could help with this KS002</p> <p>Some students seem ignorant of how much of the actual job relies on academic ability KS003</p>	<p>1. Sad</p>	-

		Having previous care experience isn't always a good thing. Think of a clean slate and not having any bad habits KS005		
4	Transition into year three	<p>Sad that student's feelings about support and quitting in terms of transition into year three are as such. Reminders of why and the work of a degree seem to be lost when??? KS001</p> <p>Really sad to hear students felt alone and unsupported, maybe students don't always see support until its really needed rather than knowing it's there. Also this could be around their expectations, especially if previous education 'spoon fed' method of teaching and learning! KS002</p> <p>Abandoned in year three! Very sad to hear this, too much directed study and workbooks and a lack of timetabled sessions isn't good! KS004</p> <p>Year three, good to hear this feedback but there are lots of support mechanisms in place. This is when you should be coming into your own! Perhaps a reminder pre-year three of who is there to help KS005</p>	<p>1. Sad students felt like quitting</p> <p>2. Really sad students feel unsupported</p> <p>3. Very sad students feel abandoned in year 3</p>	1. Good to hear this student feedback
2	Transition into year two	<p>I'm concerned that students going into second year feel unprepared. Throughout year one they are made aware that year two will be far more challenging KS003</p> <p>Concerned we may not be supporting our mature students enough academically. But what constitutes 'enough' support in adult learning? KS007</p>	<p>1. Concerned students feel unprepared</p> <p>2. Concerned about the support of mature students</p>	-
2	Facilitated learning sessions	<p>Affirmation of what I know! Students always love skills – they see the need for the job, they struggle with the fact they need to know the AMP to underpin some skills and nursing management. Also, if they want to develop post-qualifying i.e. two advanced clinical practitioner they need firm foundations they can build on.... may help this KS002</p> <p>It's nice to hear honest feedback from students about lectures. You don't always feel that the feedback you get is completely honest KS007</p>	-	<p>1. Affirmation</p> <p>2. Nice to have student feedback</p>
2	Virtual learning environment (e.g. Blackboard)	<p>Experiential learning – developing skills on blackboard – encourages students to use every opportunity KS006</p> <p>Importance of communication between home group tutor/personal tutor/academic advisors and students – issues with Facebook – approachable staff so students can ask the questions post a discussion on boards KS006</p>	-	-

1	Qualifying	Changing mindsets in the NHS is needed – sad to hear that upon qualifying students already feel unhappy and intimidated – no wonder we have 40,000 vacancies! KS004	1. Sad students feel unhappy and intimidated when qualifying	-
1	Module Assessment Group Support (MAGS)	Group supervision should be supportive and successful – makes you think about year one again and question are we really embedding the skills needed to study independently! KS004		
1	Course enquires / Interview and selection process	Happy to hear that UCLan provided a more positive experience for interviewing compared to other universities KS007	-	1. Happy UCLan provided a positive experience
1	First clinical placement (subsequent clinical placements)	First weeks in placement are about putting everything you have learnt in unit into use KS005	-	-
1	Practice Education facilitator support	Gap in comments related to PEFs is significant - but relates directly to the role of the PEF KS001	-	-
0	Home group contact / meetings		-	-

Appendix 21: Comments key stakeholder participants strongly agreed with

Touchpoint	Comment	Strongly agree	Total number of sticker stickers
Course enquires / Interview and selection process	In comparison to other interviews UCLan offered a far better personal experience, took away some of the anxiety due to the group session (group interviews) this made me feel relaxed and able to contribute as me easier.	3	3
MAGS	I went to group supervision with her and she really broke it down for me, and afterwards it made so much more sense	3	3
Qualifying	Nervous! Very excited, can't wait but very nervous at the same time because all of a sudden you've got that full responsibility.	2	8
Qualifying	I'm a little bit scared to go into being a qualified nurse but you know I do feel quite prepared	2	
Qualifying	As a third year qualifying still seems a little away. The preparation Uni is offering during the OSCE exams etc I feel is ticking a lot of the boxes of the areas I was unsure about	2	
Qualifying	I think our coming OSCE will prepare me for qualifying. However, I am very nervous!	2	
Academic staff	I love it when we have a strict lecturer, one that goes "shush" because it's not fair on the people who want to take notes and learn. There are lecturers who I know we will get a good lecture today because you know people won't get away with it	2	4
Academic staff	I think the lecturers are all very approachable and you can go to any of them if you need to talk to them. You know they want you to do well	2	
Welcome week	Welcome event was absolutely amazing	2	2
Course enquires / Interview and selection process	The interview was structured and professional, extremely compassionate towards all potential students	2	2
Virtual learning environment	On the whole blackboard is quite easy to use	2	2
Facilitated learning sessions	I quite enjoy clinical skill sessions because it feels like you're allowed to make mistakes, you know you're learning in an environment where everyone is the same	2	2
Mentor support	You're not on your own, I've had 2 out of 4 of my placements I've had a mentor that hasn't been as helpful as they could have been. But I think it's difficult because obviously hospitals are just so overwhelmed at the moment. But it's just difficult for the student because you don't want to intrude when they're busy with something. You're fighting to get your competencies signed off, or you just want to have a chat with them sometimes and it's just hard to find that time	2	2

Appendix 22: Comments key stakeholder participants strongly disagree/felt saddened by

Touchpoint	Comment	Strongly disagree / saddened by	Total number of sticker
Transition into year three	It does feel like an open university at the moment, that's what I'll say. It feels like an open university, self-taught teaching right now. And if I wanted to do an open university course I would have applied for one! That's our opinion from studying at college to this. I do feel...we are older adults aren't we...but we do need extra knowledge and understanding and more depth in what we're doing	4	4
Transition into year three	I feel abandoned in year three	4	
Mentor support	I was in a car accident with my backup mental and informed her that I was going for physio. She made it obvious by telling a patient in my presence that she thought I was wrong. The rest of the placement became untenable!	4	4
Clinical placements	I felt at a disadvantage in placement being older!	3	3
Home group tutor	I've never had a personal tutor say "is everything alright?" (Participant 010) I don't even think my personal tutor knows my name (012 turns to participant next to her and asks) does your personal tutor no your name? (Participant 012)	3	5
Home group tutor	One of the things that I think could possibly be done differently is with the home group, I personally feel like I have maybe seen my home group tutor twice. I highly doubt she knows who I am from anybody else, I don't think she really knows any of us by name	2	
Academic staff	For example, there's a lecturer who is very grumpy - I call him the grumpy-saurus-rex because he's very moody - and there's been some incidences during lectures when he's been absolutely out of line, and I get very, very frustrated when there are incidences where I think if I had behaved like you I would be in so much trouble, and I wouldn't get away with it, but you have	2	2
Welcome week	I didn't come to welcome week, I suppose in my eyes I thought it was just for people that drink, and I don't really drink, so I just thought I wouldn't be able to get involved, so I just thought 'well there's no point! So when it came to the large group lecture days I did feel like 'Oh God' I wish I had come to welcome week really!	2	2
Clinical placements	Wish placements were selected better. I had orthopaedics twice, then rehab which was patients from orthopaedics! I'm going into year 3 and just getting my first medical ward. Mixed mentors, sadly some of them have no interest in showing you anything or teaching you. I spent a whole placement finding my own things to see, learn and partake in	2	6
Clinical placements	The first couple of weeks I learned as much of my placement as what I'd done those first few months at uni!	2	
Clinical placements	You're not on your own, I've had 2 out of 4 of my placements I've had a mentor that hasn't been as helpful as they could have been. But I think it's difficult because obviously hospitals are just so overwhelmed at the moment. But it's just difficult for the student because you don't want to intrude when they're busy with something. You're fighting to get your competencies signed off, or you just want to have a chat with them sometimes and it's just hard to find that time	2	
Qualifying	I feel that some newly qualified nurses have something to prove, and I can't understand how they can't remember that only a few months ago they were students!	2	2
Transition into year three	It's been a struggle for sure. There's been a few times where I've thought of quitting and that's just honest. I think everybody has at some point	2	2
Assessment feedback	I don't feel that assignments are marked fairly. Lecturer's views can vary, and one person may have a different opinion to another on assignment guidance	2	4
Assessment feedback	I got that one back and there was SO much feedback on it, it literally felt like 'oh my gosh how have I even managed to write the title' And as well with the feedback, probably more the way that I've interpreted the feedback, it felt very negative to me. It wasn't like... they could have spun it with a little bit of a positive, they could have said I'd used the right font or something like that (student laughs). I just felt that it was just like 'this is bad, that's bad, that's bad' that type of thing 'this isn't right, that isn't right' and it was all stuff like referencing and things like that, which on my first one I'd had no comments about. It made me cry. It made me question if I should still be doing the course or not if my academic writing was that bad that I was getting everything wrong from grammar to structure to referencing. All these different things wrong?	2	