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Understanding attrition in accelerated pre-registration master's nursing programmes: A qualitative study of student experiences

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Abstract

Background

In the United Kingdom, most nurses enter the nursing profession through a three-year bachelor's degree programme. An alternative pathway is the two-year pre-registration master's programme, which enables graduates from various disciplines to qualify via an accelerated route. While attrition among undergraduate nursing students has been widely investigated, little is known about the experiences of students enrolled in master's-level programmes. This study explored students' experiences of attrition risk on a pre-registration master's nursing programme and identified strategies to support retention.

Methods

An exploratory descriptive qualitative design was employed for this study. Semi-structured interviews were conducted with twelve first- and second-year students enrolled in adult and mental health nursing pathways at a university in the east of England. Data were analysed using Braun and Clarke's thematic analysis framework.

Results

Three overarching themes influencing attrition risk were identified from this study: academic, placement and personal factors. Students described difficulties transitioning to master's-level study, balancing competing priorities and coping with the accelerated pace of assessment. Concerns regarding the limited duration and number of placements affected students' confidence in achieving clinical competence. Financial hardship, illness and bereavement further increased the risk of withdrawal. Participants highlighted the importance of academic and pastoral support in facilitating programme completion. The findings suggest that students undertaking accelerated master's nursing programmes experience unique pressures associated with programme intensity, compressed timelines and multiple competing demands. Targeted support within both academic and clinical settings may enhance retention and student wellbeing.

Conclusions

This study contributes to the limited evidence base on attrition within pre-registration master's nursing programmes. Although the data were collected before the COVID-19 pandemic, many of the challenges identified continue to be reflected in contemporary nursing education literature. Higher education institutions and placement providers should consider strategies that support students' academic, clinical and personal needs throughout accelerated programmes.

Background

Accelerated pre-registration master's nursing programmes provide an alternative pathway into the nursing profession for graduates from non-nursing disciplines. Originating in the United States of America (USA) more than five decades ago, these programmes have since expanded internationally, including to Australia, the United Kingdom (UK) and New Zealand (1, 2). In the UK, accelerated master's nursing programmes typically enable graduates to obtain professional nursing registration alongside a master's degree within two years, providing a potentially efficient route into the nursing workforce. However, the accelerated nature of these programmes creates an intensive educational experience that may present challenges distinct from those encountered in traditional three-year undergraduate programmes.

A key strength of graduate-entry nursing programmes is the diversity and prior academic experience of their students. Students are often older and enter nursing from varied educational, professional and sociodemographic backgrounds, potentially bringing transferable skills relevant to contemporary healthcare practice (3). In the UK, pre-registration master's programmes currently constitute a relatively small proportion of nursing provision (2.6%); however, their contribution may become increasingly important given persistent national and global nursing workforce shortages (4–6). Ensuring that students recruited through these pathways are adequately supported to successfully complete their programmes is therefore important for both workforce development and the sustainability of nursing education.

Student attrition, however, remains a significant concern across nursing education, with considerable personal, financial and organisational consequences (7). In explaining attrition, Health Education England (HEE) (8) states that it refers to the failure of students to complete their programme of study on time. Here, attrition includes students who intermit and subsequently return to the programme at a later stage, as well as those who fail to complete their programme successfully. The issue of attrition from nursing programmes is not new, with dropout rates of 33% recorded before the establishment of the UK National Health Service (NHS) in 1948 (9). This pattern continued during the early history of the NHS, with rates of up to 59% recorded in subsequent years (9). Current attrition rates of 21% have been reported in the UK for traditional three-year routes (10), compared with 40% in Australia (11) and up to 50% in the USA (12).

Research investigating attrition from master's-level nursing programmes remains limited, resulting in an incomplete understanding of the factors influencing student withdrawal. Although the systematic review by Doggrell and Schaffer (13) examined attrition rates across studies published between 1994 and 2016, it did not explore the underlying determinants of attrition. Similarly, a qualitative meta-synthesis by Jarden et al. (2), encompassing studies published up to November 2020, examined student experiences and perspectives within graduate-entry nursing programmes. While this review provided valuable insights into students' educational experiences, it did not examine the factors influencing nursing student attrition.

Research on student nurse attrition has predominantly focused on traditional undergraduate nursing programmes, and available evidence suggests that students on accelerated programmes may experience distinctive pressures, including the intensity and pace of study, financial responsibilities, difficulties with academic writing, programme structure and challenges encountered during clinical placements (14, 15). Although some evidence indicates comparatively lower attrition rates among accelerated programmes than traditional routes, this should not obscure the complexity of students' experiences or the potential consequences of withdrawal.

Despite the increasing international presence of graduate-entry nursing education, empirical research examining attrition specifically within pre-registration master's programmes remains limited, particularly in the UK. Existing reviews have largely quantified attrition or explored students' broader educational experiences rather than examining the factors contributing to withdrawal (2, 13). Consequently, there is limited understanding of how academic, personal, financial, programme and clinical factors interact to influence students' decisions and capacity to remain on accelerated master's nursing programmes. Exploring these experiences is essential to inform targeted retention strategies and support successful programme completion. We therefore decided to explore the attrition experiences of students undertaking a pre-registration master's nursing programme in the UK. We aimed to identify factors contributing to attrition, and recommended strategies to help students remain on course.

Methods

Aim

The aim of this study was to explore the attrition experiences of students on a master's pre-registration nursing programme and to identify contributory factors for attrition. The primary objective was to investigate issues that constituted threats to the successful completion of the programme and how they could be addressed to reduce attrition rates.

Design

In this study, we used an exploratory descriptive design, which employed a qualitative methodology. This approach was considered the most appropriate as our work aimed to understand the lived experiences and perceptions of attrition among students enrolled in an accelerated preregistration master's nursing programme in the UK. Attrition within these programmes is a complex and multifaceted phenomenon influenced by several factors (8) and we aimed to capture the participants' perspectives and experiences. This involved the use of semi-structured interviews, to enable the researcher to gather rich data on self-reported factors experienced by students (16). Although the quantitative technique is considered trustworthy because it can be replicated, it is limited in evaluating the lived experience of study participants. A qualitative approach was therefore deemed appropriate, as it offered information about how participants view and make sense of their experiences (17).

Sample

The data was collected between September and December 2019, in a Higher education Institution (HEI) that offers the two-year pre-registration master's nursing accelerated programme. Participants studied alongside peers who were undertaking the traditional three-year programme. The institution offers adult and mental health nursing pathways and participants in the study represent both fields of nursing and each of the 2 years of the programme. Due to their limited programme exposure, we considered students at the beginning of their training and those without placement experience unsuitable to participate. Purposive sampling was used to identify students who were knowledgeable in the phenomena of interest (17). From a potential population of 80 students,15 initially responded. A total of 12 students met the inclusion criteria and were able to attend the one-to-one interview within the three-month period allocated by the researcher for data collection. This time scale was chosen for practical reasons based on student availability.

Data collection

The researcher attended the first ten minutes of timetabled lectures to inform students of the study. Participant information sheets and a checklist were left for students to take if they were interested. The checklist stated the inclusion criteria, which specified that students must consider themselves to be at risk of attrition. The researcher's details were made available if students had any questions or wanted to participate. Data were collected using face-to-face interviews that were guided by semi-structured questions. This allowed for probing and encouraged the respondents to 'open up' to issues that were potentially sensitive (17). The semi-structured interview schedule (see Table 1) was developed by the researcher based on the literature review, with pilot testing by academic staff members. The researcher later refined it to align with feedback received. The questions considered recent issues discussed in the literature on attrition including academic challenges and heavy workload intensity (7, 15). Following informed consent, all interviews took place in a private environment within the university campus, which was convenient for participants to access. The interviews were approximately 45–60 minutes long with a median time of 53 minutes. Interviews were audio-recorded and later transcribed verbatim by the researcher at the end of each one. To maintain confidentiality, no personal identifiers have been included, and respondents' names were omitted from transcripts and replaced with a participant number.

Table 1: Interview Schedule

1. Tell me about yourself....
    1. What field are you studying?
    2. How far are you in your training?
    3. What cohort are you on?
2. What challenges did you encounter to make you feel like you wanted to leave?

    1. What put you at risk for leaving?

3. What helps you to remain on the programme?

    1. What strategies are working?
    2. What strategies are not working?
    3. What else might you try?

4. What do you think the university can do to help you remain on the programme?

    1. What strategies are working?
    2. What strategies are not working?

5. Would you like to add anything else that was not covered?

Data analysis

Braun and Clarke's (18, 19) 'six-phase' approach was applied to analyse the transcribed data. See Table 2 for an exemplar of the data analysis process. During the first phase, the researcher immersed themselves in the data by repeatedly listening to the recordings and rereading the transcripts. Another academic staff member was asked to check on the themes and at their suggestion, the subthemes were added. Themes and subthemes were then checked for accuracy, thus ensuring that the ideas embedded in them were relevant to the research question and accurately represented (19). In the final phase, extracts of the transcripts were used to substantiate the themes.

Table 2

Exemplar Braun and Clarke's data analysis process (Please insert after Data analysis section)

1.Familiarisation with the data: ***Re-read the data noting down initial ideas***	**2. Generating initial Codes:** ***Grouping reoccurring ideas based on their relevance to the research aims***	**3. Generating themes:** ***Grouping codes into potential themes based on similar ideas***	**4. Reviewing potential themes:** ***Checking each theme to ensure they meaningfully represented the data***	**5. Defining and naming themes** ***Refine each theme, generating clear definitions and names for each theme***	**6. Producing the report** ***Completion and final inspection of the narrative***
I love nursing and the programme, but I struggled academically. Knowing how to critically analyse was a struggle. I think that if it was a BSc, it would be easier. I did not struggle as much when doing my undergraduate degree. My biggest regret is not doing my nursing course as an undergraduate degree, but I will have my masters when I finish. **P1**	Respondents struggled with academic writing which was a stressful experience and put them at risk of attrition. They felt that it might have been easier if it was a 3-year BSc programme. They had regrets opting for the master's programme but felt that there was a trade-off getting the masters award at the end of the programme.	Challenges with academic writing related to master's level Conflicts undertaking the programme at master's level Valued a master's degree on completion.	Issues with academia stood out from a number of transcripts as reasons for attrition. The other two themes (conflicts undertaking the programme at master's level and valued a master's degree on completion) did not answer the research question and were omitted from the final report.	**Theme**: Academia **Sub theme e.g.**: Academic Writing	Refer to the discussion section
I thought that since I have worked in the hospital setting before, that nursing would be easier for me, but I did not feel supported when I went on placement and that was difficult. I did think of	Having prior clinical experience did not necessarily mean that there was less risk of attrition. Support from supervisors and assessors in	The value of prior clinical experience The importance of placement support Achievement of clinical skills	The value of prior clinical experience was not seen as a major theme and became a sub theme. There was not overwhelming evidence to support he them	**Theme**: Placement **Sub theme e.g.**: Prior Clinical Experience	Refer to the discussion section

1.Familiarisation with the data: ***Re-read the data noting down initial ideas***	**2. Generating initial Codes:** ***Grouping reoccurring ideas based on their relevance to the research aims***	**3. Generating themes:** ***Grouping codes into potential themes based on similar ideas***	**4. Reviewing potential themes:** ***Checking each theme to ensure they meaningfully represented the data***	**5. Defining and naming themes** ***Refine each theme, generating clear definitions and names for each theme***	**6. Producing the report** ***Completion and final inspection of the narrative***
leaving because you come to the end of that placement, and we are nearing the end of the course and I am thinking… I don't know if I want to go into practice as I don't feel safe.' **P2**	placement was paramount to student success. Students need to feel that they have sufficient knowledge and skills to be confident to go out in practice on completion of the programme. The stress of achieving a lot of learning in a short space of time put students at risk of leaving the programme.		'achievement of clinical skills' and this was included in relevant discussions under the major theme of Placement.		
'I lost my mom in the first year. When I got the news, I wanted to quit because the programme was already stressful and now there was so much more I had to deal with.' **P6**	Personal problems such as bereavement increased attrition risk as they were already dealing with a pressurised programme. The risk increases when more than one challenge was involved.	Personal problems Bereavement	Bereavement was seen as a part of a wider issue relating to personal problems and became a sub theme, while personal challenges became the theme.	**Theme**: Personal Challenges **Sub theme e.g.**: bereavement	Refer to the discussion section

Ethical considerations

Ethical approval was obtained from the university's Research Ethics Committee before recruitment began. The Ethical approval reference number is 12048. During the recruitment phase, students were provided with written information and consent forms. The process incorporated scientific and ethical rigour, which was maintained throughout the study in accordance with the Helsinki Declaration (17). The process included voluntary participation to reduce the risk of coercion and the management of data storage. Before the interviews, participants were told they could stop at any time without providing a reason and that their rights would be respected.

Rigour and trustworthiness

Several approaches were used to ensure to achieve rigour and credibility in this study. The researcher was a member of the faculty and known to the participants. Students were told that participation was voluntary and that there would be no consequences for their choice. Anonymised transcripts and themes were double-checked by another academic staff member and discussed further to ensure that the themes found encompassed and fully captured participants' ideas. The agreed themes were later collated into a final version for further analysis (18, 19). As a nursing lecturer, the researcher used their lived experience and professional background to interpret the information provided by the participants, applying a personal reflexivity perspective (20).

Results

Sample characteristics

As shown in Table 3, 12 students from a population of 80 participated in the study. According to their assigned gender, 2 participants were male and 10 were female. The noticeably lower male to female ratio is in line with national trends in UK nursing programmes (21, 22). 10 (1 male participant, 9 female participants) self-identified as being from an ethnically diverse background, and 2 self-identified as white British (1 male participant, 1 female participant). This data represents an increasingly ethnically diverse population of nursing students and subsequent registrants in the UK (21, 22). Among the participants, 5 were students in the mental health nursing field and 7 in the adult nursing field, and this sample is in line with national data where mental health nursing is lagging behind adult nursing (22). In the mental health nursing group, 4 students were in their second and final year of study, while one was in their first year. In the adult nursing group, 6 students were in their second and final year, and one was in their first year. All were mature students over the age of 21 years, which is representative of the demography of students undertaking this type of programme in the UK (33).

Table 3
Participants' profile

Demography	Field of nursing & year of study	Assigned gender	Age
White British = 2 Ethnically diverse = 10	Adult year 1 = 1 Adult year 2 = 6 Mental Health year 2 = 4 Mental Health year 1 = 1	Male = 2 Female = 10	All participants were classified as mature students over 21 years

Following the thematic analysis, three main themes and various sub-themes were identified as factors that placed master's pre-registration nursing students at risk for attrition. The main themes identified were academia, placement, and personal factors, along with their respective sub-themes, as shown in Table 4. Some of the quotes have been paraphrased to protect the anonymity of participants.

Table 4
Themes and sub-themes

Main Themes	Sub-themes
5.3. Academic	5.3.1. Timing of assessments
	5.3.2. Academic Writing
	5.3.3. Academic Expectations
	5.3.4. Formative Feedback
	5.3.5. University Support Systems
5.4. Placement	5.4.1. Prior clinical experience
	5.4.2. Practice Support
5.5. Personal	5.5.1. Finance
	5.5.2. Ill-health
	5.5.3. Bereavement

Academia

Students expressed challenges with a range of academic-related issues that put them at risk for attrition. These included:

Timing of Assessments

The findings suggest that students were under tremendous pressure, trying to balance the demands of a fast-paced course with classroom and placement activities. They found the preparation of assessments

challenging due to the frequency and short turnaround periods. Students highlighted the intensity of their workload, including submission of assignments during or immediately after placement:

'I had my four week placement and when I came back to university, we had two assignments due a day apart. If we had more time in between assignments, you would have more opportunities to demonstrate what you should to pass.' P8

'The number of assignments and the short time in between them and on top of placement…. you should have longer periods to hand things in.' P5

Academic Writing

The risk of attrition from academic failure was noted by 50% of participants and related to the rigours of master's-level writing:

'I struggled academically. Knowing how to critically analyse was a struggle. I believe that pursuing a BSc would have been easier. I did not struggle as much when doing my undergraduate degree.' P1

'Writing academically at a higher level, at a master's level...this has been challenging for me.' P3

'I think it makes a difference doing it at master's level as the way the scripts are marked is at a higher level. The pass mark is higher when compared to the BSc. I really had to dig deep and that was stressful for me' P7

Academic Expectations

There is an apparent lack of consensus between faculty and students on the level of support required at master's level. The situation is compounded by students coming from a range of backgrounds, with varied life experiences and abilities. Some students were dissatisfied with support from the academic team, which they described as inadequate and they felt that this had put them at risk of attrition:

'…the tutors say there is a lot of self- learning, so go and sort it out... although this is a master's course, I would expect the same kind of support as any other student, as studying at a higher level is new to us.' P2

'As a mature student, you tend to just accept things and try to resolve them, but you must remember that you are a student irrespective of level.' P4

Formative Feedback

Opportunities for developmental feedback were critical to mitigate academic failure. The quality of the feedback was crucial in helping participants make sense of complex arguments and then be able to effectively communicate their ideas, as required for master's level writing:

'I did not realise how important it was until I got the feedback from the first essay. It is necessary to make it clearer from the beginning, and you will not make those mistakes later…. Our tutors need to remember that studying at master's level is a new experience and we need support in honing our writing skills' P6

'As this was my first module since starting my master's, I really put significant effort into getting that draft done, but when I got the feedback, it was only two lines. I spent so much time doing it and they did not bother to give constructive comments.' P2

University Support Systems

Students expressed a lack of awareness of the scale of work and quality of skills required for the programme. The reality appeared to put them at an increased risk of attrition and having access to relevant support was essential to progression and success:

'When I realise there was a problem with my writing, I contacted Student Support and they saw me within 2 days. That really helped. P3

'We were informed that it would be challenging, but you simply believe you can accomplish it. It was not until I was struggling that I realised I had to seek help. I spoke to a peer mentor (another master's student), and she gave me some tips.' P6

Placement

Students expressed negative experiences during placement, which placed them at risk of attrition. Factors included prior clinical experience and support challenges.

Prior clinical experience

There were conflicting views as to whether having prior healthcare experience had an impact on attrition risk. This is important to consider because master's level programmes offer shorter and fewer placements, which leads to reduced clinical exposure:

'I had limited prior experience in nursing, so I am acquiring new skills and striving to do so efficiently, which proved to be quite challenging.' P3

'I thought that since I had worked in the hospital setting before, nursing would be easier for me, but I did not feel supported when I went on placement and that was difficult. I did think of leaving because you come to the end of that placement, and we are nearing the end of the course, and I am thinking… I don't know if I want to go into practice as I don't feel safe.' P2

Practice Support

Participants were experiencing a range of placement-related stressors. The most significant stressor was the confusion generated by placing master's-level students alongside those on the traditional 3-year route with longer and more placements. Satisfaction was linked to their experience of support from practice assessors and supervisors:

'It takes assessors some time to realise that there are only 2 years for the course, and you are there wondering if you are going to be able to sign off your skills.' P5

'My supervisor knew that I was doing a 2-year course, and she gave me lots of opportunities, which was really helpful.' P2

Personal

Personal challenges varied from financial and family issues to illnesses and bereavement. Students in traditional programmes often face these challenges, but a highly intense programme amplifies them. The narratives highlight the significant stressors that master's students were experiencing, and the impact that these had on their health and well-being and subsequently, their ability to successfully complete their programme of study.

Finance

Most participants were mature students with additional financial obligations, including mortgages, dependent family members, and were carrying debts from a first degree:

'I am not entitled to a bursary, so I rely on my mom and dad. I have a part-time job, and when you get that call to come and do that shift, I would go, but being on placement, being full-time and then doing that odd shift, it was just too much. Perhaps it would have been more manageable if I had more financial support' P1.

'I have had to access the hardship fund which really helped. I still have to pay for my undergrad degree as well. I get to the point where I think that I am not able to make it this time, that is me off the programme, and that alone is stressful.' P9

'It was the end of my final year when my mother was unwell in my home country. There was a lot of financial involvement. It was so difficult. Half of the time I was sitting down and crying. I thought of giving up.' P11

Ill-health

Some participants experienced ill-health which threatened their ability to continue their studies.

'I went through a period of anxiety and insomnia. I couldn't sleep well for about a month. That was stressful. I did not have anything left in me. I did not have anything else to give.' P8

'I started having several medical problems and they got worse. My state of mind was not good. The only thing I wanted to do was just sleep… the course was not a priority.' P4

Bereavement

Some students were bereaved during the programme, which had a profound impact on their health and well-being and challenged their ability to successfully complete the programme:

'I lost my mom in the first year. When I got the news, I wanted to quit because the programme was already stressful and there was so much more I had to deal with.' P6

This narrative from a student who experienced a tremendous personal loss demonstrates the huge sacrifices students were making to undertake master's-level pre-registration programmes that are few and not as accessible as traditional undergraduate nursing programmes:

'I had to relocate to take the course, as this was the closest master's course to my home. While I was at university, my child tragically died… and all that time until now, I am still thinking. why did I leave? If I did not come on the programme, it would not have happened.' P4

Discussion

Challenges of transitioning from bachelor's to master's level writing were identified by 50% of participants in this study; this contradicts previous research, which suggested that aptitude, intellectual capacity and ability to excel in theory and clinical competence are drivers for students entering graduate entry nursing programmes (23, 24). Respondents expressed struggles with workload intensity and short assessment turnaround times, which are typical of accelerated programmes. This conclusion is in line with findings from a study by Wray et al., (12) and constitutes a potential risk for academic failure.

Previous studies have also alluded to the ability of master's level nursing students to do well in academic writing because of their exposure to undergraduate-level studies (1, 23). This viewpoint appears to be at variance with the expressed concerns of the respondents in this study, as they indicated needing support in this area. An Australian based study which focused on the experiences of graduate entry nursing students in an embedded six-week literacy support course confirmed the findings of previous studies that they were highly motivated and "*demonstrates the ability to juggle competing life stressors with the demands of their studies"* during the embedded programme (25) (p. 307). However, their statement was within the context of their response to the literacy support programme. Furthermore, two-thirds of the participants were already overseas-qualified registered nurses and were offered academic literacy support, which is not applicable in this study.

In contrast to traditional bachelor's in nursing programmes, the intensity of workload and having to juggle assignments, placements and demands of family life have played a significant role in attrition risks for respondents in this study. Students were undertaking several modules simultaneously and were at risk of attrition if they could not complete all assessments on time. Students viewed access to academic skills and financial support as crucial for their success.

Practice Supervisors and Assessors, who support students in practice, seemed unaware of the learning needs of master's level students when compared to those studying at bachelor's level. Consequently, students were being denied learning opportunities, not recognising that master's level students have fewer and shorter placements. The current pre-registration nursing standards have greater expectations, in that students need to have more 'hands-on' exposure during their training (26). This could put pressure on master's level learners, who already have limited time on placement. The support of a link tutor who liaises with students and practice staff was critical to facilitate a successful placement. Considering that pre-registration nursing programmes within the UK are 50% practice and 50% theory (27), attrition

strategies must examine both academic and clinical settings if they are to work successfully and link tutors may prove invaluable in enhancing student retention from a clinical perspective.

The literature has indicated that avoiding financial stress appears to be a high motivational factor for students who choose to enter master's in nursing programmes, due to their shorter time frame (23). It has also found that master's students are typically older adults with conflicting obligations, including family life and finances. Due to these competing responsibilities, students found the intense programme, which lasts two years rather than the customary three, more financially enticing; according to participants' beliefs, taking a two-year break from their employment to pursue education is considered financially manageable (23).

The findings from this study, however, appear to portray a different experience, as students indicated that they had been placed at risk of attrition due to various competing demands. There was also the cost of commuting or relocating, because there are fewer master's-level programmes in the UK. The literature has not previously highlighted this issue. The identified risk factors including academia, placement, and personal issues are consistent with traditional nursing degrees (7, 8), but appear to be magnified, considering the intensity and demands of master's-level programmes.

Students' experience of financial challenges and family demands was quoted in an American study by Rouse and Rooda (28) (p. 360): "*They are older, and many have children and need to work in order to scrape by*". The Australian study by Neill (1) (p. 93) also cited that "*Participants encountered intense emotions at the intensity and fast pace of the course, together with financial hardship and new clinical realities*". However, the American and Australian studies highlight challenges that do not appear to be as intense as those found in this study. These findings also appear to differ from the internationally recognised position that pre-registration master's in nursing programmes tend to attract mature, self-driven, autonomous, assertive, and self-motivated graduates that favour self-directed learning (23).

Limitations of the work

This study adds to the under-researched body of knowledge by exploring the experiences of a unique group of nursing students. We must however acknowledge several limitations. Being a single institutional study, the results are not transferable to other institutions. Most participants were from the adult field of nursing and future studies could explore other fields as there may be programme-specific issues that impact attrition. Most students were from an ethnically diverse background and were predominantly females. If they had participated in the study, students with other gender identities and ethnicities might have had different experiences and views. The constraint of time allocated for data collection could have impacted the number of interviews conducted for the study, as more students could have participated had they been available. This study utilised data collected in 2019, however, many of the challenges identified continue to be reflected in contemporary nursing education literature. Furthermore, there remains a paucity of literature highlighting the experiences of pre-registration

master's in nursing students globally, and available literature appears to be over 10 years old. The results suggest the need for further exploration of these issues in future studies.

Finally, insider knowledge challenges from researchers conducting studies based on their organisation could raise issues of prejudice, openness to scrutiny, and impact on conclusions drawn from findings (17). While participants might have been more inclined to share their experiences, the possibility of researchers' influence on results due to overfamiliarity could also be deemed a potential limitation to the credibility of the findings. To counter potential issues of insider bias, the researcher endeavoured to apply personal reflexivity (20). In addition, the perspectives of international students, who pay higher tuition fees and are not eligible for financial support through the NHS Learning Support Fund, were not explored in this study. Including their views could have provided further insight into the financial challenges and attrition risks identified by the respondents.

Implications for nursing education and practice

The findings from this study indicate multifaceted factors that have placed the respondents at risk of attrition. These included academia, placement and personal concerns. From an academic perspective, these findings highlight the role of HEIs in supporting students' transition from first degrees to master's programmes. The professional regulatory body mandate HEIs to have supportive systems in place to help students develop their skills and abilities (27). Academic writing skills workshops could accomplish this objective. Curriculum design should consider various assessment methods, such as vivas and less reliance on essays, which can disadvantage some students (29). Credits could be awarded to clinical modules to reduce the number of classroom-based assessments.

The value of quality formative feedback to academic assessments was identified in this study and is aligned with the tenets of the UK Quality Assurance Agency (QAA) for higher education (30). The idea is that students who know their learning needs can address them and improve their chances of success. Gedye (31) argues that students require guidance to help them utilise feedback. This feedback literacy can help students comprehend assessment requirements and improve the quality of their work. Timetabled sessions could accomplish these objectives by discussing the marking criteria and assessment expectations. Emphasis should be placed on the role of an allocated tutor to provide one-to-one guidance and pastoral care (7). HEIs should consider programme structure to ensure that assessment schedules do not put unnecessary stress on students.

Considering that pre-registration nursing programmes encompasses practical experience and theoretical learning (27), clinical settings must also be examined if retention strategies are to work successfully. The results of this study suggest that time poses a significant factor, as master's-level students have fewer and shorter placements and must still meet the NMC practice requirements (27). They are therefore at risk of attrition if they are unable to achieve their objectives on time. The importance of continuous dialogue between HEIs, students and practice partners is pivotal to a successful placement. Academic tutors should be accessible to students and practice staff so that issues that impact placement learning can be detected and addressed promptly.

An embedded academic literacy programme, similar to that used in an Australian study with additional opportunities for robust assessment and feedback could also be beneficial in identifying learning needs and mapping out appropriate and timely support for students, limiting attrition risks (25). This strategy also appeared desirable, considering that there were a high number of students with English as an additional language, which may be applicable to the ethnically diverse respondents in this study.

The pre-registration nursing standards have greater expectations, including the requirement for more ‘hands-on’ exposure (27). Such expectations create greater demands on students who are already struggling to achieve clinical competence. Master’s-level learners should be offered more opportunities to enhance clinical skills, including the use of simulation, which uses real-life scenarios to increase confidence (27). Placement areas should be strategically selected to maximise learning.

Considering the significant personal challenges faced by participants in this study, students should be able to access supportive services such as hardship funds to provide financial aid. Where feasible, placement should be located closer to home to reduce the cost of commuting during placement periods. Considering the stressors relating to managing competing family life along with the demands of studies, there is a need for HEI’s to ensure that students are made aware of supportive services where they can obtain pastoral care, guidance and well-being support (26). The role of an allocated tutor is vital here as a first point of contact should the need arise.

HEIs could consider using a student retention model, as these may positively influence attrition. A well-established one is Jeffrey’s Nursing Universal Retention and Success Model (NURS), which has been successfully applied in several countries(11, 32). NURS considers a range of factors influencing student retention and has been used in both undergraduate and postgraduate education. Peer mentoring embodies Vygotsky’s Zone of Proximal Development and is another possible option, which participants in this study found beneficial (34). Peer mentoring involves senior students ‘buddying up’ with new students on the premise that learning is prompted and enhanced by peer interactions (35).

Conclusions

Master’s pre-registration nursing programmes are important for growing the nursing workforce nationally and internationally. This exploratory investigation in the UK has found that students undertaking the accelerated two-year master’s pre-registration nursing programme have encountered academic, placement and personal issues that put them at risk of attrition. In comparison to those studying the traditional three-year bachelor’s programme, stressors are associated with the structure, pace and intensity of the programme and competing personal demands. Viable strategies need to be in place that consider students’ previous experiences, circumstances, and vulnerability to attrition due to the demands inherent in the structure of the pre-registration master’s in nursing curriculum. Such accelerated programmes must utilise a holistic approach that focuses on promoting tailored support, including pastoral care and improving tutor-tutee relationships. These can ensure early identification of at-risk factors and proactive implementation of suitable interventions across both academic and clinical

settings. Student retention frameworks may be beneficial to ensure care of students at risk. Academic support must be available for students, especially those with English as a second language. Due to the integrated nature of nursing education, combining theoretical and practice-based learning, HEIs and their practice partners must strengthen their effective partnership to enhance students' placement experience.

Finally, further research is needed to investigate the experiences of students from ethnically diverse communities on master's in nursing programmes, due to the high representation of these students in nursing training settings, and healthcare services globally. Although the research's small sample size, qualitative design, and singular university emphasis precluded generalisation, the findings accurately captured participant experiences and laid the groundwork for further studies. The views of international students on master's pre-registration nursing programmes in relation to attrition risks also merits future exploration.

Abbreviations

United Kingdom (UK); United States of America (USA); Health Education England (HEE); National Health Service (NHS); Higher Education Institution (HEI); Universities and Colleges Admissions Services (UCAS); Quality Assurance Agency (QAA); Nursing Universal Retention and Success Model (NURS).

Declarations

Ethics approval and consent to participate

This study was granted ethical approval by the Research Ethics Committee at the University of Essex, with the reference number 12048. Informed consent was received from all participants in line with ethical regulations.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

Use of Artificial intelligence

ChatGPT was used for language refinement and proofreading purposes only. The research is original, and the manuscript accurately represents the study and its findings. ChatGPT was not used to generate the research, data, analysis, or manuscript content.

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Author Contribution

Study design, data collection and data analysis: CDF. Manuscript writing and revision: CDF;ATB. Both CDF and ATB contributed towards reviewing the paper before submission, read and approved the final manuscript.

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Availability of data and materials

The datasets originated and/or analysed during this study are not publicly available and cannot be shared due to the potentially identifiable nature of the qualitative interview data and the need to protect participant confidentiality in accordance with ethical and data protection requirements.

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