



Research article

It's a hard process – Nursing students' lived experiences leading to dropping out of their education; a qualitative study

Jette Soerensen^{a,*}, Dorthe Susanne Nielsen^b, Gitte Thybo Pihl^c^a Med in Health Promotion and Education, UCL University College, Odense, Department of Occupational Therapy and Nursing, Denmark^b Migrant Health Clinic, Department of Geriatric Medicine, Odense University Hospital, University of Southern Denmark, Denmark^c UCL University College, Vejle, Department of Nursing, Denmark

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ABSTRACT

Background: Dropout from nursing education is a serious problem worldwide. Student nurse attrition has a profound effect not only on the nursing profession and patient care, but also on the students themselves. Dropout is recognized as a complex phenomenon that has multiple causes. A more detailed and nuanced understanding of the complexity behind dropout is needed if we are to retain more nursing students.

Aim: To explore the students' experiences and considerations before dropping out and their reflections after dropping out to gain a deeper understanding of the factors that prompted them to leave their nursing education.

Design/method: A qualitative explorative design inspired by Gadamer's philosophical hermeneutics was used to explore the students' lived experiences and considerations concerning dropping out. Qualitative telephone interviews were conducted on 15 nursing students.

Results: The analysis revealed three main themes that disclosed and elucidated the nursing students' reasons for dropping out: (i) Resources to make a difference and help others; (ii) Clinical practice was more demanding than expected; (iii) The learning environment was important – the social environment was essential.

Conclusion: The students encountered a lack of support to deal with the difficult emotions that arose when witnessing serious illness and death. They expressed feeling overwhelmed by their vulnerability and called for support to develop resilience. The social environment and a sense of belonging to the nursing profession were cited by students as being essential to this support.

1. Background

Dropout from nursing education contributes to the shortage of nurses and poses a challenge to quality of care, patient safety, and patient satisfaction (Aiken et al., 2014; Ausserhofer et al., 2014). Dropping out of a nursing degree program also puts a strain on the nursing student, who has invested time, effort, and resources in an interrupted course of study (Troelsen, 2011). High dropout rates in nursing education are a problem worldwide but vary between countries, ranging from 9 % in Finland (Kukkonen et al., 2016) to 25 % in Britain (Fowler and Norrie, 2009), and from 10 to 42 % in Australia (Gaynor et al., 2007). The nursing program at UCL University College in Denmark is also experiencing a rising dropout rate in the first three semesters, which increased from 11 % in 2016 to 20 % in 2018. The same trend is occurring in other university college programs throughout Denmark (Hundborg et al., 2019; Styrelsen for Forskning og Uddannelse, 2018).

Dropout from nurse education cannot be attributed to a single factor (Gaynor et al., 2007; Bager-Elsborg et al., 2019), and no common definition for dropout exists (Eick et al., 2012). Moreover, educational institutions and society lack clear measures for retaining students (Troelsen, 2011; Larsen et al., 2013; Kehm et al., 2019). Vincent Tinto, an American sociologist in the field of higher education, developed a model of student departure (Tinto, 1975). Tinto describes dropping out as a process that occurs over time. He also points out that social and professional integration affect whether students continue their studies and that the first year of the educational program is crucial to this decision (Tinto, 2017). If dropout can be considered a process, then which factors have an impact on that process?

Several studies suggest that the factors leading to dropout from nursing education are a combination of student characteristics. Being relatively young or being a male is associated with a higher risk of dropout (Gaynor et al., 2007). Another set of factors concerns academic

* Corresponding author.

E-mail addresses: jeso@ucl.dk (J. Soerensen), dorthe.nielsen@rsyd.dk, dnielsen@health.sdu.dk (D.S. Nielsen), gtpi@ucl.dk (G.T. Pihl).<https://doi.org/10.1016/j.nedt.2023.105724>

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competence, where poor secondary school performance and low academic self-efficacy have been associated with dropout (Eick et al., 2012). Personal factors such as a poor ability to cope with stress or health issues (Kukkonen et al., 2016) and a low level of professional and social integration have also been associated with a higher risk of dropout (Bakker et al., 2019; Cameron et al., 2011b; Danmarks Evalueringsinstitut, 2018; Hundborg et al., 2019). A meta-synthesis concluded that nursing students experienced personal inadequacy, vulnerability and a transformation during their patient care encounter (Kaldal et al., 2018). These emotional experiences might result in stress and can be a reason for dropping out of nursing school (Bowden, 2008; Rella et al., 2009).

A cross-sectional study from Australia revealed that a student's grit was the only significant predictor of clinical and academic performance and that grit may be the key to understanding why one student succeeds and another quits (Terry and Peck, 2020). Other studies point to resilience as being pivotal to improving the retention rates of nursing students (Van Hoek et al., 2019; Lopez et al., 2018; Hughes et al., 2021). Resilience in nursing students is defined as "an individualized process of development that occurs through the use of personal protective factors to successfully navigate perceived stress and adversities. Cumulative successes lead to enhanced coping/adaptive abilities and well-being." (Stephens, 2013). The problem with this concept of resilience is that it is closely tied to personal factors and so the question becomes, how can we develop resilience in nursing students?

A qualitative literature review and thematic synthesis on how to develop resilience in nursing students showed that an educational culture of trustworthiness appears to be a catalyst for developing resilience in nursing students and that a variety of strategies can support nurse readiness (Amsrud et al., 2019). Experienced educators have witnessed that many nursing students seem to struggle with their identity and emotional insecurity, which could be seen as vulnerability. Vulnerability is defined as "the feeling we get during times of uncertainty, risk, or emotional exposure" and could be seen as the opposite of resilience (Brown, 2012). A qualitative study on the lived experiences of emotionally insecure students reports that misunderstandings between nurse educators and students might affect resilience and lead to feelings of shame in the student (Vestphal et al., 2020). This is supported and nuanced by a literature review on how to support the cognitive and emotional development of adolescent nursing students. The review discusses how the development of the students' identity in early adulthood affects their reasoning, judgment, and readiness to make decisions (Timbrell and Relouw, 2019). The authors question whether educators' expectations of students are appropriate, given that young nursing students are still in their adolescence. Moreover, the authors emphasize the need for more research on how we can better support the learning experiences of adolescent students and mitigate the burden of anxiety and other common mental health challenges that could lead to dropout. To do so, it would be beneficial to explore the students' perspectives.

Recognizing that building resilience is vital to preventing dropout, we have taken several initiatives to develop the students' resilience by offering a supportive environment at our university college. However, we still lack knowledge about the various factors that influence the dropout process. To help fill this gap, we decided to explore the students' perspectives on their lived experiences that led to their dropout.

2. Purpose

The aim of our study was to explore the students' experiences leading to dropout to gain a deeper understanding of their perspectives.

3. Methods

3.1. Design and theory

A qualitative explorative approach inspired by Gadamer's philosophical hermeneutics was chosen to explore the students' lived

experiences of dropout to gain a deeper understanding of their perspectives (Hansen, 2019). The interpretive approach allowed us to focus on finding new meaning and understanding about nursing students' experiences regarding dropout and to relate the results to relevant research and theories. Our pre-understanding of the explored topic was actively involved in the process and was shaped by our own education as nurses and nurse educators (Gadamer, 2007; Austgard, 2012).

3.2. Data collection

Author JS conducted 12 out of the 15 interviews, and author GT conducted the rest. The interviews were carried out by telephone, which enabled them to be scheduled at a convenient time for the participants (Glogowska et al., 2010). Each interview was conducted as a dialogue aimed at gaining meaningful knowledge (Brinkmann and Tanggaard, 2020). The interviews were based on a semi-structured interview guide (Kvale and Brinkmann, 2015) with open questions and dialogue. This allowed the participants to talk spontaneously and the interviewer to ask additional questions.

In line with Gadamer's philosophical hermeneutics that allows our pre-understanding to be actively involved, the interview guide was inspired by the literature, educational and clinical experiences with students, and Tinto's Institutional Departure Model (Tinto, 2016; Tinto, 2017; Gadamer, 1998).

Table 1.

We interviewed each participant once, no later than two to four weeks after they had left their education to ensure that they would be able to remember the details of their experiences and reasons for dropping out. The interviews lasted between 20 and 60 min and were audio-recorded and transcribed verbatim. Each participant was fully anonymized as an ID plus a number (ID 1, ID 2, etc.) to enable us to distinguish between participants during the analysis.

3.3. Setting

The study was conducted at a Danish university college located in a major city in Denmark. The curriculum comprises seven semesters, alternating between theoretical studies (57.5 %) and clinical education courses (42.5 %)(Uddannelses- og forskningsministeriet, 2016). Clinical education takes place at many different hospital and primary health care settings. The individual departments have clinical supervisors who are assigned to facilitate learning and support the students during their training in clinical practice. In Denmark, clinical supervisors must complete at least 1/6 Diploma of Health before they are qualified to supervise nursing students. The typical student-instructor ratio ranges from one to eight students per clinical supervisor.

Clinical education delivery should be characterized by a trusting relationship, where learning takes place through dialogue and reflection on practical issues so that students can acquire the skills and knowledge they need to care for patients (Uddannelses- og forskningsministeriet, 2016).

3.4. Participants

The participants were recruited during the second half of 2019. When students decided to drop out of the nursing program, they filled out an online form and were asked to indicate whether they wanted to elaborate on their reasons for dropping out in an interview. A total of 22 students agreed to elaborate on their reasons in the online form. Of these 22 students, 15 agreed to participate in a phone interview and 7 did not respond to our inquiry. Most participants were female and only two were male. The participants were between 21 and 32 years of age. Five students dropped out in the first semester, two in second, four in the third, two in the fourth, one in the fifth, and one in the sixth. All participants had been in the nursing program for at least 3 months.

Table 1
Interview guide.

Themes	Interview questions	Follow-up question
Dropout	Try to talk about your considerations about stopping the education (How has the process been?)	Can you elaborate? Did you talk to anyone when you got the idea? What could have made you continue with your education?
Motivation to apply for the study, youth education priority to apply	What is your background for applying to the education? Why did you choose to become a nursing student?	Can you tell me more about that?
Clinical practice	How have you experienced being an intern? How was a typical day like in your internship? Who did you follow? Your clinical supervisor?	Can you say something more about that? Tell me what happened. Can you give an example of what you are talking about?
The study environment	How have you experienced the study environment, your class?	Can you describe...? Can you tell me about an episode where you...? What happened? What worked well?—elaborate
The organization and content of the teaching, e.g. emphasis on theory, subject and method (organization of learning processes)	How have you experienced the way the teaching proceeds with lectures, classes and PBL in basic groups? How have you experienced the academic level to be for you?	You mention... Can you elaborate? Can you give an example? Exciting... tell more You mention... In what way? Is there a difference in which subjects? Elaborate on this.
Expectations for the study, the workload, the requirements in theory and clinic	How have your expectations for the education matched what you had intended	You say ... is not good. Is there anything good about it?
I would also like to ask you a little about your background before starting nursing education, if it's ok.	How old are you? Are you moving to the city? Where do your parents live? Are they working? Do you have siblings?	note: Some of these issues have been uncovered along the way.
Individual characteristics e.g. age, gender, parental background, siblings, educational and work experience		
Practice for withdrawal	How did you experience/feel about the process of having to drop out of your studies?	Did you get guidance?

3.5. Analysis

The interviews were analyzed using a hermeneutic approach inspired by cultural sociologist Lisa Dahlager and author Hanne Fredslund (Fredslund and Dahlager, 2015). The aim was to reach a deeper understanding of the considerations and reasons that caused nursing students to drop out.

The pre-analysis was conducted by authors JS and GTP and was later discussed with author DSN. The hermeneutic analysis was conducted in four steps. First, we read through all transcripts to get an overall sense of the data and then JS and GTP identified meaning units by ourselves, before we compared and discussed similarities and differences to validate the process. Second, we identified meaning categories together manually. Third, we operationalized the meaning categories into themes

in a dynamic movement between the meaning units and the whole meaning of the text. All authors were involved in this process to ensure our sensitivity to the participants' voice and challenge our pre-understandings. This movement from parts and back to the whole is the core of the hermeneutic circle. In the fourth step of the analysis, which is presented in the discussion section, the essence of the empirical findings was discussed with literature and recontextualized into a meaningful whole in order to fulfill the aim of the study (Fredslund and Dahlager, 2015; Green and Thorogood, 2018; Guzys et al., 2015).

We conducted the study within the framework of philosophical hermeneutics. The credibility was pursued through a consistent analytic logic (Polit, 2017). To establish rigour, all researchers were involved in the analysis process to clarify interpretations and examine each other's perspectives. We discussed the interpretation of each meaning unit to ensure our sensitivity to the students' voice and establish trustworthiness. Audio recordings were fully transcribed and the transcripts were cross-checked for accuracy against the audio recordings to ensure credibility of data. Transferability were achieved through a detailed description of participants and the use of quotes (Lincoln and Guba, 1985). Furthermore, we used The COREQ (Consolidated criteria for Reporting Qualitative research Checklist as a guideline to ensure rigorous research (Tong et al., 2007).

Table 2.

3.6. Ethical considerations

We conducted the study in accordance with the principles of the Helsinki Declaration (World Medical Association, 2013). A request to the Regional Committees on Health Research Ethics for.

Southern Denmark (The Regional Committees on Health Research Ethics for Southern Denmark, 2016) confirmed that no formal ethical approval was required for qualitative research (Case no. 20222000 – 177). All participants gave oral and written consent. Students were informed about the study and their right to withdraw from the study at any time. Audio recordings were deleted after transcription, and the transcripts were securely stored in accordance with the Danish Data Protection Agency's instructions on proper data management. Transcripts and notes were permanently deleted after the research project was completed.

4. Findings

See Table 3: Demographic details.

The analysis yielded three main themes. The first theme revealed that the students were motivated by a desire to make a difference and help others, but that they faced a lack of support in dealing with their

Table 2
Example of analysis.

1. Meaning units	2. Meaning categories	3. Operationalization (Theme)
I didn't think it was any fun. It happened that I arrived at the school and actually was very sad and did not say anything and nobody ever noticed [...] then when I got back home, no one there noticed me either. (ID 11)	Experiencing loneliness and lack of sense of belonging	"The learning environment is important, the social environment is essential"
This wasn't actually about me not doing well in class [...] it affected me psychologically that I had to attend class with some people where I did not feel I belonged. (ID 8)	Lack of social well-being	

Table 3
Demographic table of participants.

ID	Gender and age	Time of dropout	Educational background	New choice	Interview duration/ min: sec
1	Female, 22 years	After 1st semester	Upper Secondary Education	The professional bachelor program for teachers	20:43
2	Female, 22 years	After 1st semester	Upper Secondary Education	No plans	19:52
3	Male, 22 years	After 2nd semester	Upper Secondary Education	University	41:18
4	Female, 23 years	After 3rd semester	Higer Technical Examination	University	22:58
5	Girl, 22 years	After 4 th semester	Upper Secondary Education	University	19:43
6	Female, 29 years	After 4th semester	Higer Preparatory Examination	Social and Health Care training program	36:35
7	Female, 22 years	After 2nd semester	Higer Preparatory Examination	The professional bachelor program for occupational therapist	36:31
8	Female, 26 years	After 3rd semester	Upper Secondary Education	Pregnancy - planning to stay home with the child	49:22
9	Male, 22 years	Mid 1st semester	Upper Secondary Education	Working as pedagogical assistant in kinder garden	25:49
10	Female, 22 years	After 3rd semester	Upper Secondary Education	Education to become a cosmetologist	60:01
11	Female, 21 years	After 1st semester	Upper Secondary Education	Nursing Education, other college	30:13
12	Female, 32 years	After 6th semester	Upper Secondary Education	Social and Health Care training program	60:07
13	Female, 21 years	After 1st semester	Upper Secondary Education	Don't know	12:32
14	Female, 25 years	Mid 5th semester	Upper Secondary Education	Don't know	Writing answers due to technical problems
15	Female, 21 years	After 3rd semester	Upper Secondary Education	Don't know	14:17

vulnerability. Thus, the first theme was “*Resources to make a difference and help others.*” The second theme, “*Clinical practice was more demanding than expected,*” covers the challenges nursing students experienced when witnessing serious illness and a stressful clinical environment. The third theme was called “*The learning environment was important – the social environment was essential*” and covers descriptions of how the professional level and learning environment affect dropout and how dropout is affected by the student’s need for a supportive social environment.

4.1. Theme 1: “resources to make a difference and help others”

This theme revealed how the students wanted to make a difference to others and that this had served as the basis for enrolling in nursing studies.

The participants described how lived experiences had influenced their decision to become nurses and that they had been driven by a

desire to help others and make a difference. For some participants, nursing was their first career choice and had always been a dream. The incentive for other participants had been their own experiences with illness or interactions with people who were having a hard time.

We were in Africa and Cambodia and they are really, really poor there, so I was very interested in this thing of helping other people, and I could feel it was something I burned for.

(ID 9)

For some students, the decision to end their nursing education was associated with feeling emotionally exhausted. These students expressed that they had lost the motivation and energy to help others and make a difference to the patients.

Actually, it is mostly about the psychological aspect, at least for right at the moment. I feel a little broken, and I actually feel I have lost heart with regard to continuing.

(ID 8)

I just stood there thinking, I don’t know anything. So, I thought, what do I have to offer? In the end it was like self-loathing.

(ID 6)

For some participants, the pain and suffering from their own illnesses had become too overwhelming in clinical practice, even though it had been their incentive for helping others in the same situation.

My background was that I had been hospitalised and I wanted to help someone else just like I had been helped [...] but I think, after having begun the study, things became too direct in relation to what I could handle.

(ID 2)

The combination of their own vulnerability and other stressful factors such as illness in the immediate family, failed exams, or pregnancy led to feelings of loneliness, symptoms of stress, and overwhelm.

“I needed somewhere or someone to approach to get professional support and there was just nothing to find anywhere.”

(ID 7)

The students described a lack of personal and professional support in completing their studies, and they did not know how or where to get this support.

In reality, I probably needed someone to just pat me on the back and say, “You can handle this, no problem.”

(ID 12)

4.2. Theme 2: “clinical practice was more challenging than expected”

The analysis revealed how the students experienced their encounter with the hospital and clinical practice. This encounter was pivotal to the students and their choices. All participants described that their decision to stop education had been a long and hard process.

Some participants found their experiences with clinical practice to be particularly challenging. One student described it in these words:

I do not think you get well prepared in this education regarding death and grief, and I actually think it would be a good idea to bring it on in the first semester, maybe have a conversation about it and what you can expect when you get onto your internship.

(ID 1)

Witnessing serious illness and death was described as being emotionally challenging and deeply touching, and the students called for tools to help them deal with these difficult emotions and come to terms with their experiences.

It was just totally hard work with ill people, and I asked my counsellor if I could get some tools to assist me in dealing with this, and my teacher couldn't assist either; I had to think, we are there to help them. It just wasn't enough for me [...] The idea that it could be turned around, that there were other people who had the same thoughts as I did. I believe that would have helped, so you wouldn't go home feeling sad.

(ID 1)

Some students categorized themselves as highly sensitive people who lacked the competence or were too vulnerable to be in the nursing profession because they could not handle all the sickness, despite being passionate about helping others and wanting to become nurses.

I had a hard time letting go of the things I had experienced on the internship, and I took it very personally. And I could feel that it could not be like this for the rest of my life.

(ID 15)

The students were looking for someone to talk to about their experiences, and they wanted tools to handle the difficult emotions they encountered in clinical practice.

Feeling that they were responsible for life-and-death decisions was also overwhelming.

Everybody reacted so professionally, and the nurses were so attentive. Would I be able to do that? Would I be able to handle such a huge responsibility? Am I or will I manage to get that qualified that I can handle such an important job? [...]

(ID 14)

Several participants cited the busy and stressful working conditions in clinical practice as the reason for dropping out. Furthermore, they were overwhelmed not only by seeing people suffering, but also by the challenging working conditions in a profession that is supposed to care for human beings. As one student explains:

...of course you have to be professionally competent because you are working with people with illnesses and such [...] but this thing that you have the capacity to deal with the fact it is people you're working with so that it doesn't end up becoming like factory work – that they don't become objects, but that it is people you are dealing with.

(ID 13)

The busyness also affected the students' learning outcomes, especially when the clinical supervisor was unable to supervise the students or give them feedback due to work overload. Several participants had experienced clinical supervisors being so stressed that they forgot things.

The culture students encountered in clinical placement also affected their decision on whether to continue their education. When the students experienced health professionals speaking badly about patients or their fellow students, they became nervous about what was being said behind their own backs.

Some of the nurses were speaking badly about the patients. There were also some that told stories about former students, about how they had been no good at all. It made me very nervous, then what are they saying about me?

(ID 3)

Their experiences of not feeling accepted or respected as individuals and being talked about behind their backs instead of spoken to directly made them doubt whether they wanted to work in the nursing profession in the future. The participants emphasized that although they had not been verbally abused, they felt unwelcome and excluded from the communities of practice.

I was being criticised, I was being ridiculed and last week [...] while we were sitting in the employee break room, they were talking as if I was not there at all. Really, it was very uncomfortable.

(ID 12)

In clinical practice, students gain professional competence and encounter the values and cultures of the profession through different communities of practice. Unfortunately, experiences such as not being acknowledged or being talked about behind one's back lead to feelings of exclusion and concerns about being in the wrong field of study.

4.3. Theme 3: "the learning environment was important – the social environment was essential"

This theme describes how important students consider the social community and the learning environment to be.

Several participants found the workload to be enormous. This could have had a negative impact on the students who fell behind on tests because they felt they lacked the time or resources to handle it. Some of the students found that help and support were limited if they had to be retested or given a replacement assignment.

...When you made any requests at the school, you were told more or less by the teachers that if you did not like the smell of the bakery then you had better find another place. [...] It just slowly became a water well that you were drowning in.

(ID 7)

Unclear demands and feelings of being left alone without any support from supervisors or teachers combined with too much workload were described as crucial to the participants' final decision to leave their nursing studies. While the learning environment was described as being important, the participants expressed that the social environment was essential to their sense of belonging and motivation to continue with their education.

Several of the participants were newcomers to the city of education. They mentioned that they had arrived with high expectations of creating new relationships and communities and were disappointed when these expectations were not met.

I don't know, I was hoping that there would at least be one person I could really get along with.

(ID 7)

Dropping out was attributed to a lack of social well-being, and as one student stated:

This wasn't actually about me not doing well in class [...] it affected me psychologically that I had to attend class with some people where I did not feel I belonged.

(ID 8)

Some participants also described that drama in the classroom, the formation of cliques, and domineering fellow students created an uncomfortable social environment. These conflicts caused students to experience loneliness and a lack of a sense of belonging, and this was cited as one of the main reasons for the dropout.

I didn't think it was any fun. It happened that I arrived at the school and actually was very sad and did not say anything and nobody ever noticed [...] then when I got back home, no one there noticed me either.

(ID 11)

Some students found it challenging to deal with collaboration difficulties within the classroom. They felt embarrassed and devastated that they could not figure out how to collaborate appropriately.

[I] did not feel comfortable, which resulted in me becoming more passive in class. And when we had to do group work, nobody really

wanted to be with me in the group as they didn't think I would contribute much because I was passive, and my heart would start throbbing every time I had to say something in class.

(ID 8)

The students expressed that it was challenging not to be part of the social life during their nursing studies and to feel excluded. Furthermore, some of the participants pointed out that they felt particularly vulnerable because they had dyslexia or academic difficulties, or because they were male or had a different ethnic background, which reinforced their feelings of exclusion.

5. Discussion

The aim of our study was to explore the experiences of nursing students that led to dropout to gain a deeper understanding of their perspectives. Our findings resulted in three themes: "Resources to make a difference and help others," "Clinical practice was more challenging than expected," and "The learning environment was important – the social environment was essential."

Our findings in theme 1, "Resources to make a difference and help others," revealed that the students wanted to make a difference but felt that the combination of their own vulnerability and other stressful factors led to feelings of loneliness and symptoms of stress due to a lack of personal and professional support in completing their studies.

When analyzing data from the interviews, we realized that on the one hand, students were driven by a desire to make a difference and help others but on the other hand, they faced a lack of resources when having to encounter emotional challenges that arose during their studies. Another Danish study conducted by Vestphal et al. showed that students who felt emotionally insecure were at high risk of dropping out of their nursing educational program (Vestphal et al., 2020). They suggested focusing on supporting student resilience and pointed that within their vulnerability students might possess hidden resources which could support their resilience.

In our study, the students expressed being overwhelmed by their vulnerability and called for support and someone to talk to. Vestphal et al. showed that emotionally insecure students could easily feel shame; thus, they encouraged nurse educators to help clear up misunderstandings and to be curious about the students' hidden resources (Vestphal et al., 2020). Our students were not described as being emotionally insecure. However, they might have benefitted from having some support to clear up misunderstandings and the interest of a nurse educator to reveal their hidden resources and thus improve their resilience.

Some of the students in our study expressed that they did not feel competent enough to be nurses due to their sensitivity and emotional vulnerability. An integrative literature review on shame within the nursing discipline discusses how shame permeates the struggle for identity (Shaughnessy, 2018). If nursing education is viewed as a means of developing a professional nursing identity, shame is linked to the fear of not being good enough to be a part of the nursing community. Having good relationships with nursing educators could be protective in itself and foster student resilience. Hence, we suggest a shift from viewing vulnerability as a sign of weakness to viewing it as a way that nurse educators can help reduce shame and thereby strengthen the development of a professional nursing identity.

A systematic review and thematic analysis on building resilience in nursing students conducted by Amsrud et al. emphasizes the importance of a learning culture characterized by trustworthiness and good relationships between students and educators (Amsrud et al., 2019). Student resilience is developed in a learning environment where the educators serve as role models who exemplify the values and interpersonal skills students are expected to demonstrate in their nursing practice. Amsrud et al. also argue that educators must offer students attention, respect, and support with regard to their experiences and

emotions so that students can assume a professional role and focus on patients rather than on their own problems.

In theme 2, "Clinical practice was more challenging than expected," the students reported various stressors in clinical practice that affected their decision to drop out. Gibbons et al. suggested a tripartite categorization of nursing students' stressors – namely, personal, academic, and clinical – and discussed how these stressors influence the students' ability to care for patients (Gibbons et al., 2009; Gibbons et al., 2008; Gibbons, 2010). These categories are recognizable in our findings and highlight the importance of supporting students in dealing with the conditions that may cause them stress. Students seem to be particularly influenced by clinical stress, which they describe as a combination of witnessing serious illness and coping with a stressful working environment that allows no time for emotional debriefing. This is also in line with the findings of a review conducted by Chan et al., which revealed that a significant number of nursing students dropped out because of an unfriendly working atmosphere in the clinic and lack of support from their clinical mentors (Chan et al., 2019). The authors of the review suggest stronger collaboration between nursing faculties and those in the clinical field to ensure a satisfactory learning experience by providing clinical advice, more intensive clinical skills training, and emotional support. Our findings indicate that emotional support is particularly important.

Our study also revealed that nursing students were often asked to account for their knowledge at all hours of the day, sometimes in front of other professionals or patients. This made students doubt their competencies and ability to become good nurses. Similar findings have been reported in a study by Lehn-Christensen and Holen, who state, "this very dominant regime of examination seems to be only loosely connected to actual caring practices" (Lehn-Christensen and Holen, 2019).

In terms of becoming a caring nurse, Sandvik et al. (2014) highlight the importance of students having a caring and trustful relationship with the clinical supervisor and ample time to reflect on practical experiences. The students in our study expressed that they needed time and space with their clinical supervisor or educator to reflect on their experiences of caring for seriously ill and dying patients. When such support is lacking, students tend to dwell on their experiences and lack of competencies to practice qualified care and may drop out of their education. Sandvik et al. also point out that crucial to developing a nursing identity is for students to feel safe and secure and to have a caring relationship with the preceptor and thus strengthen their resilience (Sandvik et al., 2015).

Our findings in theme 3, "The learning environment was important – the social environment was essential," demonstrate that the social aspects of the learning environment are vital. The students in our study expressed a need for support to deal with collaboration difficulties in their study groups and classroom. They called for educators to express a norm for how nursing students should collaborate efficiently. In a narrative review, Mooring underlines the importance adding a human element to academic advising to develop a deeper and more meaningful relationship with students and recommends the use of a multifaceted approach (Mooring, 2016). Our findings support this need for a human element in academic advising and suggest the inclusion of measures that can develop students' collaboration skills to improve the students' resilience.

Several students emphasized the importance of the social environment in the study group as well as the classroom. They were newcomers to the city and had arrived with high expectations of forming new relationships and communities as part of their education. A lack of social well-being, feelings of loneliness, and a lack of a 'sense of belonging' were cited as some of the main reasons for the dropout. In line with this, a study conducted by Priode et al. found that encouragement by friends within school is the top supportive factor that contributes to students' ability to persist through a nursing program (Priode et al., 2020). Furthermore, a review conducted by Cameron et al. described peer support as a key factor in preventing dropout (Cameron et al., 2011a).

Accordingly, we suggest a greater focus on peer support and the establishment of a supportive social environment in nursing education to improve resilience.

Our findings indicate that the social environment is a crucial factor in student dropout. This calls for more targeted work with the social environment in nursing education and the cultivation of a sense of belonging to the nursing profession.

5.1. Study limitations

We have not included Tinto's model in the discussion while it was only used as an inspiration for our interview guide and not as a deductive theory. This could be seen as a limitation. Our study included mixed samples of early and late dropout students, and no separate analyses were conducted to differentiate between these groups. To broaden the perspective, it would be interesting to explore and compare the perspectives of these nursing students with those of nursing students who had considered dropping out based on some of the same experiences but chose to continue their education. The challenge would then be sampling, for which we have not yet found a solution.

6. Conclusion

Our findings reveal that the nursing students were driven by a desire to make a difference and to help others but faced a lack of support to deal with the difficult emotions they experienced when witnessing serious illness and death. The students expressed being overwhelmed by their vulnerability and called for support to develop resilience. Our findings also indicate that clinical challenges are significant with regard to the decision to drop out of nursing education. Moreover, students are often asked to account for their knowledge in clinical practice, sometimes in front of other professionals or patients, which was a stressor that caused them to doubt their competencies and impeded the development of a professional nursing identity.

Our findings also reveal the impact of the social environment on dropout. A lack of social well-being and feelings of loneliness were cited as the main reasons for dropout. These findings indicate that a sense of belonging is crucial to mitigating student dropout rates. This calls for more targeted efforts to improve the social environment in nursing education and foster a sense of belonging to the nursing profession.

6.1. Implications for practice

Based on our findings, we suggest shifting the focus from viewing vulnerability as a sign of weakness to a focus on how nurse educators can productively support the transformation of student vulnerability into resilience. Moreover, we suggest that more effort be made to create a learning environment in clinical practice where nurse education is seen as a means of developing a professional nursing identity through the attention and support of role models rather than an arena where students are expected to show off their skills. Since a sense of belonging is crucial to reducing student dropout rates, more targeted work to improve the social environment in nursing education and the cultivation of a sense of belonging to the nursing profession are warranted.

CRedit authorship contribution statement

All authors have made substantial contributions to all of the following: (1) the conception and design of the study, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (3) final approval of the version to be submitted.

Declaration of competing interest

None.

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