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Research article

Exploring the motivations, expectations, and experience of graduate-entry nursing students: A qualitative research study

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Abstract

Current research demonstrates a sparsity of United Kingdom-focused research into graduate-entry nursing programmes, as well as a need for further research into motivations and expectations of graduate-entry nursing students. The aim of this study was to explore a graduate-entry nursing programme from a student perspective, with a specific focus on a) motivations for enrolling, b) expectations of the programme, and c) experience of the programme to date.

A qualitative descriptive design was utilised. Three focus groups and one interview were conducted with students from two cohorts at a British university at multiple points during the two years of the programme. Qualitative data were analysed thematically, and findings presented back to participants.

It was found that student motivations were consistent with previous research and key stressors were identified relating to both academic and placement elements of the programme. It is proposed that the underlying cause of stress amongst graduate-entry nursing students was a lack of perceived control over their experience. This finding is supported by Karasek's (1979) Job Demand-Control Model. It is suggested that increasing students' perceived control could decrease student stress, therefore improving retention and enhancing the student experience.

1. Introduction

Due to the global nursing shortage, the World Health Organisation called for accelerated production of nursing graduates over a shortened timeframe to help meet future healthcare needs (WHO, 2020). In response, a pre-registration graduate-entry Masters in Nursing (MSN) programme was developed at a British University, and validated by the Nursing and Midwifery Council in March 2021. Entry required an undergraduate degree in any subject and 770 h of verifiable caring experience. These hours are recognised by the University as equating to the first year of the undergraduate nursing programme. The first cohort commenced in September 2021.

In order to understand the student experience of the new programme, a descriptive qualitative study was conducted.

2. Literature

A literature search was undertaken, using the search terms 'graduate-entry' and 'accelerated' alongside 'nursing programme', 'nursing master's' and 'MSN'. These terms were used both alone and in conjunction

with 'motivation', 'expectations', and 'student experience'. Initially the parameters of the search were set to papers from the past five years (2018 onwards), however due to sparsity of literature search dates were broadened to include papers from 2010 onwards. Since the majority of studies were conducted in the USA, Australia, or New Zealand, 'UK' was later added to the search terms and the included dates extended to 2006 onwards to find additional studies conducted in the UK.

Nineteen papers were selected (see table 1 – supplementary material). Seven explored 'expectations and motivations', eleven focused on 'student experience', and one presented findings relevant to both. The findings of the literature review are presented in two themes: 'motivation and expectations' and 'student experience'.

2.1. Motivation and expectations

Amongst traditional nursing courses, students have been found to be primarily motivated by the caring nature of the role and the variety and stability of nursing as a career (Miers et al., 2007; Ten Hoeve et al., 2017) as well as by personal experience of healthcare (Miers et al., 2007). Moore et al. (2011) found the same themes of motivation

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amongst students undertaking a nursing master's as a second degree, suggesting that students on traditional and graduate-entry courses share similar reasons for pursuing nursing.

Several authors have identified seeking career satisfaction as a key motivator in nursing students (Raines, 2010; Moore et al., 2011; Macdiarmid et al., 2021b), but both Macdiarmid, Turner, et al.'s (2021) mixed method literature review and Raines' (2010) analysis of written accounts found motivators specific to students on graduate-entry nursing programmes. These included 'finding purpose', 'seeking a change in direction', and contributing existing skills and knowledge, all intrinsic motivators. Intrinsic motivation has been reported to be higher in mature students (those aged 21 or over) than traditional students (Bye et al., 2007), which may account for their prevalence in graduate-entry nursing students, as the requirement of the completion of, at minimum, an undergraduate degree means only mature students are eligible.

When selecting the graduate-entry nursing route, students were primarily motivated by the shorter timeframe (Lascelles, 2010; McKenna and Vanderheide, 2012; Macdiarmid et al., 2021a), the recognition of their previous degree (Lascelles, 2010), the opportunity to study alongside a like-minded cohort (Macdiarmid et al., 2021a), and the chance to contribute to nursing at a postgraduate level (McKenna and Vanderheide, 2012; Macdiarmid et al., 2021a). Additional factors include the educational establishment's reputation and perceived friendliness of staff (D'Antonio et al., 2010) and the reduced financial burden of a two-year programme (Macdiarmid, Turner, et al., 2021).

The timing of a student's decision to undertake the graduate-entry nursing programme was found to be primarily influenced by family support and funding availability (McKenna and Vanderheide, 2012). Students on graduate-entry nursing programmes in the United States, New Zealand, and Australia have been found to anticipate intellectual challenges and hard work, as well as challenges with finances and work-life balance (D'Antonio et al., 2010; Shannon et al., 2024), however students in D'Antonio et al.'s study appeared to relish these challenges rather than view them as hindrances. These students expected to gain confidence and practical skills as well as a 'real profession' by the end of the programme.

With the exception of these three studies, there is little existing research into either the timing of students' decision to re-enter education or their expectations of graduate-entry nursing programmes. Additionally, Macdiarmid, Turner, et al.'s (2021) literature review only included studies from the United States, Australia, and New Zealand, and the authors highlighted the lack of published research examining student motivations.

2.2. Student experience

Studies into the experience of graduate-entry nursing students generally focus on either the taught portion of the programme or the practical clinical placement. In both areas, students have reported both positive and negative experiences.

In taught portions, students have been found to enjoy the fast pace of the programme, value the diversity and variety of experience amongst their cohort, and find programme staff friendly and supportive (Kemsley et al., 2011). Conversely, they expressed dissatisfaction with the content of the course and joint lectures with traditional students. Both Kemsley et al.'s (2011) study and a literature review by Neill (2011) reported that graduate-entry nursing students were found to experience significantly higher stress levels than undergraduate students. The intense pace of the course has been found to increase students' stress levels (McNiesh, 2011), primarily due to the programme's timetabling and design (Winnington et al., 2023). In one study conducted in the United Kingdom, authors found students felt their previous degree experience added to their stress levels, due to differences in essay guidelines compared to their previous universities (Halkett and McLafferty, 2006).

In several studies (Halkett and McLafferty, 2006; McNiesh, 2011; Shannon et al., 2024; Winnington et al., 2023), graduate-entry nursing

students discussed their clinical placement. Negative experiences identified included feeling looked down on by placement staff, placement staff being unfamiliar with graduate-entry nursing programmes, perceived irrelevance of some placements to education and future career, and unfamiliarity with the ward and terminology. Entering an unfamiliar environment was especially stressful for graduate-entry nursing students, many of whom had taken a break from education or left positions where they were considered experienced and knowledgeable (Lyon et al., 2010), and often described feeling like a 'novice' again (McNiesh, 2011). Of interest is that in these studies, though conducted separately in the United Kingdom and the United States, authors reported similar findings, suggesting these issues are internationally transferable.

Several authors have identified benefits of students' previous education and job experience. A meta-analysis by Jarden et al. (2021) identified the benefit of students being familiar with library systems and essay writing, and Lyon et al. (2010) found two cohorts of graduate-entry nursing students in the United States felt their previous experience gave them increased confidence and people skills. Similarly, Stacey et al. (2016) reported that graduate-entry nursing students in the United Kingdom identified transferable skills such as maturity, resilience, and reflection, helping them cope with workplace hostility. Stacey et al. (2016) also included clinical assessors in their study, who reported higher enthusiasm and commitment to learning in graduate-entry nursing students compared to traditional nursing students, although they expressed scepticism regarding the student's ability to achieve competence in a shortened timeframe.

Despite acknowledging benefits of their previous degree, students in Stacey et al.'s (2016) study avoided discussing previous education with placement staff, and in an earlier paper the authors reported that students moderated their behaviour to challenge or pre-empt actual or perceived negative stereotypes (Stacey et al., 2015). Students focused on demonstrating behaviours that helped them be viewed as competent and non-threatening, especially to non-graduate staff. Students also felt it was important to not be seen as a 'burden', as they perceived staff as being too busy to prioritise student learning (Stacey et al., 2016).

Overall, the majority of studies into the experiences of graduate-entry nursing students involved participants who had graduated and were reflecting on previous experience. Downey and Asselin's (2015) literature review highlighted the difference between student and graduate perspectives, and identified a lack of published work involving participants currently undertaking the course. Additionally, a review of 20 nursing programme evaluations spanning 1985–2017 by Al-Alawi and Alexander (2020) found that most evaluations focused on end-of-programme outcomes and the authors therefore emphasised the importance of evaluation throughout the programme to enable continuous improvement and ensure the reliability of the data.

In conclusion, the findings of the literature review indicate a lack of contemporary insight into graduate-entry nursing programmes in the United Kingdom and the experience of current students, as well as a need for further research into motivations and expectations of graduate-entry nursing programmes (Macdiarmid et al., 2021b). This study aimed to contribute to the current body of literature by examining motivations, expectations, and experience of current graduate-entry nursing students at a British university, using data captured at multiple points across the programme.

3. Methodology

This study utilised a qualitative descriptive methodology (Doyle et al., 2020) to gain an in-depth understanding of the student experience. This was deemed appropriate as qualitative approaches seek to understand participants' lived experience and gain insight into individual perspectives (Silverman, 2013). Focus groups were used as they allow for the discussion of ideas amongst participants, leading to deeper insight and a comprehensive understanding of participants' experience

(Kitzinger, 2005).

3.1. Participants

After receiving institutional approval (research ethics number: 22/NAH/021), students from the graduate-entry nursing programme at a university in the north-west of England were purposively recruited. All 16 students of the 2021 cohort and all 27 students of the 2022 cohort were invited, both face-to-face and via email, to be included in two rounds of focus groups. The participant information sheet was made available 24 h prior, and all participants signed a written consent form before taking part. Overall, 13 participants took part in the first round of focus groups (2021 cohort $n = 5$, 2022 cohort $n = 8$) and six participants took part in the second (2021 cohort $n = 1$, 2022 cohort $n = 5$). The full participant breakdown and timeline of the focus groups is given in Table 2.

3.2. Data collection

Focus groups were conducted with both cohorts, and all participants completed a demographics form. Participant demographics are given in Table 3.

A topic guide, developed to reflect the aims of the evaluation, was used to structure the discussion and ensure consistency in each group's discussion. The topic guide addressed three main questions:

- 1) What motivated students to apply for the graduate-entry nursing programme?
- 2) What expectations did students hold before beginning the programme?
- 3) What has students' experience of the programme been to date?

Each focus group lasted 30–50 min, and was conducted by a research assistant with no prior knowledge of or connection to the programme. The 2021 cohort's focus group was conducted a year into the students' two-year programme, after completion of half their practical placements. To gain additional data regarding expectations of placement, the 2022 cohort's focus group was conducted a month into their programme, before beginning their first placement.

A secondary round of focus groups was conducted after analysing the data from the first focus groups. The 2021 cohort was approached at the end of their programme. Due to low response a one-on-one interview was conducted online in which the student reflected on their course as a whole. The 2022 cohort took part in a second focus group half-way through their second year, in order to enable them to discuss their placement experience. Both cohorts were also presented with a summary of the initial data analysis and invited to share their feedback regarding emerging themes.

All focus groups were audio recorded. The recordings were transcribed verbatim and all identifying data removed. As per standard practice, all participants were anonymised and assigned a numerical identifier to ensure confidentiality. Data were analysed thematically using Braun and Clarke's (2006) six stages, driven by the research questions. Findings were reviewed and discussed by two team members. Findings are presented in two stages: *applicant stage* (motivations for applying and expectations of the programme) and *student stage* (experiences during the programme).

Table 2
participant breakdown and timeline of focus groups.

| Focus Group | Participants | Conducted |
|---------------|-----------------------------|-----------------------------------|
| Focus Group 1 | 2021 cohort, 5 participants | July 2022, end of first year |
| Focus Group 2 | 2022 cohort, 8 participants | Oct 2022, beginning of first year |
| Focus Group 3 | 2022 cohort, 5 participants | July 2023, end of first year |
| Focus Group 4 | 2021 cohort, 1 participant | July 2023, end of programme |

Table 3
participant demographics for focus groups 1 and 2.

| | Focus Group 1–2021 Cohort | Focus Group 2–2022 Cohort |
|---------------------------------|--|---|
| Age | 31–40 $n = 3$ 41–50 $n = 2$ | 22–30 $n = 6$ 41–50 $n = 2$ |
| Previous Degree(s) | BSc/BA $n = 5$ MA/MSc $n = 2$ | BSc/BA $n = 8$ MA/MSc $n = 1$ |
| Previous Career(s) / Experience | HCA $n = 2$ Social/support work $n = 2$ Clinical admin $n = 2$ Non-healthcare $n = 4$ | HCA $n = 3$ Social/support work $n = 3$ Care assistant $n = 3$ Non-healthcare $n = 3$ N/A $n = 1$ |

4. Findings

4.1. Applicant stage

Verbatim quotes are used to illustrate themes. After each, FG identifies the focus group and P the participant.

Students' motivations for choosing the graduate-entry nursing programme explored three areas:

- 1) Why they decided to pursue nursing as a career.
- 2) Why they decided to re-enter education.
- 3) Why they chose the graduate-entry nursing programme.

4.1.1. Why nursing?

Participants from both cohorts were drawn to nursing for three primary reasons: the caring nature of the role, career benefits, and personal experience with healthcare. The themes and sub-themes are given in Fig. 1.

The caring nature of the role included being able to care for and have a positive impact on others, but also the public perception of nursing as a caring career.

“to think I'm actually helping people ... I found that really rewarding” FG2, P4.

Career benefits discussed by participants included the stability and longevity of the role, the diversity and opportunities offered by different nursing pathways, personal career satisfaction, respect from others, and the chance to be involved in a 'hands-on' and social role.

“I like being on my feet... I like working with people” FG2, P7.

The majority of participants discussed having personal experience with healthcare either through employment in a non-nursing healthcare role or through having family members who worked as nurses. One participant discussed how having positive interactions with nurses whilst a patient themselves had contributed to their decision to study nursing. Several participants from the 2022 cohort who worked in healthcare roles also discussed how taking on additional duties during COVID-19 had given them further experience.

“to take care of my client I had to go inside the hospital ... and that's when I started learning about how the hospital works” FG2, P5.

4.1.2. Why now?

Most participants expressed a long-term desire to become a nurse but identified various barriers preventing them from pursuing nursing immediately after college; not obtaining the necessary qualifications, their application being initially unsuccessful, lack of funding, and feeling they did not have the skills or experience necessary to begin studying nursing.

“I'd wanted to be a nurse years ago but I didn't get my GCSE in maths” FG1, P2.

“when I was eighteen I [thought] I don't know if I've got enough experience to do nursing” FG2, P2.

Participants' decision to re-enter education was influenced by both internal and external factors (Fig. 2). Internal factors described by

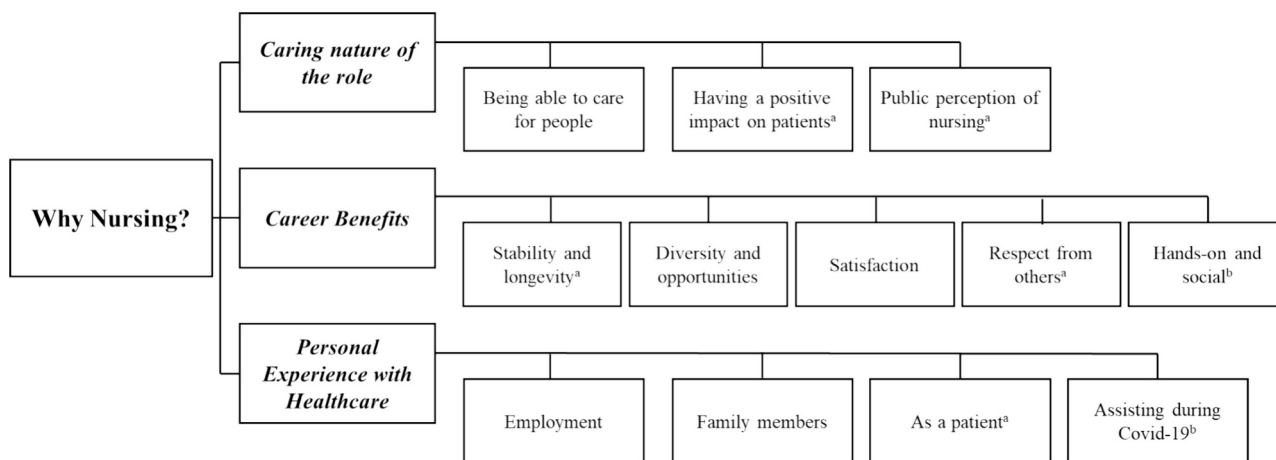


Fig. 1. Themes and sub-themes of participants' motivations for pursuing nursing as a career. a: specific to the 2021 cohort, b: specific to the 2022 cohort.

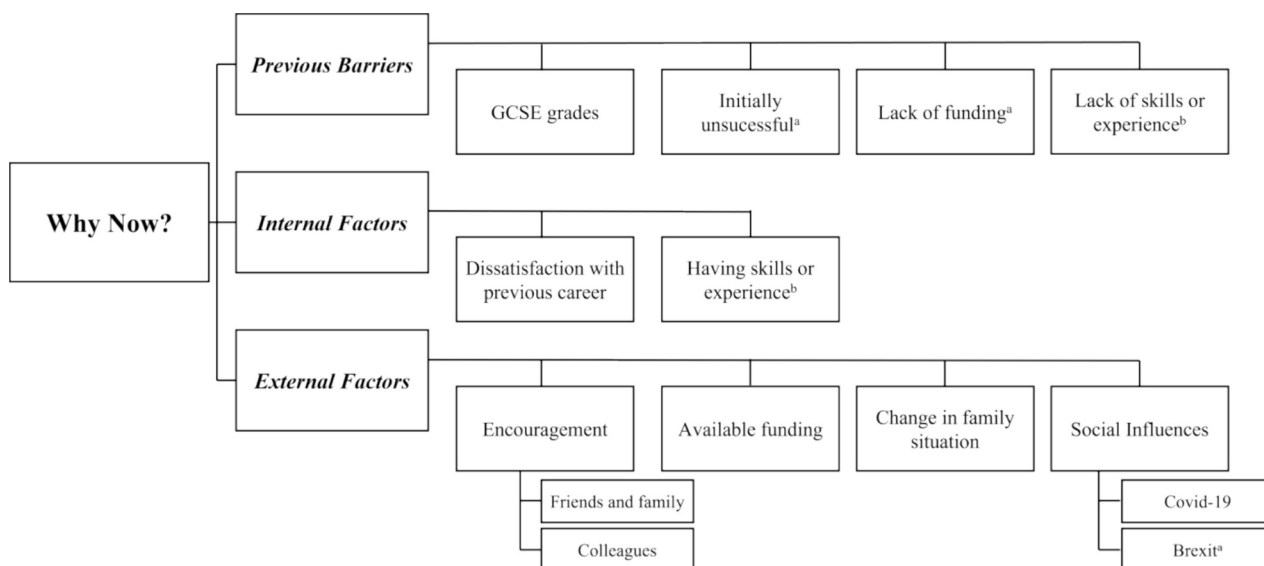


Fig. 2. Themes and sub-themes of barriers and factors to participants' re-entering education. a: specific to the 2021 cohort, b: specific to the 2022 cohort.

participants were dissatisfaction with previous career and having skills or experience they felt they had previously lacked. External factors were encouragement from family, friends, or colleagues, the availability of funding, changing family situations granting the free time needed to re-enter education, and social factors. Social factors included Brexit (the withdrawal of the United Kingdom from the European Union), which had led to one international student wanting to pursue an internationally transferable career, and COVID-19 which had given several participants experience of frontline healthcare and a recognition of the value of nurses.

“I got the experience through COVID of doing the frontline job and also the thinking time. To think about where I was at in my career and where I wanted to be” FG2, P6.

4.1.3. Why graduate-entry nursing?

For all participants, the main appeal of the graduate-entry nursing programme was the two-year duration; less time out of work, avoiding another three-year programme, and reduced financial cost. Participants found the opportunity to gain a master's degree instead of another undergraduate degree appealing, and were influenced by their perception of the university and the anticipated programme cohort. Themes and

sub-themes are given in Fig. 3.

“I’m getting what other people get in three years in two years” FG1, P5.

4.1.4. Expectations

Overall, participants expected the graduate-entry nursing programme to be “busy”, “tiring”, “difficult”, and “stressful”, although they were not deterred by these expectations. When asked what they expected the programme would lead to, all participants from the 2021 cohort anticipated gaining employment as a nurse, and some further specified they did not expect the programme to lead to further study. Conversely, the 2022 cohort did not mention employment directly, but instead discussed the expectation of being equipped with the knowledge necessary to become a nurse and a variety of experience to inform future career decisions.

“with all the different placements we’ve got over the two years I feel like, if we’re in different areas we will learn so many skills per area that at the end of it it’s gonna like, benefit us in being a registered nurse” FG2, P2.

Participants also discussed their expectations of course content, stating they expected aspects they considered key –namely, anatomy and physiology– to make up a high proportion of their taught content. The 2022 cohort also discussed what they hoped to gain from placement;

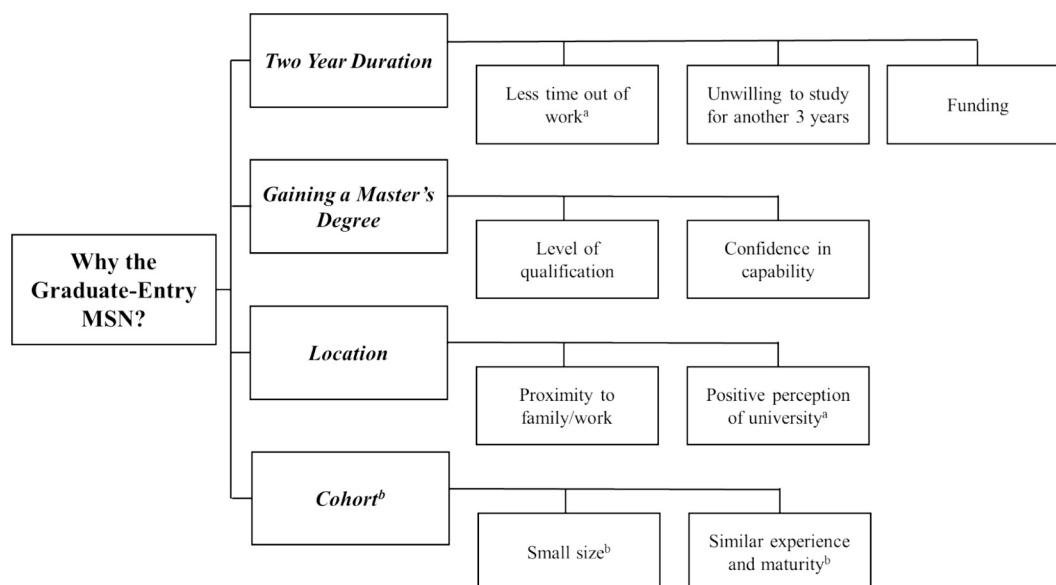


Fig. 3. Themes and sub-themes of participants' reasons for choosing the graduate-entry MSN.
a: specific to the 2021 cohort, b: specific to the 2022 cohort.

the chance to learn, opportunities to practice skills, and supportive staff.

4.2. Student stage

The underpinning factor influencing student experience was found to be students' perceived control. Areas in which students perceived themselves as lacking control over their experience –such as timetabling, content, or placement role– showed direct links to increased stress, whereas parts of the programme participants perceived themselves as being able to control or impact were discussed more positively. This is demonstrated in three themes: expectations, academic experience, and placement experience.

4.2.1. Expectations

In line with their expectations of the programme, most participants described being busy and tired, with a “heavy” (FG1, P3) workload. However, they did not appear to consider their busyness a particular source of stress. Since these aspects of the course were expected, participants were able to exercise control over their experience by adopting a particular mindset in order to mentally prepare for this. Two participants described focusing on each step of the course individually in order to avoid feeling overwhelmed, whilst one mediated stress by focusing on the end goal of obtaining their degree and progressing to employment.

“My only expectation was come, learn, graduate get my [degree] and get a job... I've always had this end [goal]... so even when it's really really tough like I'm not put off by it because... the worst case scenario is I'm going to be very busy for these two years and then after these two years I will drop my pen and I will not look back.” P5, FG1.

4.2.2. Academic experience

Participants from both cohorts discussed their academic experience of the programme positively. Lectures were described as stimulating, enjoyable, and interactive, with one participant adding that they had been able to apply the teaching they received to their clinical work. All participants discussed academic staff positively, describing them as “caring”, “approachable”, “supportive”, and “invested”, and felt lecturers treated them as equals.

“our tutors really care about [us]- they invest so much into how we learn” FG1, P4.

Participants expressed appreciation for opportunities to meet with staff, particularly being able to give feedback regarding the content of

their course and have lectures tailored accordingly. They also appreciated the option to defer assignments if necessary. These were all aspects that granted students some degree of perceived control over their experience, leading to positive evaluation.

For both cohorts, the main sources of academic stress –and the areas in which they had the least perceived control– were the structure of the course and some aspects of the course content. These themes and associated subthemes are given in Fig. 4.

Participants from both cohorts discussed how academic deadlines often coincided with placements, and the 2021 cohort explained how the programme structure required them to undertake a final placement despite having completed their assessments.

“Dates for submissions, dates for exams and things like that, um they often seem to have fallen when we've been at a really busy point or we've been out on placement and working nights” FG4, P1.

Both cohorts also described stress arising from schedule alterations or cancellations and queried the relevance of some aspects of the course content. Additionally, the 2022 cohort described stress arising from doubting their comprehension of self-directed study topics.

“You could be teaching someone else something that you learned wrong” FG2, P5.

Overall, the main sources of stress relating to the academic portion of the graduate-entry nursing programme related to students' lack of control over how they spent their time; being unable to spread out their work, an inability to plan ahead due to schedule alterations, and spending time on content perceived as less relevant to their future career. However, students did acknowledge that the content had to fit certain requirements, and recognised it was often not something academic staff could change.

“they design the program to fit the academic schedule instead of, change our program [] for us. So I always had the feeling that we were just doing things on somebody else's agenda” FG1, P4.

4.2.3. Placement experience

Participants identified numerous skills they gained from their clinical placements, including increased confidence and interpersonal skills. One participant also described how ‘good’ placements provided them with a frame of reference that allowed them to learn how best to act and interact as a nurse, as well as feeling it affirmed their decision to pursue nursing as a career.

“you see how well things work and then like you absorb it fully ... and it

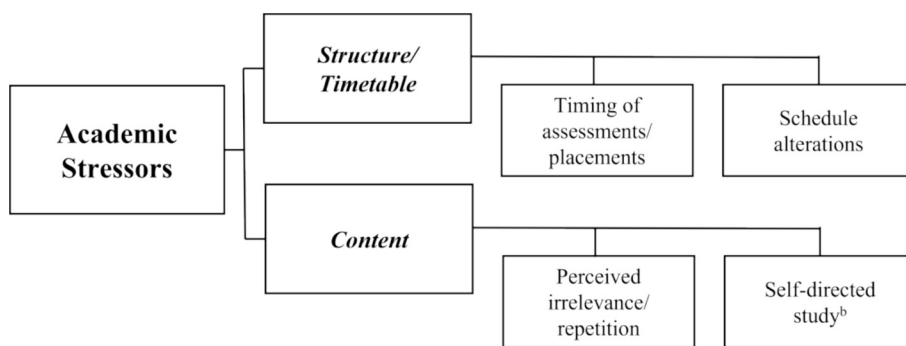


Fig. 4. Themes and sub-themes of academic stressors on the graduate-entry MSN. b: specific to the 2022 cohort.

makes you feel really confident” FG1, P4.

Both cohorts also identified stressors arising from clinical placement. As with their academic experience, the aspects of placement students found the most stressful were the areas in which they had the least perceived control. Specifically, the main sources of stress during placement were the assessment documentation, their role on the ward, and their inability to change a placement perceived as not meeting their needs. These themes and associated sub-themes are given in Fig. 5.

Both cohorts experienced stress arising from their practice assessment document and the short timeframe for completion, finding placement supervisors were often unfamiliar with the document. The 2021 cohort expanded on this, describing stress arising not only from supervisors being reluctant to sign or signing incorrectly, but also from the onus being on the student to ensure it was completed.

“[if] your supervisor is not familiar with [the document] it becomes quite difficult” FG3, P3.

Both cohorts also experienced stress related to their ward role, stating they were placed where they were useful rather than where they could learn, ultimately feeling that their learning was not prioritised. Students additionally described stress arising from their inability to change a placement they did not feel was meeting their needs, and perceiving a lack of consistency amongst placement experiences.

“people can’t change the hospital they’re in, if it’s not convenient for them” FG3, P5.

Overall, the main sources of stress related to the placement portions of the graduate-entry nursing programme were related to students’ lack of perceived control regarding their learning; not being able to control the role or tasks they were allocated or to change a placement they were dissatisfied with. Students also experienced a lack of control resulting from the power imbalance between them and placement staff; despite

the emphasis being on the student to ensure their documentation was completed, the decision was ultimately in the hands of their supervisor.

“I can’t physically demand that they sign” FG1, P1.

4.3. Participant response to themes

When presented with the proposed theme of perceived control as an underlying cause of stress, students from the 2022 cohort felt the theme was *“in the right ballpark”*. The theme was presented in more detail to the 2021 cohort, and whilst only one participant took part in the second interview, they agreed with the proposed theme, stating *“there’s not really anything that I don’t think fits with [the] findings”*. During the interview the student gave examples of areas they felt they lacked control and therefore experienced stress (the timing of their exams and assignments), as well as instances in which they did experience control (the content and direction of assignments) and described how that control made their experience both *“enjoyable”* and *“productive”*. It is acknowledged that this is only the views of one student, however the overall findings do support this theme.

5. Discussion

The aim of this study was to explore a graduate-entry nursing programme from a student perspective, with specific focus on a) motivations for enrolling, b) expectations of the programme, and c) experience of the programme to date. In addition, it provides insight into the experience of current students in the United Kingdom, addressing identified gaps in knowledge.

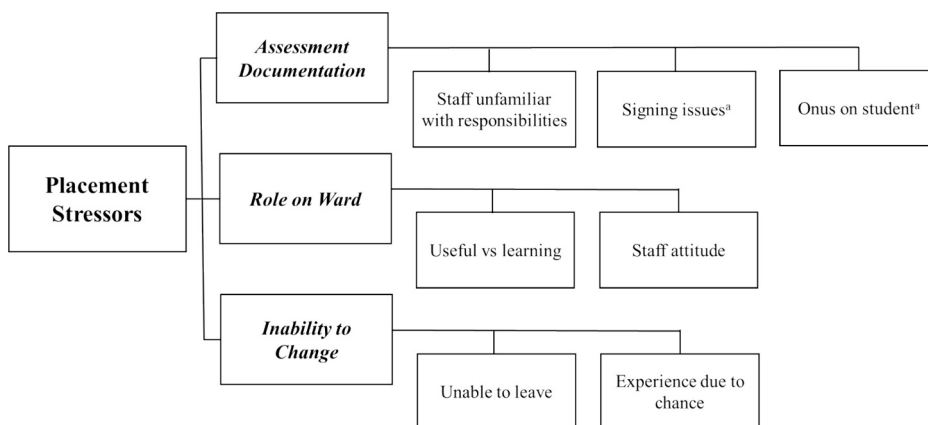


Fig. 5. Themes and sub-themes of placement stressors on the graduate-entry MSN. a: specific to the 2021 cohort.

5.1. Applicant stage

In this study, student motivations for pursuing both nursing (caring nature of the role, career benefits, and personal experience with healthcare) and the graduate-entry nursing programme (shorter duration and small, like-minded cohort) were comparable to previous literature (Macdiarmid, Turner, *et al.*, 2021, Lascelles, 2010, McKenna and Vanderheide, 2012). Similar barriers and facilitators to studying nursing were also identified: finances, family situation, and dissatisfaction with previous career (McKenna and Vanderheide, 2012; Raines, 2010; Macdiarmid *et al.*, 2021b).

The similar findings from this United Kingdom-based study to previous research primarily conducted in the United States, Australia, and New Zealand (Macdiarmid *et al.*, 2021b), suggests motivators and facilitators of studying nursing have international commonalities. The contemporary nature of this study confirms the relevance of previously documented findings regarding motivations for pursuing nursing (Moore *et al.*, 2011; Raines, 2010) and choosing the graduate-entry nursing programme (Lascelles, 2010; McKenna and Vanderheide, 2012).

This study does highlight the impact of COVID-19 on students' decision to study nursing. Participants discussed how COVID-19 had given them experience working on the frontlines of healthcare that they wouldn't have necessarily had otherwise, leading them to consider nursing as a career.

5.2. Student stage

Overall, both comparable and newly reported sources of stress in graduate-entry nursing students were identified. Whereas previous studies generally focus on either the taught portion of the programme or the practical clinical placement, both aspects were investigated in this study and stressors were identified particular to each.

The two academic sources of stress identified in this study, structure/timetable and content, have been previously identified in other studies (Neill, 2011; Kemsley *et al.*, 2011; Winnington *et al.*, 2023), however it was found that the content was considered stressful primarily due to students' doubt over their comprehension of self-taught material. This may reflect a post-pandemic increase in online learning and self-directed study and may warrant consideration of including formative assessment in these activities.

In clinical placements, previous literature has identified the need to adjust to being a 'novice' again as a prominent source of stress in graduate-entry nursing students (Lyon *et al.*, 2010; McNiesh, 2011), however this was not mentioned in this study. Staff attitude was found to be a stressor in this study, comparable to the lack of staff support previously identified by Neill's (2011) systematic review, but stress was also found to result from being assigned roles based on usefulness rather than learning opportunities. This aligns with Stacey *et al.*' (2016) study, where participants felt staff were too busy to prioritise student learning.

5.3. Perceived control and the job demands-control model

The unique contribution of this study is that commonalities between identified stressors are identified, adding to existing literature by recognising lack of perceived control as the underlying cause of stress in graduate-entry nursing students.

Following the recognition of perceived control as an underlying cause of stress, a literature search found perceived control and stress had previously been linked in Karasek's (1979) Job Demands-Control (JDC) Model. The JDC Model (supplementary material fig. 6) theorises that the greatest risk of stress arises from environments in which individuals experience high demand (such as workload or unexpected tasks) but low control. A later revision of the model (Dawson *et al.*, 2016) incorporated the Challenge-Hindrance model of stress (Cavanaugh *et al.*, 2000) to differentiate between demand types; those that provide feelings of achievement or opportunities for growth (challenge stressors) versus

those that constrain or interfere with the achieving goals (hindrance stressors). Dawson *et al.* (2016) theorised that it was the combination of hindrance demands –not challenge demands– and low control that resulted in the highest stress levels. This established model has been applied in multiple employment sectors, and has been applied to nursing education by Tuomi *et al.* (2016), who used it in their study on stress amongst undergraduate nursing students.

This important differentiation between demand types is helpful when analysing the results of this study. The main stressors reported by graduate-entry nursing students can all be classed as hindrances; areas in which students felt they were prevented from achieving their goals. Issues with timetabling and content, their role on the ward, and the inability to change placements were viewed as preventing students from learning what they perceived as necessary to become a good nurse. The struggles they faced regarding placement documentation prevented them from completing assignments necessary to succeed on the programme. Whereas aspects such as the fast pace of the programme and the heavy workload can be classed as challenges; discussed by students as difficult, but anticipated and therefore not necessarily stressful.

In this study, not only was the lack of perceived control identified as an underlying source of stress, there was also a commonality of possessing perceived control amongst areas discussed positively by students. Combined with the application of the JDC Model, this suggests that stress amongst graduate-entry nursing students can be reduced by identifying areas of the programme that act as hindrance demands and implementing means of granting students increased control over these areas. One approach may be to provide opportunities for student feedback and ensure students are aware of how their feedback is incorporated into programme delivery, which in turn could increase perceived control and reduce stress. Reducing stress improves the student experience in terms of both academic achievement and student wellbeing (Aloufi *et al.*, 2021), and has been found to lead to higher retention rates amongst nursing students (Smith-Wacholz *et al.*, 2019). It would therefore result in a higher number of nurses entering employment, helping achieve global targets of an increased nursing workforce (WHO, 2020).

5.4. Strengths and limitations

A strength of this study is the appointment of a research assistant to support data collection. Bradbury-Jones and Alcock (2010) argued that nurse educators may unknowingly influence students to participate in research due to power imbalance. Thus, the research assistant's role minimises the coercion risk when recruiting participants, and participants may have been more candid than if interviewed by a known academic.

The limitation of the study is the small sample size and the use of a single site, therefore it is recommended that a larger study is conducted that explores comparable programmes in other areas of the United Kingdom. However, it is also demonstrated that findings are comparable to previous research, indicating they are credible and potentially transferable.

6. Conclusion

In this paper the findings of an evaluation of a newly validated graduate-entry nursing programme are presented. It addresses the identified gaps in the evidence base of a previous lack of United Kingdom-based studies and limited insight into the experience of current graduate-entry nursing students as opposed to retrospective graduate perspectives. Whilst the 'applicant stage' findings are comparable to previous research, the 'student stage' provides new insight into the relationship between perceived control and stress, and further understanding regarding the difference between challenge and hindrance stressors through application of Karasek's Job Demand-Control Model (1979). Consequently, in order to enhance student experience and

promote retention, programme providers could empower students through perceived control in all aspects of their learning experience.

CRedit authorship contribution statement

Sio Wynne: Writing – review & editing, Writing – original draft, Visualization, Investigation, Formal analysis. **Amanda Garrow:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nedt.2024.106342>.

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