



## ‘The placement was probably the tipping point’ – The narratives of recently discontinued students

Claire Hamshire<sup>1</sup>, Thomas G Willgoss\*, Christopher Wibberley<sup>2</sup>

Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, Hathersage Road, Manchester M13 0JA, United Kingdom

### ARTICLE INFO

#### Article history:

Accepted 7 November 2011

#### Keywords:

Attrition  
Narratives  
Students  
Clinical placements

### ABSTRACT

Much has been written on student attrition from healthcare programmes and we know that it is often multifactorial. However in order to reduce attrition we need to gain a greater understanding of how multiple factors impact upon and compound one another to prompt a student to decide to leave. The purpose of this study was to explore healthcare students' experiences of university and the circumstances that initiated their decision to leave their programme. Sixteen students that had recently left healthcare programmes within the North West of England were interviewed by telephone, using a narrative prompt to facilitate them to tell their stories. All the students gave detailed narrative accounts that described their learning experiences, growing dissatisfaction and subsequent attrition. In the majority dissatisfaction and difficulties around clinical placements acted as a tipping point that precipitated departure.

© 2011 Elsevier Ltd. All rights reserved.

### Introduction

Student attrition from higher education is a worldwide challenge and there is a substantial international research base on issues surrounding student retention (Torenbeek et al., 2010). It is noted that students leave higher education for a multitude of social, academic and personal reasons that are often inter-connected (Tinto, 1993; Yorke, 1999; Yorke et al., 1997). The consensus is that there is no simple formula to reduce attrition across a diverse student population where it is a multi-causal problem influenced by a wide variety of factors (Urwin et al., 2010).

Within the UK this international pattern is repeated, particularly amongst the health and social care field (Mulholland et al., 2008). Although attrition occurs across the entire higher education sector, there is a particular significance associated with programmes which are responsible for training the health and social care professionals of the future. There is a substantial financial cost associated with attrition from healthcare programmes currently in the form of bursaries and clinical training costs. Recent reports estimate that the costs of attrition in UK nurse education may be as high as £99 million a year (Waters, 2008). In the present climate of

austerity this funding is likely to be an increasingly contentious and potentially political issue.

Students leave their programme for a range of diverse reasons that are often due to a complex set of personal circumstances and this makes it difficult to highlight specific factors which lead to attrition. A recent report on student retention from the [National Audit Office \(2007\)](#) highlighted several key factors which influence attrition including personal reasons, lack of integration, lack of preparedness and financial difficulties. However such broad categories make it difficult to ascertain the exact causes of individual student attrition.

This paper will focus on the experiences of sixteen recently discontinued students from healthcare programmes in the North West of England to give an insight into their reasons for leaving. Student perspectives were considered to be paramount in identifying what we considered to be ‘tipping points’, where multiple factors and experiences combined to lead to attrition.

### Background

The research base on student retention and success, notes that the transition to higher education can be difficult for some students as they struggle with both social and academic integration (Harvey and Drew, 2006). Although attrition can occur at any time, the first year is critically significant (Yorke, 1999) and the process of induction and building a relationship with students is therefore important (Harvey and Drew, 2006). Programmes that aim to gradually build both academic and social relationships will support

\* Corresponding author. Tel.: +44 0161 247 2610; fax: +44 0161 247 6571.

E-mail addresses: [c.hamshire@mmu.ac.uk](mailto:c.hamshire@mmu.ac.uk) (C. Hamshire), [thomas.g.willgoss@stu.mmu.ac.uk](mailto:thomas.g.willgoss@stu.mmu.ac.uk) (T.G. Willgoss), [c.wibberley@mmu.ac.uk](mailto:c.wibberley@mmu.ac.uk) (C. Wibberley).

<sup>1</sup> Tel.: +44 0161 247 2940; fax: +44 0161 247 6571.

<sup>2</sup> Tel.: +44 0161 247 2522; fax: +44 0161 247 6328.

students during their time in higher education. By maximising positive experiences and managing student transition sympathetically, institutions can build positive relationships with new students which Yorke and Longden (2008) consider ‘bends the odds’ in favour of student success.

A programme that is built around information transfer and not relationship building can confuse and dishearten students and exacerbate their predisposal to withdraw (Edward, 2003). Therefore the two main aims should be to avoid information overload (Harvey and Drew, 2006) and facilitate the development of academic and peer relationships; so students feel part of the university community and can become accustomed to the university culture (Edward, 2003). Students on Healthcare programmes have the added complexity of making the transition to becoming a healthcare professional; they therefore have to repeatedly build new relationships with placement staff as they progress through their clinical placements.

Understanding the reasons that prompt students to leave healthcare programmes can therefore be challenging and there are a number of methodological difficulties in recognising factors relating to discontinuation (Glossop, 2001; McSherry and Marland, 1999). Existing literature has explored student attrition using a number of approaches including analysis of demographic factors (Prymachuk et al., 2009), eliciting the views of current students (Last and Fulbrook, 2003), and interviewing academic staff (Fergy et al., 2008).

Discontinued students are a difficult group to recruit and as such there is a paucity of studies which attempt to elicit their views and few which explore discontinuers’ experiences in detail. Therefore this qualitative study sought to explore the experiences of a sample of recently discontinued healthcare students in the North West of England, with the purpose of gaining an in-depth understanding of how factors combined to influence students’ multi-layered experiences during their time at university and their decision to leave.

## Methods

The purpose of the study was to explore reasons for student learning experiences and attrition on healthcare programmes across the North West, using data collection methods that focused on students’ experiences. This was achieved by identifying the reasons students gave for leaving such courses – described in their own words – in order to document these reasons and consider these findings in relation to how multiple factors combine to lead to attrition.

Given the aim of the study, it was essential to obtain the students’ own expressions of their learning experiences; therefore listening to students tell their own stories of their experiences and decisions to leave was considered to be the most appropriate methodology. To facilitate this, a narrative approach was employed to enable experiential yet structured interviews, without the interruption of questions that could have curtailed the students’ accounts or led them to focus on specific topic areas that were not of importance to them, during their time at university (see Flick, 2009). The holistic nature of narrative inquiry allowed the students to focus on key personal events of their own choosing, rather than channelling them into an agenda set by the research team. This, it was considered, allowed us to investigate the students’ experiences in all their complexity and richness (see Webster and Mertova, 2007).

The interviews began with a narrative prompt for participants to tell the story of their university experience and explain the reasons why they left; with a further prompt to provide the course of events in several stages (see Flick, 2009). The interviewees were allowed to continue their narratives uninterrupted; if they stopped, after the

retelling of a particular event, they were prompted to move on to the next ‘episode’ but no further questions were asked. When the narrative end was signalled by the interviewees, with words such as ‘Well that’s it’ or ‘That’s my story’ the researcher began a final questioning phase of the interview where clarification was sought of elements that were unclear (Flick, 2009). The average length of the interviews was 40 min.

All the interviews were recorded using audiotapes to allow for both greater depth of analysis and addition of reflective notes. The tapes were transcribed verbatim, including para-linguistics, pauses and laughter by an experienced transcription service within the University. To ensure accuracy the interview transcripts were reviewed on a computer screen whilst listening to the tapes (see Holstein and Gubrium, 2003); with discrepancies and omissions being identified and amended.

## Sample

All students who had discontinued from training on North West commissioned places during 2010 were contacted by either an email or letter by the administrative team from the University they had attended. This contact informed the discontinued student about the study and invited them to participate; those who elected to participate in the study were then emailed by the research team, to confirm their interest in the study and once confirmed, to arrange an appointment for a telephone interview. This inclusive approach to sampling gave all recently discontinued students an opportunity to participate and maximised participation within this difficult to reach group. The final sample is detailed in Table 1.

## Data analysis

Analysis was carried out through a process similar to that of the framework analysis of Ritchie and Spencer (1994) – with the identification of a thematic framework, following a phase of familiarisation and subsequent indexing, mapping and interpretation of the data within this framework. The key to such analysis is that inter alia “it is heavily based in, and driven by, the original accounts of the people it is about ... it is open to change, addition and amendment throughout the analytical process ...” (Ritchie and Spencer, 1994, p. 176). Whilst being driven by the original accounts, it is possible to include a priori issues and themes within the framework process; this becoming part of the addition and amendment of the framework.

Given the nature of the data, during analysis some of the breadth of contributions was inevitably lost, in an attempt to make

**Table 1**  
Profiles of discontinued students.

| Sex | Programme | Point of departure | Age         |
|-----|-----------|--------------------|-------------|
| F   | AHP       | First year         | 25 and over |
| F   | AHP       | First year         | 25 and over |
| F   | AHP       | First year         | 25 and over |
| F   | AHP       | Second year        | Under 25    |
| F   | AHP       | Second year        | 25 and over |
| F   | AHP       | Third year         | 25 and over |
| F   | AHP       | Third year         | 25 and over |
| F   | Nursing   | First year         | Under 25    |
| F   | Nursing   | First year         | Under 25    |
| F   | Nursing   | First year         | 25 and over |
| F   | Nursing   | First year         | 25 and over |
| F   | Nursing   | First year         | 25 and over |
| F   | Nursing   | Second year        | Under 25    |
| F   | Nursing   | Third year         | 25 and over |
| M   | AHP       | First year         | Under 25    |
| M   | AHP       | Third year         | 25 and over |

AHP: Allied Health Professions.

meaning out of the opinions and views expressed. The stories frequently identified multiple factors that combined to prompt attrition. For example, some students had childcare issues that were compounded by financial difficulty and long travelling distances. However, issues around clinical placements were predominant and this paper concentrates in particular on these. Thus, it loses some of the more peripheral data including, for example, the students' experiences of campus based learning as although some dissatisfaction around this theme was expressed by students, it was never identified as a primary cause in decisions to leave.

### *Ethical considerations*

This project was approved by the Manchester Metropolitan University ethics committee (Faculty of Health, Psychology & Social Care). Involvement in the project was voluntary and participants had at least 2 weeks to decide if they wanted to take part. A student information sheet, outlining the ethical considerations, was mailed to all participants and they were directed to the project website for further information before they contacted the research team. Once a time for telephone interview had been arranged the participants were given an opportunity to ask questions before the interview began and verbal consent was given to the recording of the interviews.

### **Findings**

In accord with a number of other studies the thematic analysis of the transcripts identified that the students' decision to leave were multifactorial. However when we explored the relationship between these factors it became clear that clinical placements seemed to act as a tipping point in the students' experience. The majority of the discontinuers felt that they could manage their studies and other commitments whilst attending university sessions on campus, however the additional stresses of being on placement were frequently the trigger that hastened the students' decision to leave. Three distinct themes emerged within the data set: ineffective placement organisation, problematic placement journeys and disappointing clinical experiences.

#### *Ineffective placement organisation*

A number of the discontinuers complained about the organisation and management of their placements. Frequently these complaints related to the short notice period when they were informed about the placement that they had been assigned:

*"You don't know where you are. They don't say 'right you are doing a placement here or there', you only get to find out a few weeks beforehand."*

For one student in particular the late notification of placement destination directly gave rise to her decision to leave:

*"Three days before my next placement they still hadn't given me a placement and it was at that point I had some family issues as well and I was just so stressed out and I was like 'what the hell is going on?'... I just decided to leave because I couldn't handle it."*

Another interviewee described a situation where the mentor she had been assigned on placement had not attended a mentor update programme and was therefore ill equipped to facilitate her learning:

*"And my mentor was supposed to have training on what she was s'posed to be doing... But she still hadn't received her training so*

*she was struggling to help me in the way she was meant to... Little things kept piling up and there was all sorts of other niggly things and they add up."*

Being on placement also gave rise to difficulties communicating with the academic team on campus:

*"I was struggling with it because I couldn't get in touch with my personal tutor ... your personal tutor is the person who you're supposed to get in touch with and I could never get in touch with them, I tried emailing and I tried phoning."*

#### *Problematic placement journeys*

This theme included journeys that were considered to be problematic for a number of different reasons: long distances on public transport, family commitments and finance. Using public transport to get to a distant placement often led to very early starts and late finishes and it is clear from the excerpt below that this had a significant impact:

*"...and then my placement... I was setting off really early in the morning when it was dark... I sometimes had to sit in the train station for an hour at night in the dark and I didn't like it... On another placement I couldn't get there on time, the trains wouldn't allow it... I got marked down for the attendance... It wasn't practical; it was stressful and it was depressing."*

A number of the discontinuers felt that although they explained these issues to the staff they were on placement with, there was no flexibility:

*"The problems started out when I went into placement... It did take a lot longer than I thought to get there so travel became quite an issue... It was hard work with the travelling because it meant 12 hour days really... Because the trains get you there earlier than you were required to be there. And I was saying 'well can't I start at half eight and leave at half four?' 'No, no, 9-5, you're a student'... I felt they weren't flexible at all in that way and I didn't see why because I wasn't asking to do less than the other students."*

For those students on a limited bursary the financial burden of placement travel was significant:

*"I had £100 a month to live off, which was perfectly fine when I was at uni... But then once I was on placement that would be my travel money and then there was nothing left so I had to have a job... I had to work which meant I was distracted from my studies."*

#### *Disappointing clinical experiences*

Unsatisfactory placement experiences were described by a majority of the discontinuers. These included placements where the students described limited opportunities for skill development:

*"When you look back on the week you would say 'well what did I learn then? Oh hang on, I learnt how to clean down the bed after the patient, I learnt how to pull out a piece of blue tissue for them to lie on'. Really low skill kind of stuff."*

Other students felt that their primary purpose on placement was to support staff rather than develop their own skills and enhance their learning. This was particularly noticeable among the nursing discontinuers who felt that their supernumerary status was not always respected:

*"I got to third year but I wasn't really happy with the placement I went on... On the wards I felt as though you were just being used. You weren't being trained; you were just another set of hands. Some mentors are not natural teachers. Some want to teach but*

*others are just doing it because they want a qualification... My last placement was awful... and I just thought 'what's the point?'... I mean I did feel undervalued... You are actually working a 37.5 hour week for nothing... And you do work hard for it... There's all this talk about being supernumerary, you're not supernumerary, you are unofficially counted in the staff."*

Linked to this were a number of comments that related to the students status on placement:

*"When we actually started placements I felt like the job didn't really get you any kind of respect from anyone... It wasn't a particularly encouraging working environment... The placement was probably the tipping point really."*

Finally a number of students detailed poor working relationships with mentors:

*"Once they send you out in the clinical environment there is only one person they rely on to tell you and if that person doesn't like you then they don't like you... It stinks, I have got all my paperwork and it stinks right to the top. But the university do rely on these people and they do take their word for it and that's that... The clinical tutor just didn't like me; I was the wrong sex and the wrong age."*

## Discussion

By utilising a narrative approach this study explored in depth the perceptions and experiences of healthcare students that had recently discontinued from universities in the North West of England. The discontinuers identified a number of factors which contributed to their attrition and without exception their decisions to leave were a combination of two or more different factors that impacted upon one another, rather than a single incident. The findings on clinical placement issues give an important insight into the impact that unsatisfactory placement experiences can have on student attrition.

The number of students volunteering to participate was small and only sixteen students completed an interview, which has implications on the wider application of the findings. The participants were a diverse range of healthcare students from a number of institutions in the North West and included those on nursing and allied health courses from both traditional and new universities. Thus, although the numbers were small they are a reasonably representative sample of the students studying on healthcare programmes in the North West. The quotes presented within the findings will enable readers to judge if the findings are transferable to other settings (for example if an institution's students do not have to travel long distances for placement this issue can be ignored).

It is well established that attrition is multifactorial (Bowden, 2008), so it was important to explore the complexity of factors and the relationships between them, rather than quantifying which factors were involved. A narrative approach was therefore chosen to allow the discontinuers to identify key events in the lead up to their discontinuation. The thematic analysis of these narratives provided a valuable insight into the complex reasons that led to attrition and the relationships between the factors involved. This approach addressed limitations that have been identified in previous studies on student attrition (Glossop, 2001).

There are undoubtedly challenges associated with eliciting fair responses from discontinued students therefore the interviews and analysis were conducted by an independent team of researchers that had no previous links with any of the interviewees. If the discontinuers had been acquainted with the research team they may have been diplomatic in discussing their reasons for leaving and perhaps have given invalid information. For example if they

required a future reference or they planned to return to the course in the future (Glossop, 2001; McSherry and Marland, 1999). Alternatively they may have blamed external factors for contributing to their departure rather than attributing poor experiences to their own behaviour.

Studies which have previously elicited data from students who have discontinued suggest that the expectations of the students appear to be particularly important and findings from both interviews and exit questionnaires indicate that many students may have unrealistic expectations of the academic level and content of their course. In addition, external pressures such as personal/family problems and financial pressures may compete with academic studies and lead to discontinuation (Andrew et al., 2008; White et al., 1999).

Previous studies have emphasised that course-specific, institutional demographic and academic factors are the most significant factors for student attrition (Bowden, 2008; Last and Fulbrook, 2003; Prymachuk et al., 2009; White et al., 1999). However, the narratives from these students emphasised the pivotal role which clinical placements played on their decisions to leave. For many, the clinical placement was a source of stress which acted as a 'tipping-point' – a phrase actually used by one of the discontinuers. Although clinical placements have been previously identified as a source of considerable stress (Bowden, 2008; Gibbons, 2010; Timmins and Kaliszer, 2002) and as a cause of discontinuation (Andrew et al., 2008; Bowden, 2008; Brodie et al., 2004), this is the first study to explicitly identify and highlight the role that placements have on attrition.

The findings from the thematic analysis of the interviews add to previous literature as problematic placement journeys and their cumulative financial implications have been highlighted by Andrew et al. (2008) and Brodie et al. (2004). Other studies have also identified a lack of support from academic staff on placement and communication issues between the clinical area and the university as being factors that could contribute to student attrition (Last and Fulbrook, 2003).

An important finding from this study is the disappointing experience that some students had whilst on placement. Discontinuers reported that they felt unsupported by their mentors, and in some instances were discouraged by the lack of respect from other professional groups. Some discontinuers also reported poor learning experiences where they felt they were used as 'just a pair of hands'. This finding is echoed by Bowden (2008), Brodie et al. (2004) and Last and Fulbrook (2003). Andrew et al. (2008) highlighted that placement experiences can have a role in leading students to question their career choice and students in the Brodie et al. (2004) study reported that negative encounters during their clinical placements changed their perceptions about a nursing career. It is therefore apparent that negative clinical placement experience may cause students to reflect on their choice of career and act as tipping points towards discontinuing a programme.

The evidence from this study highlights a number of challenges that are associated with clinical placements, and goes some way to explaining the relationship between multiple factors. For example, some students in this study experienced a combination of financial problems, poor clinical experiences and organisational problems which all fell under the theme of the clinical placement. The clinical placement may therefore be considered as the main area of concern in many students' decisions to discontinue. Importantly, these factors are all, to some extent, easily changed through offers of greater support to students to enable them to complete their programme.

## Conclusions

There is no simple formula for easing the retention of a diverse student body. However, the findings of this study are important in

terms of highlighting the impact of negative placement experiences on healthcare students. In the majority of the discontinuers, factors associated with clinical placement learning acted as tipping points and accelerated students' decisions to leave. Strategies to reduce attrition should concentrate on changing and improving the overall student experience of clinical placements, suggestions include:

- To set a maximum travelling distance to placements on public transport, a suggested maximum is 90 min each way, calculated using an appropriate journey planner.
- To encourage all institutions, in partnership with placement providers, to allow students to negotiate flexible start/finish placement times whilst still ensuring that they complete the requisite number of hours. With the proviso that these are made as reasonable provision for public transport times and caring commitments.
- To consider setting up a central database where students can provide feedback on their placement experiences. To identify placement sites that need further staff development.
- To consider setting up a placement financial support fund for students inline with current institutional emergency loans. This to be made available for students at the start of each placement in the form of an emergency loan for those who struggle to finance placement travel up front.

## Acknowledgements

We would like to thank NHS North West for their support throughout this research project.

## References

- Andrew, S., Salamonson, Y., Weaver, R., Smith, A., O'Reilly, R., Taylor, C., 2008. Hate the course or hate to go: semester differences in first year nursing attrition. *Nurse Education Today* 28 (7), 865–872.
- Brodie, D.A., Andrews, G.J., Andrews, J.P., Thomas, G.B., Wong, J., Rixon, L., 2004. Perceptions of nursing: confirmation, change and the student experience. *International Journal of Nursing Studies* 41 (7), 721–733.
- Bowden, J., 2008. Why do nursing students who consider leaving stay on their courses? *Nurse Researcher* 15 (3), 45–58.
- Edward, N.S., 2003. First impressions last: an innovative approach to induction. *Active Learning in Higher Education* 4 (3), 226–242.
- Fergy, S., Heatley, S., Morgon, G., Hodgson, D., 2008. The impact of pre-entry study skills training programmes on students' first year experience in health and social care programmes. *Nurse Education in Practice* 8 (1), 20–30.
- Flick, U., 2009. *An Introduction to Qualitative Research*, fourth ed. Sage Publications, London.
- Gibbons, C., 2010. Stress, coping and burn-out in nursing students. *International Journal of Nursing Studies* 47 (10), 1299–1309.
- Glossop, C., 2001. Student nurse attrition from pre-registration courses: investigating methodological issues. *Nurse Education Today* 21 (3), 170–180.
- Harvey, L., Drew, S., 2006. *The First Year Experience: a Literature Review for the Higher Education Academy*. Higher Education Academy, York.
- Holstein, J.A., Gubrium, J.F., 2003. *Inside Interviewing: New Lenses New Concerns*. Sage Publications, London.
- Last, L., Fulbrook, P., 2003. Why do student nurses leave? Suggestions from a Delphi study. *Nurse Education Today* 23 (6), 449–458.
- McSherry, W., Marland, G.R., 1999. Student discontinuations: is the system failing? *Nurse Education Today* 19 (7), 578–585.
- Mulholland, J., Anionwu, E.N., Atkins, R., Tappern, M., Franks, P.J., 2008. Diversity, attrition and transition into nursing. *Journal of Advanced Nursing* 64 (1), 49–59.
- National Audit Office, 2007. *Staying the Course: the Retention of Students in Higher Education*. The Stationery Office, London.
- Prymachuk, S., Easton, K., Littlewood, A., 2009. Nurse education: factors associated with attrition. *Journal of Advanced Nursing* 65 (1), 149–160.
- Ritchie, J., Spencer, L., 1994. Analyzing qualitative data. In: Bryman, A., Burgess, R.G. (Eds.), *Qualitative Data Analysis for Applied Policy Research*. Routledge, London, pp. 173–194.
- Timmins, F., Kalisz, M., 2002. Aspects of nurse education programmes that frequently cause stress to nursing students – fact finding sample survey. *Nurse Education Today* 22 (3), 203–211.
- Tinto, V., 1993. *Leaving College: Rethinking the Causes and Cures of Student Attrition*, second ed. University of Chicago Press, Chicago.
- Torenbeek, M., Jansen, E., Hofman, A., 2010. The effect of the fit between secondary and university education on first-year student completion. *Studies in Higher Education* 35 (6), 659–675.
- Urwin, S., Stanley, R., Jones, M., Gallagher, A., Wainwright, P., Perkins, A., 2010. Understanding student nurse attrition: learning from the literature. *Nurse Education Today* 30 (2), 202–207.
- Waters, A., 2008. Cash reward for universities that retain students. *Nursing Standard* 23 (10), 7.
- Webster, L., Mertova, P., 2007. *Using Narrative Inquiry as a Research Method: an Introduction to Using Critical Event Narrative Analysis in Research on Learning and Teaching*. Routledge, London.
- White, J., Williams, W.R., Green, B.F., 1999. Discontinuation, leaving reasons and course evaluation comments of students on the common foundation programme. *Nurse Education Today* 19 (2), 142–150.
- Yorke, M., 1999. *Leaving Early: Undergraduate Non-Completion in Higher Education*. Falmer, London.
- Yorke, M., Bell, R., Dove, A., Haslam, L., Hughes Jones, H., Longden, B., O'Connell, C., Typuszak, R., Ward, J., 1997. *Undergraduate Non-Completion in England Higher Education*. Funding Council for England, Bristol.
- Yorke, M., Longden, B., 2008. *The First Year Experience of Higher Education in the UK*. The Higher Education Academy, York.