The Views of Nursing Students and Staff Surrounding Additional Academic/Pastoral Support, Pod Tutorials and Student Success.

A Two-Phase Mixed-Methods Study

November 2015 – July 2016

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Finally, a great debt of gratitude is owed to the Student and Staff Participants who took part in this research and made valuable contributions to this work.
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Executive Summary

With a degree being a requirement for all new UK nurses since 2013, such students typically have a focused career path, consisting of practical and academic training. Unfortunately, the academic components of a nursing degree can present challenges to some students (Goppe & Deane, 2011). Academic difficulties, financial problems, personal and psychological issues can cause various negative outcomes for trainee nurses, which can ultimately result in course failure or dropping out of university (Orton, 2011). Many HEIs have responded by developing various support systems to deal with such eventualities. However, not all students who experience difficulties make good use of these systems (Norrie, Dowsett, Postance & Greenway, 2015). The current research examined the barriers surrounding the use of additional support and how access could be improved. In addition, the positive/negative aspects of the Pod tutorial system as a learning tool were examined and the strengths associated with successful students.

This research employed a sequential quan → QUAL mixed-methods design (Morse, 2003), where the findings from an initial quantitative survey (Phase 1) informed the following qualitative study (Phase 2). Phase 1 involved the collection of survey data from 60 nursing undergraduates and consisted of two Likert-type scales and a series of demographic questions. Phase 2 involved a range of data collection methods including focus-groups, qualitative questionnaires and a semi-structured interview. Participants included nine students and five lecturers. Qualitative data were analysed in NVivo using thematic approach (Braun & Clarke, 2006).

Phase 1: Key Findings:

- The majority of students thought they would benefit from additional support, but relatively high number appeared to be unaware of the support that was available to them.
- Over half of the participants either agreed or strongly agreed that they would benefit from additional psychological support.
- Nearly a quarter of the participants agreed or strongly agreed that they would feel embarrassed if anyone found out they were seeking additional support. Those who held the most stigmatising views about support were those with less awareness surrounding support. Students, who felt they would benefit most from support, were more likely to feel there was stigma associated with receiving it.
• The majority of participants felt that Pod groups were useful, but a quarter disagreed or strongly disagreed with this. Students who felt they would benefit from support were more likely to perceive the Pod tutorials as an effective system.

• Students perceived themselves to be most successful in the areas of ‘Career Development and Ambition’ and ‘Subject Passion’. Variables pertaining to academic success achieved lower mean scores suggesting a less positive and more neutral view of success in those areas. The lowest mean scores were for ‘Financial Management Success’ and ‘Successful Health Management’.

• Students with greater awareness of student support options were more likely to perceive themselves as successful in academic areas, in managing their physical and psychological health and in managing their finances.

• Students who felt they would benefit from additional support, would be more likely to report lower levels of academic success and success with managing their physical and psychological health.

• The most academically successful students were less likely to perceive that they needed additional support. They had significantly more positive views of Pod tutorials, more positive view about stigma and more positive attitudes towards support.

Phase 2: Key Findings (Students)

Student participants talked about challenges, strengths, perceptions and beliefs in relation to student support, success and Pod tutorials. Focusing specifically on the research questions, six themes were identified in the student data (one overarching theme and five subordinate themes):

Theme 1: ‘We don’t feel like students’ was an overarching theme which reflected a view held by many of the participants, that course restrictions meant they were not regular students and were in some ways disadvantaged. This appeared to have an effect on support and aspects of success.

Theme 2: ‘Support detachment and disengagement’ reflected a general view that additional support was not always accessible, relevant or sufficiently specialised for nursing students.

Theme 3: ‘Stigma and not showing weakness’ encapsulated the stigma some students attributed to additional support, which was compounded by not wanting to show weakness as a student nurse.

Theme 4: ‘Access to support’ reflected a degree of confusion felt among some students, as to what support services were offered, who they were for and how they could be accessed.
Theme 5: ‘The successful student’ referred to four key areas that students felt were important to their success. These included: Perseverance and hard work; Being a balanced student; Effective health and financial management and Willingness to learn and seek support.

Theme 6: ‘Pod Culture’ identified some of the challenges students experienced surrounding Pod tutorials, and compiled a series of ways in which they thought this system could be improved.

Phase 2: Key Findings (Staff):  
The staff in the focus group spoke at considerable depth about areas of student support, student expectations, Pod group tutorials and a range of factors underpinning student success. The following five themes were generated from the analysis:

Theme 1: ‘Students should be proactive about support’ reflected a view held by many staff, that students needed to engage more with support. Participants were concerned that students expected to be spoon-fed, left things until the last minute and expected personal tutors to solve everything.

Theme 2: ‘The accessibility of support’ encapsulated the views of staff surrounding the accessibility and availability of student support. Some felt that support was readily available, but students were unwilling to seek it. Others questioned its accessibility and felt it could be improved.

Theme 3: ‘making support more effective’ covered a range of ideas suggested by staff about how support could be improved. It included managing student expectations, integrating support into modules, tackling stigma and making support more appropriate for nursing students.

Theme 4: ‘Pod tutorials’ reflected the largely negative views held by staff surrounding this tutorial system. There were concerns about its effectiveness, the fragmentation of students and the extent to which student understand them. There were also recommendations for improving the system.

Theme 5: ‘Student success’ reflected several areas that staff felt were important to the concept of student success. These included motivation, self awareness, leadership skills and being resilient to psychological and emotional problems.

Discussion and Recommendations:  
Nursing students throughout the UK reflect a diverse population of individuals with a predominance of females and mature students (Hamshire, Wilgoss & Wibberley, 2013). Like many undergraduates, trainee nurses can experience a range of academic, psychological and financial difficulties (Gopee &
Deane, 2013). In addition, there may be certain elements specific to a nursing degree (i.e. placements) that can create extra stressors and challenges. Whilst HE offers a range of academic/pastoral support options to Student Nurses, only a relatively small number make good use of them (Norrie et al., 2015). This research examined the views of Nursing Students and Lecturers regarding additional academic support, the barriers surrounding its use, student success/difficulties, the strengths associated with successful students, and views surrounding Pod-group tutorials. This research has suggested that a series of barriers exist among student nurses surrounding academic/pastoral support. Also, nursing students reported challenges including stress and psychological health concerns. In addition, views of Pod tutorials were more positive among students than staff. However, there were a range of issues identified which should be addressed. Finally, a series of strengths were discussed which may be of particular advantage to achieving success in HE. These were closely related to character strengths and balanced-time-perspective. Based on this evidence, the following recommendations have been made:

**Additional Support**

- Students should be better educated about support, what it entails and what it can offer. Greater clarity about support provision from the University and the Trust should be provided. ‘Buddying’ new with experienced students, may help them to understand and normalise support use.
- Better advertising and signposting for financial support may be advantageous to nursing students, alongside closer links between nursing degrees and employment agencies offering temporary part-time roles that may fit with a nursing schedule.
- More research work should be conducted within HE to examine the effectiveness of interventions to tackle stigma surrounding additional support.
- To normalise additional support, it would be valuable if students reconceptualised the association with remedial provision. Embedding support services into taught modules could provide a platform for removing preconceptions and promoting support as an option for individuals of all abilities. In addition, normalising support seeking on placement may also be advantageous, with mentors being familiar with both University and Trust support options.
- It is recommended that student support services liaise with nursing staff to explore better ways to accommodate the needs of student nurses.
- It might be beneficial to implement a dedicated support service for student nurses that operates on an out-of-hours schedule and offers nursing-specific support.
- A ‘one-stop’ support guide might be useful for student nurses who perceive conflicting information from different sources. This could be an electronic resource or printed booklet.
• Expectations should be clarified and be more effectively managed. Personal tutors and module leaders specifically make time to set out the ground rules regarding expectations. Students need clearer guidance on what to do if they experience difficulties and personal tutors should be familiar with the information and the challenges students experience accessing support.

*Group Tutorials*

• First-year nursing students may not have the knowledge and skills required to contribute to a successful Pod-group experience. They may benefit from one-to-one tutorials whilst they develop and build the skills and competencies required for group tutorials.

• It might be beneficial if students had the option to specify a fellow student they would like to have in their Pod. Whilst this may present logistical challenges, the benefits could outweigh the costs if Pods become more effective for students.

• It may be beneficial for Pod members to be increased above the current number of five-six.

• Pod tutorials could be timetabled and not optional. This would encourage attendance and potentially reduce the discrepancy between groups surrounding how frequently they met.

• It may also be useful to have assessed group work for Pod members. For example, group presentations, discussions and assignment preparation (group literature search or data collection).

• Encouraging team work within Pods may enhance group dynamics and cohesion. Having a Pod-group presentation seminar or a group poster competition may be particularly beneficial to build a positive Pod-culture and strengthening bonds within the groups.

*Developing Strengths*

• It might be fruitful to incorporate strength-based and time-perspective interventions into Pod-tutorials. Interventions which encourage students to cultivate and use their strengths have been related to well-being, success and resilience.

• A balance-time-perspective is associated with, and can predict many positive student outcomes, including academic performance, perceptions of success (academic and non-academic), resilience to stress, anxiety and depression, and increased subjective well-being. Interventions aimed at this to could be embedded in the curriculum or embarked on as personal development in Pod-groups.
Introduction

A University Degree can offer numerous life-changing opportunities and represent a major stepping stone into a professional career (Morgan, 2012). A diverse range of individuals are drawn to the University experience and declare multiple academic, career-oriented and non-academic motivations for enrolment (NUS, 2011). For many, University signifies an important stage of personal and intellectual development, but increasing numbers of students report personal, financial, and academic difficulties en route to graduation (Griffin, 2014; Cooper, 2003). With a degree being a requirement for all new UK nurses since 2013, such students typically have a more focused career path, consisting of practical and academic training. Whilst motivations to become a nurse are diverse, many are drawn to the practical caring aspects of the role. However, the academic components of a nursing degree can present challenges to some students (Gopee & Deane, 2013). These issues can be increased when trying to meet the demands of placements (Waters, 2008). Therefore, one aim of this research was to explore student and staff views surrounding the strengths required to meet these challenges and the effectiveness of support options to assist such students.

Academic failure, a lack of appropriate support, personal, financial and psychological issues, can cause negative outcomes for trainee nurses, which can ultimately result in course failure and attrition (e.g. Glossop, 2001; 2002; Orton, 2011; White, Williams & Green, 1999; Kevern, Ricketts & Webb, 1999). Indeed, attrition is a well-documented problem, with reports of over 26% of UK nursing students dropping out of their degrees or diplomas in 2006 (Waters, 2008). More recent figures suggest attrition rates as high as 30% (Council of Deans of Health, 2013). However, as exit interviews are not mandatory for those who leave prematurely, it can be difficult to ascertain accurate statistics for attrition (Glossop, 2002). Despite this, many HEIs have responded by developing various support systems to deal with such eventualities. These typically include a range of academic, psychological and financial services, made available to all students. However, only a small number of those experiencing difficulties make good use of support (Norrie, Dowsett, Postance & Greenway, 2015). Therefore, the current research will examine the barriers surrounding support and explore ways in which support could be made more accessible to nursing students.

Psychological problems represent a growing issue among trainee nurses and students in general (Waters, 2008; Andrews & Wilding, 2004; Bewick et al., 2008), who experience a higher frequency of mental health issues than the general public (ONS, 2012; Andrews & Wilding, 2004; Callender et al., 2011). Many students are unsure where to turn when they start experiencing difficulties (McCrea,
The pressures of nursing placements combined with academic challenges, can lead to anxiety and stress-related issues (Orton, 2011). In addition, depression has implications which can make a sufferer feel isolated (Rowe, 1983). Whilst many UK HEIs are providing various forms of support, seeking and utilising it can be a challenging prospect to such students. It has been reported that just 7% of students with mental-health difficulties find their way to university counselling services (Oxford, 2008). The current research will examine the views of staff and students towards pastoral and psychological support in HE, and how it could be made more accessible.

**Barriers surrounding student support**

Accessible support systems, preferably situated on campus, are particularly important for some students (Brown & Edlemann, 2000). However, a key concern expressed by nursing students has been the unavailability of student support outside of typical office hours (Banks, Kane, Rae & Atkinson, 2011; Hampshire, Wilgoss & Wibberley, 2013), which are often the times when it is most needed (Banks et al., 2011). Nursing undergraduates in the UK spend approximately half of their timetabled hours on placement and half in classroom based learning activities (i.e. lectures, seminars, tutorials etc.). These components of training tend to be condensed into blocks lasting several weeks. This structure means that the number of hours spent in class can be appreciably higher on any given day, than on many other undergraduate degrees. In addition, holidays are often shorter. The time constraints of a nursing degree may have an impact on students’ ability to actively utilise support (Banks et al., 2011), particularly if it only runs in office hours. The current research will examine student and staff perceptions surrounding this potential barrier to accessing student support. Furthermore, it will investigate their views on how this system could be improved.

Alongside barriers surrounding the availability of academic/pastoral support, some students report stigma associated with using these services (Morris & Turnbull, 2007; Chew-Graham, Rogers & Yassin, 2006). Additional support in UK education has a history of being ‘remedial’ and for those with special educational needs (McNally, 2009). Whilst HE support typically serves those experiencing academic, financial or psychological difficulties, many Universities in the UK (including De Montfort University) market their services to all students. This can include study support for students who are relatively successful and want to improve, or life-coaching for those without psychological ill-heath, who want to flourish. Despite this, there may still be negative associations with such options. For example, medical students have reported stigma surrounding mental health and stress. As a result, many would avoid seeking support for fear of negative impacts towards their student life and career (Chew-Graham et al., 2006). Student nurses with dyslexia have reported adverse effects regarding their learning and stigma surrounding their learning difference (Morris & Turnbull, 2007). This may
lead to a reluctance to disclose dyslexia and seek support for their challenges. However, very few studies were identified having explored stigma associated with support among student nurses.

**Student Success**

Student success is an unclearly demarcated concept, with different meanings for the different people and parties associated with HE (Dean, 1998). It is typically quantified as academic performance indicators, retention and completion rates (Larose & Roy, 1991; Hearn, 2006), which correspond to performance related targets and funding formulae for HEIs. However, Dean argues that such measures relate more to ‘university success’ and are largely devoid of the student voice. Research indicates that students veer towards a multifaceted definition of their success, which includes academic, personal, social and financial factors (Kuh et al., 2006). The Perceptions of Student Success Questionnaire (PSSQ: Griffin, 2014) was developed to address this issue and provide a more ‘student-focused’ measure of success in areas considered important to students. This research will examine student success using the PSSQ to identify areas where nursing students at De Montfort University are experiencing successes or difficulties. Having a better understanding of these areas may help with regards to developing support packages for nursing students.

This research will examine the strengths associated with successful nursing students. Research in the field of psychology has identified that strengths of character are related to academic performance (Park & Peterson, 2007) and predictive of academic achievement (e.g. O’Connor & Paunonen, 2006). For example, Lounsbury et al. (2009) identified that strengths such as Citizenship, Leadership, Persistence, Love-of-Learning, Open-Mindedness, Prudence and Self-Regulation, were all related to academic achievement. Knowing key strengths associated with successful nursing students may be of particular advantage with regards to the development of interventions and support systems. Positive Psychology has seen a rise in interventions aimed at harnessing and developing strengths of character in individuals. Interventions aimed at developing strengths have been shown to enhance academic performance (Peterson & Seligman, 2004; Scales, Benson, Leffert, Blyth, 2000) and help reduce psychological problems (Seligman; Ruini & Fava, 2004). Such interventions may be appealing to students because of the positive life enhancing outcomes they can offer. This research will encourage discussion among participant around strengths and attributes associated with success.

**Pod-Group tutorials**

Some Universities in the UK use group tutorials as an approach to teaching students (Thomas & Hixenbough, 2006). Optional Pod group tutorials (a small group tutorial consisting of 6-8 students
and a tutor) were introduced as part of the nursing curriculum at De Montfort University (DMU), but these have generally failed to entice students. Attendance and engagement has been reported by staff as underwhelming. Anecdotal evidence indicates that DMU students and staff may have mixed views surrounding the effectiveness of Pods. This is at odds with research and literature suggesting that group tutorials are particularly effective. For example, Gleeson, McDonald and Williams (2006) examined the views of introductory microeconomic students towards group tutorials using a questionnaire based approach. They found the views to be generally positive, with students acknowledging various learning advantages. These included an encouragement to study topic content and understand different concepts, focus on key elements of the question, helped prepare for tests and showed them how other students approached problems. Thomas and Hixenbough (2006) suggested that effective group tutorials are greater than the sum of their parts and can multiply enthusiasm and energy among students, and facilitate engagement in learning. Therefore, another aim of this research will be to explore why these pod-tutorials are not being embraced and utilised by DMU students and staff. In addition, it will examine how pod tutorials could be improved.

Research aims and questions

The present study will build on a structured literature review by Norrie et al. (2015) which identified that nursing students who experience challenges, may not making full use of the support systems available at university. The aims of the current study are: (i) To explore the views of students and staff surrounding additional support at University, (ii) To identify barriers and reasons why some students might not be accessing additional support, (iii) To examine why the current Pod tutorial system has not been utilised to its potential and how it could be improved, and (iv) To identify general trends where students may be experiencing challenges and successes using the Perceptions of Students Success Questionnaire (PSSQ) and the Student Support Scale (SSS). This research will address the following questions:

RQ1. What are the barriers preventing nursing students from seeking support in HE?

RQ2. What are student/staff views of the current Pod tutorial system and how could it be improved?

RQ3. In what areas are current nursing students experiencing success and difficulties?

RQ4. What are the key strengths associated with successful nursing students?
Method

Participants

Phase 1
Sixty Undergraduate Nursing Students (4 Male; 56 Female) from De Montfort University in Leicester took part in the quantitative strand of this research (Phase 1). Whilst 66 students initiated the survey, six were excluded from the dataset for not fully completing it. Participants ages ranged between 19 and 56 years ($M = 29.98$; $SD = 10.03$), with nine (15%) reporting a Black and Minority Ethnic background (2 males; 7 females). All participants were enrolled as either 1\textsuperscript{st}, 2\textsuperscript{nd} or 3\textsuperscript{rd} year undergraduates on Adult, Mental-Health, Child, Learning-Disability or Dual Nursing BSc Degrees (see Table 1 for details). A generic email containing a link to the survey, was sent to all Nursing students (approximately 600) who met the inclusion criteria (i.e. those who had completed at least one term at University) which were applied to ensure that participants could reflect on examination and coursework experience at University. In addition, post-graduate students were not included.

Table 1.
Demographic details of Participants from Phase 1.

<table>
<thead>
<tr>
<th>FIELD OF NURSING PRACTICE</th>
<th>TOTAL</th>
<th>AGE IN YEARS (SD)</th>
<th>SEX</th>
<th>YEAR OF STUDY</th>
</tr>
</thead>
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<tr>
<td></td>
<td>$N$</td>
<td>Mean</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Adult</td>
<td>13</td>
<td>29.91 (10.70)</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Mental Health</td>
<td>35</td>
<td>30.38 (9.61)</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Child</td>
<td>6</td>
<td>28.00 (11.05)</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>3</td>
<td>33.67 (2.89)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Dual Nursing Degree</td>
<td>3</td>
<td>29.33 (11.15)</td>
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<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>29.98 (10.03)</td>
<td>4</td>
<td>56</td>
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Phase 2
Students: Nine Nursing Students (8 female, 1 male) from De Montfort University took part in either a focus-group ($n = 4$), a Semi-structured Interview ($n = 1$), or completed a qualitative questionnaire ($n = 4$). Ages ranged from 21 to 29 ($M = ; SD = $), with one participant not declaring their age (please see Table 2 for characteristics of Phase 2 participants). It was intended that all Phase 2 participants would have taken part in Phase 1. However, poor turnout and response rates required the recruitment of additional nursing students.
Table 2. 
*Student participant Characteristics and details for Phase 2.*

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Sex</th>
<th>Age</th>
<th>Field of Practice</th>
<th>Year on Course</th>
<th>BME</th>
<th>Completed phase 1</th>
<th>Took Part In</th>
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<tr>
<td>1</td>
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<td>21</td>
<td>MH</td>
<td>2</td>
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<td>Yes</td>
<td>Interview</td>
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<td>F</td>
<td>25</td>
<td>-</td>
<td>2</td>
<td>Yes</td>
<td>No</td>
<td>Focus-Group</td>
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<td>3</td>
<td>F</td>
<td>28</td>
<td>Adult</td>
<td>2</td>
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<td>Focus-Group</td>
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<tr>
<td>4</td>
<td>F</td>
<td>20</td>
<td>-</td>
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<td>Yes</td>
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<td>Focus-Group</td>
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<td>F</td>
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<td>LD</td>
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<td>7</td>
<td>M</td>
<td>29</td>
<td>MH</td>
<td>2</td>
<td>No</td>
<td>Yes</td>
<td>Questionnaire</td>
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<td>8</td>
<td>F</td>
<td>31</td>
<td>Adult</td>
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<td>9</td>
<td>F</td>
<td>22</td>
<td>Adult</td>
<td>3</td>
<td>No</td>
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Staff: Five Nursing Lecturers (2 males, 3 females) from the School of Nursing and Midwifery at De Montfort University took part in a focus-group to ascertain the perspectives of staff surrounding the research questions. Participants included two adult nursing lecturers, two learning disability nursing lecturers and an adult/Mental-health nursing Lecturer.

Theoretical Background and Design

This research employed a mixed-methods approach, combining both quantitative and qualitative procedures. These techniques are historically considered methodologically and ontologically incompatible, but proponents of mixed-methods argue that the practicality of ‘what works’ should be considered more relevant than such epistemological restrictions (Creswell, 2013). This pragmatist view allowed mixed-method research to advance and made considerable progress in the social science research (Teddlie & Tashakkori, 2009). A sequential quan → QUAL mixed-methods design (Morse, 2003) was used for this research where the findings from an initial quantitative survey (Phase 1) informed the following qualitative study (Phase 2). The arrow denotes the sequence in which the analyses occurred. QUAL (qualitative) is in uppercase, indicating a slightly higher level of dominance in the study outcome. The quantitative component informed the qualitative strand in terms of the development of focus-group questions and in the selection of participants, whilst the qualitative elements helped explain some of the trends and relationships identified in the survey.

Phase 1 of this research employed a quantitative survey design in which a series of Likert scale items and demographic variables were measured. Likert-type scales are a form of closed-ended quantitative questionnaire (Pennington, Gillen & Hill, 1999) which allows researchers to obtain measurements of attitudes, abilities and opinions (Robson, 1993). The variables measured focused on areas of student success, and their views about student support. Several statistical operations
were employed where participants were allocated to different groups based on scores from singular or combined variables, for which quasi-experimental analyses were conducted. The data obtained was treated as interval (Kaptein, Nass & Markopoulos, 2010; Carifio & Perla, 2008), allowing for examination using parametric statistics to assess relationships and make generalisations between samples and populations.

Phase 2 of this research sought to understand the views and attitudes of students and staff regarding student success, student support and the Pod tutorial system. Data were collected from two focus-groups, a semi-structured interview and from qualitative questionnaires. Whilst a phenomenological approach was considered relevant, its focus on ‘understanding lived experiences’ could potentially be too specific and neglect more simple concepts within the data. Therefore, a theoretically flexible, thematic approach (Braun & Clarke, 2006) was used for all qualitative data, to explore themes relevant to the research questions. Audio recordings of the interview and focus-groups were transcribed and analysed in the qualitative software package NVivo 10 (the qualitative questionnaire data from four student participants were also included in this analysis). As recommended by Braun and Clarke (2006), the thematic approach involved six phases: 1) Data familiarisation, 2) Generation of initial codes, 3) Combining codes into themes, 4) Reviewing themes, 5) Defining and naming themes, and 6) Producing the Report (Braun & Clarke, 2006). Staff and student data were analysed separately to explore similarities and differences between each group.

**Materials (Phase 1)**

The Perceptions of Student Success Questionnaire (PSSQ: Griffin, 2014) measures students’ perceptions of their own success at university (see Appendix A). It consists of 50 positively and negatively worded statements (e.g. “I structure my work around a strict time schedule”, “My social life at university is a success”) accompanied by a 5-point scale (1=Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree). The scale items measure eight areas of success (coursework success, examination success, success with learning and studying, passion and enthusiasm, social success, career development success, financial management and health management). All areas were identified as being important components of student success by students and staff teaching them. The PSSQ has shown to be a reliable and valid measure, via the use of exploratory and confirmatory factor analysis techniques, test-retest reliability and convergent and discriminate validity. All factors have been found to have Cronbach’s α Coefficient’s of above 0.78.

The Student Support Scale (SSS) was developed for this research project (see Appendix B). It comprises 6 positively and 4 negatively worded statements about awareness and knowledge of
additional support, whether it was needed and the extent to which it could be accessed. In similarity to the PSSQ, each statement is accompanied by a 5-point Scale (1=Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree). Exploratory Factor Analysis (EFA) examined the internal structure of the scale (N=60). Cattel’s Scree plot indicated an optimal two-factor solution prompting a Maximum Likelihood extraction method with a Varimax rotation. Two items were removed for not loading adequately to either factor (< .30) and appeared conceptually distinct. Therefore, they were used as independent measures of perceived stigma about support (i.e. “If I were seeking additional academic support, I would feel embarrassed if anyone found out”) and the effectiveness of Pod tutorials (i.e. “I find pod tutorials a useful”). Factor 1 consisted of five items reflecting an awareness and understanding of additional support, and whether the student felt that the support would be available to them. Factor 2 consisted of three items reflecting the extent to which the student felt that they needed additional academic and psychological support at University. The final solution (see Table 3 below) explained 59.25% of the variance. In summary, the 10-item SSS was reduced to four independent outcome variables: two factors for which composite scores were calculated for each participant, and two remaining items which were used as independent variables for measures of stigma surrounding support and the perceived effectiveness of the Pod tutorial system.

Table 3.
Maximum Likelihood (Varimax & Kaiser Normalisation) for the Two-Factor (8-item) solution (N=60).

<table>
<thead>
<tr>
<th>SCALE ITEMS</th>
<th>FACTOR 1</th>
<th>FACTOR 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>In general, I’m aware of the additional support options available to me at my University</td>
<td>.886</td>
<td>.165</td>
</tr>
<tr>
<td>Finding out about additional support at university is difficult (R)</td>
<td>.773</td>
<td>-.133</td>
</tr>
<tr>
<td>I would know how to access additional support if I needed it</td>
<td>.755</td>
<td>.172</td>
</tr>
<tr>
<td>When I struggle with my Uni work, I don’t know where to turn (R)</td>
<td>.609</td>
<td>-.104</td>
</tr>
<tr>
<td>My University would support me if I experienced difficulties</td>
<td>.491</td>
<td>-.104</td>
</tr>
<tr>
<td>I would benefit from additional academic support at university</td>
<td>-.204</td>
<td>.697</td>
</tr>
<tr>
<td>Additional academic support would not be useful for me (R)</td>
<td>-.058</td>
<td>.581</td>
</tr>
<tr>
<td>I would benefit from psychological support at University</td>
<td>.139</td>
<td>.419</td>
</tr>
</tbody>
</table>

| Eigenvalue | 3.053 | 1.687 |
| Variance Explained (%) | 38.16 | 21.08 |
| Mean       | 3.45  | 3.67  |
| SD         | 0.73  | 0.77  |
| Cronbach’s α Coefficient | .825 | .670 |

NOTE: Both Kaiser’s K1 rule and Cattell’s Scree test suggested that two factors was optimal

A series of Demographic Details Questions were given to all participants at the start of the survey, to provide some data about their sex (male or female), year of study (1st, 2nd or 3rd) and their
nursing degree (Adult, Mental Health, Learning Disability, Child, or a dual degree consisting of two areas of nursing). Also requested was their age in years and whether they were from a Black and minority Ethnic Background.

The survey was delivered to all participants electronically via the data collection software package SurveyMonkey. Access to the survey was provided to participants in an email via a survey link. The survey data was analysed in the Statistical Package for Social Sciences (SPSS 23: IBM Corporation, 2015).

Materials (Phase 2)

A series of questions and prompts (see Appendix D) were developed for the focus group for students and the interview (see Appendix D). The questions were developed by the research team focused on three main areas: (i) Student support, its effectiveness and how it could be improved, (ii) Student success, factors underpinning it and how it could be enhanced among student, (iii) Views surrounding the Pod tutorial system and how it could be improved. In addition, a series of similar questions were developed for the focus group for staff (see Appendix D).

A Qualitative Questionnaire was developed for students who could not attend the focus groups (see Appendix C). It covered the main areas discussed in the focus group which were adapted into eight questions. The survey instructions encouraged the participants to provide detailed and in-depth answers.

A digital audio recorder was used to capture the content of the focus-groups and semi-structured interview. All audio data was exported to a PC and transcribed for analysis. The qualitative research package NVivo 10 (Richards & Richards, 2008) was utilised to assist with data analysis for which a thematic approach was conducted (Braun & Clarke, 2006).

Procedure and Analysis

Phase 1: All nursing undergraduate students (N= 600 approx) were contacted via their student email (accessed using Blackboard). They were sent a generic email about the project, what their participation would involve and their ethical rights. A link was attached to the end of the email which provided access to the two-page questionnaire on the SurveyMonkey server. No financial or material reward was offered for participation, but a suggestion that the research experience may be particularly valuable to them and other nursing students was presented. Phase 1 data was downloaded from SurveyMonkey as an MS Excel file and converted to an SPSS dataset. Data for
negatively worded items was reverse scored so a higher value was given for a positive response. Composite scores were calculated for the eight PSSQ factors, and for the four SSS Outcome variables. However, some individual scores for particular items were also of interest. Data were analysed using parametric statistics in SPSS. Likert scales are arguably interval in nature and parametric statistics are frequently used in analysis. EFA, correlation, regression and tests of difference were used. Also, quasi-experimental approaches were applied whereby participants were assigned to groups based on profile scores.

**Phase 2:** It was anticipated that student participants would be selected for focus-groups/interviews based on their PSSQ profile and demographic details from Phase 1. However, three attempts were made to run the focus groups and only one participant from Phase 1 attended. As a result, a student focus group was conducted with an opportunity sample of students. Staff participants were recruited by a generic email sent out to all Nursing Lecturers at De Montfort University. The school provided a research participation certificate to students who took part in the focus group, interview and those who completed the qualitative questionnaire. Staff participants were provided with a free buffet lunch after the focus-group. All transcribed data from the focus-groups and interview were imported into NVivo. In addition, the qualitative questionnaires completed by students were also imported into the program. The six steps of analysis (see Design section above) suggested by Braun and Clarke (2006) were applied using the node and tree-node functions in NVivo. The text search function was utilised in step 4 to speed up the process of reviewing themes.

**Ethics**

Ethical Approval for this research was applied for and granted by the Health and Life Science Ethics Committee at De Montfort University. Ethical aspects of the research were also discussed in detail among the research team. The Ethical Code of the British Psychological Society was adhered to throughout the research. Participants were assured that their contribution to the investigation was of a voluntary basis and were given the option to withdraw. Interview and focus-group participants received written and verbal information at the recruitment stage about the nature of the project. They were also required to sign a consent form to indicate that they understand the nature of the investigation, their rights and that they agreed to participate. Participants were not required to use their name, or any information with could directly identify them. All electronic data was stored securely and accessible only by the research team. Data collected via a survey website will utilise their options for secure data storage. Information about how to access support for any issues raised by the study was included on the De-Briefing Sheet.
Results (Phase 1)

Additional Support and Pod Tutorials

As detailed in the Methodology, the Student Support Scale was identified to measure four areas associated with student support (support awareness, whether the student would benefit from support, perceived stigma associated with support, and the perceived effectiveness of Pod tutorials). The inter-item/factor correlations (Pearson’s R) are presented in Table 4 below.

Table 4. Inter-item/factor correlations for the four Student Support Scale (SSS) outcome variables (N = 60)

<table>
<thead>
<tr>
<th></th>
<th>Support Awareness</th>
<th>Support Benefit</th>
<th>Stigma</th>
<th>Pods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Awareness (factor 1)</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Benefit (Factor 2)</td>
<td>-.046</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stigma</td>
<td>.265 *</td>
<td>-.215 *</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>Pods</td>
<td>.172</td>
<td>.221 *</td>
<td>-.04</td>
<td>1.000</td>
</tr>
</tbody>
</table>

KEY: * = p < .05, ** = p < .01 (two-tailed)

The strongest relationship was a positive correlation between Stigma and Support Awareness (R = .265). This would suggest that students who had a greater awareness of support were also more positive about the stigma associated with support. In other words, more stigmatising views about support were held among those with less awareness surrounding support.

A weaker, but significant negative relationship was identified between Support Benefit and Stigma (R = -.215). This would suggest that students, who felt they would benefit most from support, were more likely to feel there was stigma associated with receiving additional support.

The third significant correlation was between Support Benefit and Pods (R = .221). This would imply that students who felt they would benefit from support were more likely to perceive the Pod tutorials as an effective system.

Awareness of Support

The mean score for the Support Awareness composite variable (SSS Factor 1) was 3.45 (SD = 0.73), implying neutral-to-slightly positive view among the whole group (N = 60). However, when its component variables were examined independently, relatively high numbers of students appeared to be unaware of the support that was available to them. Twenty students (33.34%) either agreed or strongly agreed that they would not know where to turn when experiencing difficulties. Twelve
Students (20%) disagreed that they would know how to access additional support if they needed it and eleven students (18.33%) disagreed that they were aware of the support options available to them at university. Thirteen students (21.66%) either agreed or strongly agreed that finding out about additional support was difficult. On a more positive note, only four students felt that their university would not help them if they were experiencing difficulties.

It could be interpreted that those with little awareness of support, were the students who did not need it. This was examined further assessing the relationship between Support Awareness and Support Benefit (the extent to which the student felt they needed extra support). Pearson’s $R$ correlation indicated that there was no significant relationship between the two variables, $R = -.046$, $N = 60$, $p = .728$ (two-tailed). Furthermore, (as discussed below) the majority of students in the sample thought they would benefit from additional support.

**Benefitting from Extra Support**

The *Support Benefit* composite variable (SSS Factor 2) reflected the extent to which students felt they would benefit from additional academic and pastoral support. The mean score for this variable was 3.67 ($SD = 0.77$), which suggested that the majority of students felt they would benefit from extra support. The extent of this is more apparent when broken down into its three component variables. Thirty-eight students (63.34%) either agreed or strongly agreed that they would benefit from additional academic support at University, whereas 70% ($n = 42$) either disagreed or strongly disagreed that extra support would not be useful for them. Additionally, thirty-four participants either agreed or strongly agreed that they would benefit from additional psychological support.

**Stigma Associated with Support**

One SSS item which did not correspond to either of the two factors, was interpreted as measuring the *stigma associated with support*. It should be noted that (unlike Factor 1 and Factor 2) this outcome variable consisted of just one scale-item which focused on feeling embarrassed about seeking additional support. It is likely that stigma associated with seeking support is a broader concept with more components than embarrassment. The mean score for this variable was neutral–positive ($M = 3.57$, $SD = 1.16$). However, 23.33% of participants ($n = 14$) either agreed or strongly agreed that they would feel embarrassed if anyone found out they were seeking additional support. Whilst the majority of the sample (60%) disagreed or strongly disagreed with this statement, it was considered pertinent that this area should be explored further in phase 2 of this research,
particularly as those who felt embarrassed about seeking support reported lower levels of Coursework Success and Success with Learning and Studying (see Table 5 below).

**The Effectiveness of Pod Tutorials**

In similarity to the above, the *effectiveness of Pod tutorials* outcome variable, consisted of just one scale item. The mean score for this variable was 3.45 (SD = 1.25) suggesting a neutral to slightly positive overall view towards Pod tutorials. The item consisted of the statement “I find Pod tutorial groups useful”, and 35 of the respondents (58.34%) agreed or strongly agreed with this. Conversely, the response distribution of this statement appeared marginally bimodal and 16 participants (26.66%) disagreed or strongly disagreed with the statement. A more in-depth exploration surrounding Pod tutorials will be investigated further in Phase 2 of this research.

**Student Success**

*Means and inter-factor correlations for the PSSQ variables*

The Perceptions of Student Success Questionnaire (PSSQ; Griffin, 2014) was administered as part of the survey. It provides a snapshot of how successful the student perceives themselves to be in eight areas associated with student success (four academic and four non-academic areas), and has been found to be an effective predictor of subsequent academic success (e.g. Griffin, 2014). The inter-factor correlations for the PSSQ (Pearson’s R) are presented in Table 5 below.

Table 5.

<table>
<thead>
<tr>
<th></th>
<th>Learning Success</th>
<th>Coursework Success</th>
<th>Exam Success</th>
<th>Subject Success</th>
<th>Social Success</th>
<th>Career Ambition</th>
<th>Health Success</th>
<th>Financial Success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(M=3.2, SD=.8)</td>
<td>(M=3.2, SD=.9)</td>
<td>(M=2.9, SD=.6)</td>
<td>(M=3.9, SD=.7)</td>
<td>(M=3.4, SD=.8)</td>
<td>(M=4.1, SD=.5)</td>
<td>(M=2.9, SD=.9)</td>
<td>(M=3.5, SD=.9)</td>
</tr>
<tr>
<td>LEARNING</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COURSEWORK</td>
<td>.508 **</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXAMS</td>
<td>.309 *</td>
<td>.504 **</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PASSION</td>
<td>.613 **</td>
<td>.201</td>
<td>.081</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCIAL</td>
<td>.249 **</td>
<td>.383 **</td>
<td>.216</td>
<td>.212</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAREER</td>
<td>.483 **</td>
<td>.275 *</td>
<td>.219</td>
<td>.448 **</td>
<td>.425 **</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH</td>
<td>.501 **</td>
<td>.405 **</td>
<td>.353 **</td>
<td>.225 **</td>
<td>.555 **</td>
<td>.321 **</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>FINANCIAL</td>
<td>.451 **</td>
<td>.364 **</td>
<td>.094</td>
<td>.014</td>
<td>.106</td>
<td>.162</td>
<td>.438 **</td>
<td>1.000</td>
</tr>
</tbody>
</table>

KEY: * = p < .05; ** = p < .01 (two-tailed); NS = Nearing significance
As expected, all significant inter-factor correlations were positive, suggesting some degree of unity between the factors. Several of the Inter-factor correlations achieving $R$ values of > .20, might have achieved significance among a larger sample size. As have been reported elsewhere (Griffin, 2014), there were moderate to strong positive inter-correlations between the four variables pertaining to academic success. This would suggest that the nursing students who reported success in one academic area would have been quite likely to report a similar level of success in the other three academic success factors. There were some significant positive relationships between the factors pertaining to non-academic areas of success (e.g. Social Success, Career Ambition & Successful Health Management).

The means scores for each factor suggest that students perceived themselves to be most successful in ‘Career Development and Ambition’, ‘Subject Passion’ and ‘Financial management success’. The other variables pertaining to academic success achieved mean scores nearer to 3.0, suggesting a less positive and more neutral view of success in those areas. The lowest mean scores were for ‘Financial Management Success’ and ‘Successful Health Management’.

**Relationships between Student Success and Student Support**

A series of Pearson’s R correlation coefficients are reported in Table 6 below, which show the relationships between the four outcome variables pertaining to student support and the eight factors related to student success.

<table>
<thead>
<tr>
<th>SUPaware</th>
<th>SUPbenefit</th>
<th>Stigma</th>
<th>Pods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Success</td>
<td>Coursework Success</td>
<td>Exam Success</td>
<td>Subject Passion</td>
</tr>
<tr>
<td>.231 NS</td>
<td>.396 **</td>
<td>.339 **</td>
<td>.041</td>
</tr>
<tr>
<td>.328 *</td>
<td>.283 *</td>
<td>.264 *</td>
<td>.026</td>
</tr>
<tr>
<td>.363 **</td>
<td>.275 *</td>
<td>.057</td>
<td>.018</td>
</tr>
<tr>
<td>.249 *</td>
<td>.121</td>
<td>.097</td>
<td>.318 *</td>
</tr>
</tbody>
</table>

KEY: * = $p < .05$; ** = $p < .01$ (two-tailed); NS = Nearing significance

“Awareness of support” (SUPaware) was significantly and positively related to “Coursework Success”, “Exam Success” and “Success with Financial Management” (Financial Success). Additionally, positive relationships nearing statistical significance, were identified between SUPaware and “Success with
Learning and Studying” (Learning Success) and “Successful health management” (Health Success) which included variables pertaining to physical and psychological health management. On a larger sample, significance may have been achieved for relationships of this magnitude. These correlations would imply that students with greater awareness of student support options were more likely to perceive themselves as successful in academic areas, in managing their physical and psychological health and in managing their finances.

“Support benefit” (SUPbenefit: the extent to which a student felt they would benefit from additional support) was significantly and negatively related to related to “Success with Learning and Studying” (Learning Success), “Coursework Success” and “Exam Success”. Furthermore, negative relationships nearing statistical significance were identified between SUPbenefit and “Successful health management”(Health Success). On a larger sample, significance may have been achieved. These negative relationships suggested that students who felt they would benefit from additional support, would be more likely to report lower levels of academic success and success with managing their physical and psychological health.

“Stigma” (i.e. the extent to which students had positive views surrounding stigma associated with support) was significantly and positively related to “Success with Learning and Studying” (Learning Success) “Coursework Success” and “Success with Financial Management” (Financial Success). Additionally, a positive relationship nearing statistical significance, was identified between “Stigma” and “Career Ambition”. These findings suggest that students who achieved higher scores on the “Stigma” variable (i.e. those reporting lower levels of embarrassment surrounding the use of additional support) were more likely to report higher levels of success in areas of learning, coursework and financial management.

“Pods” (i.e. the extent to which students had positive views about Pod tutorials) was significantly and positively related to “Success with Learning and Studying” (Learning Success) and “Subject Passion” (passion and enthusiasm about nursing subjects). These relationships suggested that students who thought that Pod tutorials were effective, would be more likely to report higher levels of success with coursework and were more likely to be passionate about their subject.

Differences between High and Low Academic Success Groups

The PSSQ allows for the calculation of a composite score pertaining to overall academic success (Academic Success). This was achieved by computing an average score on the four variables designed to measure components of academic success (i.e. Coursework Success; Exam Success;
Subject Passion; Learning Success). Students with the highest “Academic Success” scores were those considered to perceive themselves as most academically successful. Scores on this variable were ranked using the Ntiles option in SPSS. The top third of academically successful participants were assigned to the ‘High Success’ group (n = 20), whilst to bottom third were assigned to the ‘Low Success’ group (n = 20).

A between groups multivariate analysis of variance (MANOVA) assessed how these two groups differed regarding the four variables pertaining to student support. The means for each group on the four variables are reported in Figure 1 below. Assumption testing was performed on all variables to ensure appropriateness for MANOVA and no serious violations were noted. An examination of histograms suggests relative normal distribution. Levene’s Test for equality of variances suggested that no values were less than p = .05. Box’s M Test for Equality of Covariance’s showed a significance value of p = .214. Collinearity statistics were assessed for each analysis (all VIF > 1.0) alongside a visual inspection of the coefficients. An analysis of the current sample generated a Bartlett’s test of Sphericity significance value of <.001.

![Figure 1: Mean scores for the high and low success groups on the four student support variables (scores range from 1 – 5)](image_url)
MANOVA identified a significant multivariate group effect between for the combined variables, $F(4,35) = 5.837$, $p = .001$; Wilks’ Lambda = .158; $\eta^2 = .4$. The two groups differed significantly on two of the four variables associated with additional support. For each dependent variable, group means with different letters after them denote significant differences of $p < .05$ (see Table 7.11).

Table 7
Means Comparison of Four Support Variables for the two Success Groups

<table>
<thead>
<tr>
<th>Success Group</th>
<th>MEAN (SD)</th>
<th>$F$</th>
<th>$P$</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>High ($n =20$)</td>
<td>Low ($n =20$)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPaware</td>
<td>3.78 (0.62)</td>
<td>3.08 (0.72)</td>
<td>10.81</td>
<td>.002</td>
</tr>
<tr>
<td>SUPbenefit</td>
<td>3.36 (0.78)</td>
<td>3.86 (0.64)</td>
<td>4.84</td>
<td>.034</td>
</tr>
<tr>
<td>Stigma</td>
<td>4.00 (1.26)</td>
<td>3.35 (1.18)</td>
<td>2.84</td>
<td>.100</td>
</tr>
<tr>
<td>Pods</td>
<td>3.85 (1.23)</td>
<td>3.10 (1.25)</td>
<td>3.66</td>
<td>.063</td>
</tr>
</tbody>
</table>

The findings show that there was a significant difference between groups on the combined four student support variables. When examined individually, the high success group had significantly higher awareness of support, but had significantly lower support benefit scores, suggesting they were less likely to perceive that they needed additional support. They had had more positive views of Pod tutorials, but findings were only nearing significance. They also had a more positive view about stigma, but differences were only nearing significance. Whilst the high success group reported on average that they were less likely to benefit from support, they typically had more positive attitudes towards support.
Analysis (Phase 2)

**Students**

The current analysis revealed multiple themes, narratives and discourses used by students to communicate their views, perceptions and experiences. Each participant contributed a unique perspective, but there were numerous shared similarities in their views and in the things they discussed. Participants talked about challenges, strengths, perceptions and beliefs in relation to student support, success and Pod tutorials. Focusing specifically on the research questions, six themes were identified in the student data (one overarching theme and five subordinate themes):

**Theme 1:** ‘We don’t feel like students’ was an overarching theme which reflected a view held by many of the participants, that course restrictions meant they were not regular students and were in some ways disadvantaged. This appeared to have an effect on support and aspects of success.

**Theme 2:** ‘Support detachment and disengagement’ reflected a general view that additional support was not always accessible, relevant or sufficiently specialised for nursing students.

**Theme 3:** ‘Stigma and not showing weakness’ encapsulated the stigma some students attributed to additional support, which was compounded by not wanting to show weakness as a student nurse.

**Theme 4:** ‘Access to support’ reflected a degree of confusion felt among some students, as to what support services were offered, who they were for and how they could be accessed.

**Theme 5:** ‘The successful student’ referred to four key areas that students felt were important to their success. These included: Perseverance and hard work; Being a balanced student; Effective health and financial management and Willingness to learn and seek support.

**Theme 6:** ‘Pod Culture’ identified some of the challenges students experienced surrounding Pod tutorials, and compiled a series of ways in which they thought this system could be improved.

The six themes were derived using a thematic approach (Braun & Clarke, 2006) and are discussed in detail throughout the following pages. They are supported by evidence (in quotation form) from the student participants who took part in the semi-structured interview (int. Student), the focus-group (FG Student) and the qualitative questionnaires (QQ Student). A thematic map showing the relationships between the themes and categories is presented in Figure 2.
Theme 1: We don’t feel like students

This overarching theme reflects a general perception experienced by some of the student participants. It underpins their attitudes towards support and student success. DMU Nursing undergraduates spend approximately half of their time on placement (this is typical of nursing degrees throughout the UK). Classroom based learning (i.e. lectures, seminars, tutorials etc.) tends to be condensed into blocks lasting several weeks. The number of hours spent in class can be appreciably higher than many other undergraduate degrees, and holidays are often shorter. A combination of intense classroom based learning, demanding workloads, restrictive time pressures and challenging placements can create the perception of not being a typical undergraduate:

“... nursing students are definitely different, the course is totally different ... other students doing other courses, are sometimes only in three times a week, or twice a week, whereas sometimes, we’re in five days a week.” (Int. Student)

“... the campus pretty much goes dead for summer because everyone gets three months off, or something ridiculous, whereas we [do not get that]”. (FG Student)
There was a general feeling that course and placements demands restricted the freedom to facilitate a typical student social life and be engaged in student culture.

“... but as well, it’s like we don’t get the same sort of social opportunities” (FG Student)

Key reasons for this were perceived as time constraints, a lack of energy, and the requirements of “keeping a level head”. It was not considered feasible to actively partake in student nightlife and be able to effectively take on the challenges of placement and study. These constraints were also perceived as having an effect on extra-curricular activities:

“I’m 25 years old and have done all the drinking and all that. But then say someone who comes to university at 18 to do nursing, obviously they’re not going to go wild because they are doing a serious course” (FG Student)

“I can’t think about trying to do assignments, coming to lectures, doing placements, filling in the PAD booklets and then trying to fit in something” (FG Student: talking about sporting activities)

It was felt that the course was generally quite intense to accommodate placements, whilst the placements were quite consuming of time and energy.

“... sometimes on placement, you’re there all day and then, it affects your work ... you don’t have time [for university work] ... if you have been on an early the day before you’re going to be so tired...” (Int. Student)

“It’s like working a full time job and then trying to study alongside it, it is hard” (Int. Student)

This can present even greater challenges to those required to work in temporary or part-time jobs to help subsidise some their student expenses.

“... my personal experience, I’m working at the weekend, so I literally feel like I don’t have a break at all ... other students do have that time at the weekends so I don’t know if that’s benefiting them more” (Int. Student)

This feeling of separation may be enhanced by the geographical location of the School of Nursing. It was perceived by some as being right on the edge of campus and cut off from the epicentre of student activity. Much of the additional support was viewed as being physically separate from this area, which may contribute to negative attitudes towards support.

“I feel like we are separated from the rest of the uni” (FG Student)
“Maybe [we should] have some of the [support] services ... over here because it’s over the other side of the campus whereas we are here or Hawthorn. Maybe have something a bit more specific to us [nursing students] over here ...” (FG Student)

This theme demonstrates a feeling of isolation that nursing students may feel at University. The course and placement demands appear to install a sense of restrictive access to University life. This is further enhanced by a feeling being isolated from the other students from a geographical perspective. Therefore, the support systems may seem more out of reach and possibly less appropriate for these unique students.

Theme 2: Support detachment and disengagement.

There was a general view that additional support was not always accessible, relevant or sufficiently specialised for nursing students. This belief appears to be enhanced by the feelings of separation and isolation highlighted in Theme 1. Whilst it was encouraging to hear some positive comments about the student support systems at DMU, there was a strong feeling that it was not always relevant or appropriate for nursing students.

“[Support is] limited in specificity, to the requirements of the nursing course” (QQ Student)

“The university as a whole does provide great services for emotional support, but nursing is very different to the general courses”. (QQ Student)

“I have accessed CLASS sessions but the sessions are so, if it’s a certain topic that they are discussing, I went once and I have not gone again. But the group is quite large and they can’t really individually go to each, everyone is doing different subjects” (FG Student).

Student support was perceived to operate during ‘office hours’ only; this was considered a major barrier for some students. Placement and course demands meant that attaining support during office hours was a challenging endeavour, for which some students recalled limited success.

“I think as well, also, a lot of stuff is probably available office hours and especially when we are on placement, we don’t do office hours” (FG Student)

“I did look on counselling support and I looked at, you know you click on the thing that says what sessions are available but there weren’t any available they were all booked up. And then it was only so far in advance so by the time you got round to it again its already gone.
And if there is something available you are on placement or you are in a lecture or something like that.” (FG student)

The perceived mismatch between what is available and what nursing students actually require, appeared to strengthen the notion that support is for ‘other students’ and not for nurses.

“We need someone who knows the exact position student nurses are in, because financially we are a lot worse off than other students, emotionally, we go through so much in practice, and stress levels can be very high for us all when managing our academic work alongside our placements.” (QQ student)

Several Phase 2 students reported using additional support and felt it was effective. However, some suggested that the academic support was too generic and the psychological support was not really suitable for the specific emotional challenges experienced by student nurses. Consequently, there was some discussion about making student support more accessible to nursing students.

“Try and make some of the services out of hours if possible ... say if something finishes at five, maybe once a week, have it finish at 8, so at least people get the chance to go on it.” (FG Student)

“Maybe have some of the services that you can get in the Gateway but maybe more specific for nurses.” (FG Student)

“Maybe [have some student support services] over here, because it’s over the other side of the campus ... maybe have something more specific to us like a drop in.” (FG Student)

**Theme 3: Stigma and not showing weakness**

Phase 1 of this research identified a certain degree of embarrassment surrounding the use of student support. However, views about this were mixed and the majority of students reported not feeling embarrassed. It was anticipated that Phase 2 of this research would provide a more in-depth understanding of this phenomenon. Indeed, there appeared to be some evidence of perceived stigma associated with seeking additional support.

“Yes, people saying that you can’t cope and you can’t, that’s why you are going” (FG Student responding to a question about whether there was stigma about seeking support).
Some students expressed concerns about being judged negatively by their peers for seeking additional support and assistance with work.

“I think if you failed something, I don’t know if its other students that make you feel bad about it, I don’t think it’s the support, I just think its other students that make you feel a bit down about it” (Int. Student).

In addition, there was concern that seeking support could negatively affect a student’s self-esteem. They may feel unable to meet academic expectations and requirements at degree level.

“I suppose maybe some people get put off because they feel like they are a failure that they are not getting through it without needing help” (FG Student)

“… if at university, you have that goal, you are in university, you should be able to do it by yourself” (FG Student)

“… you need to go and do things for yourself … We are not going to baby you” (FG Student)

Furthermore, nursing culture may contribute to feelings of not wanting to be perceived as weak.

“… it’s almost like nurses can’t afford to be seen as being vulnerable or needing support themselves, because they are supposed to be supporting others” (FG Student)

Some students felt that additional support was only recommended to those with poor assignments grades. For those with reasonable grades, seeking assistance to improve, was not usually suggested in their feedback. This may contribute to some of the stigma surrounding additional support.

“If you failed an assignment [you] go and seek support from CLaSS, what about someone who got 58 and they just needed the one extra to make that a 2:1 no one is telling them oh you are so close you can do it” (FG Student)

Theme 4: Access to support.

De Montfort University offers various support services for its students. These include several academic support options, disability support, help with disabled students allowance, assistance with financial matters and services for health and well-being. Most are located at the Student Gateway building and the main campus library, but information and contact details are provided on the university website. Nursing students also have personal tutors, who can direct them towards relevant assistance and there is information about support in the module guides and on Blackboard.
Support is typically located in other parts of the University, but is available to all nursing undergraduate and post-graduate students. Whilst some participants demonstrated knowledge and experience of support, there was some confusion as to what services were offered, who they were for and how they could be accessed.

“Many students have accessed library support, but I am unaware of other forms. There may also be a belief that students with a specific learning need or requirement, are entitled to support, and uncertainty when there is no specific learning requirement” (QQ student).

“I think it is either pride or they do not know where to get the support from” (QQ student responding to a question about why students do not access support).

Whilst it could be argued that information about support is readily available, some students expressed concerns regarding its clarity and the extent to which they are effectively signposted to support services. In addition, there were reports of conflicting information about support.

“I know that’s [advice about support] in the module guide as well, but sometimes it’s not very clear because you will get a PowerPoint on it and then you will get the module guide and when you look at them both sometimes they say two different things and it’s a bit confusing” (Int. Student).

“I am aware our personal tutors are there for this [signposting for support], however, they are busy and don’t always have time to follow us through and support us to the degree we may need” (FG Student).

“And they need to advertise things a bit better, communication isn’t always great here” (FG Student).

Furthermore, the accessibility and practicality of the systems used for providing support information, were questioned by some of the participants.

“... when you get an email it’s just a chunk of text and it’s like it’s a chunk of text. If it was like a leaflet something like that then it might visually stick in your mind and you might remember that” (FG Student).

“I don’t like that everything [in university] has to be electronic, I don’t like it” (FG Student).

“a lot of people only really go on Blackboard when they actually need to, you don’t really have the time to leisurely read through Blackboard”.

Several students made suggestions about improving access to support. These included better advertising, a reduction in electronic information, a hard back guide, making sure information is consistent, and services made available during out-of-office hours.

“I know it’s not something to be sold, but if it’s better advertised” (Int. Student)

“If people know more about what they do and there is less waiting times and more awareness of the sort of support you can go for” (FG Student)

“If you had a guide saying there are these services, this is when they are available, you can go to here. If anyone has a module guide then it’s up to them to look at it, and then no one can moan really because everyone has got it” (FG Student)

**Theme 5: The successful student**

A key aim of Phase 2, was to explore the concept of the ‘successful student’. Participants presented ideas about strengths of character including perseverance and determination, and having a balanced approach to time and university life. In addition, concepts such as seeking support when necessary and successful health and financial management were also deemed important.

**(i) Perseverance and hard work**

Students felt that nursing degrees could be challenging, especially when faced with the prospects of placement. Some of the participants appeared to value hard work, grit and determination in order to deal with such demands:

“I think they have to work hard, it’s a hard course, it’s intense … you have got one thing after another, so you are constantly have to work” (Int. Student).

“… your commitment has to be 100%” (QQ Student)

It was generally felt that success required additional effort and time being put into the process:

“I think to succeed you do have to work hard and taking time out to actually put effort into your work is key to your own success” (Int. Student).

“Planning and dedication, to begin work in a timely manner” (QQ student).
(ii) Being a balanced student

Several participants described views and experiences pertaining to a good work/life balance as being important to student success.

“A healthy academic/placement/social life balance” (QQ Student)

“I think personally that if there was more emphasis on time management, which I am quite poor at, and I know I could do better, if you can just manage all your things, then you are set to go” (FG Student)

It was thought a good work/life balance resulted in well-being and success. Students describing this balance were aware of the present and future pulls, and talked of challenges and the potential traps.

“Just the ability to manage nursing, life, well being all that effectively but it’s just like how do you go about doing that? Just having the balance of it, again everything balanced, that’s it” (FG Student)

“If there was just something that was like not this is how you do it because you have got to do if for yourself, but just something that sort of guided you on just managing your time. Because every one lecture, every one is all fantastic, [it’s] just managing it all” (FG Student)

(iii) Effective Health and Financial Management

Whilst health and finances are two separate constructs, they were spoken about in a similar way which reflected ‘management’ as opposed to ‘being healthy’ or ‘being wealthy’.

“Taking care of your physical and mental health is always important, looking after money too” (QQ student)

“I think also, thinking about looking after your own health as well” (FG Student).

Financial and health management is likely to be an important factor in undergraduate success, for which failure to adequately control, could lead to a range of negative outcomes.

“Financially stable to support through the degree” (QQ Student)

“It’s the financial thing [managing finances] as well” (FG Student talking about what is important to successfully completing a degree)
(iv) Willingness to learn and seek support

Some participants felt that willingness to learn and seek support were key components of success.

“Willingness to learn, confidence in their own abilities ... recognising their own strengths and weaknesses ... confidence to seek support when they need it” (FG Student)

Seeking support from alternative sources such as friends, family, or colleagues was also valued:

“A good support network from colleagues, friends and family” (QQ Student)

“initiative to seek support, whether it be in or out of university” (QQ Student).

Asking for support was seen as an area of personal development

“Being able to ask for support when needed is also important in further personal development” (QQ Student).

Theme 6: Pod Culture

Whilst the majority of participants in Phase 1 found Pod tutorials useful, a sizable number found them ineffective. Phase 2 examined the strengths and weaknesses of Pod tutorials and how they could be improved. Whilst some participants preferred Pods to one-to-one tutorials, others were concerned about a “Lack of one-to-one academic support”. One reason for this preference, was the perception that Pods elicited more attention and interaction with tutors:

“I think they are better to be fair, because I think if you go in as a group I think the tutor would want to see you more because, well that’s just my experience” (Int. Student).

A frequently acknowledged strength of Pods, was the process of studying with peers. This allowed members to support each other and to share ideas and knowledge about assignments and nursing. It also provided a platform for the development of new ideas and solutions to problems:

“Strengths include peer support and generation of ideas” (QQ Student)

“... you can see what other students are doing as well, and get ideas from them” (Int. Student)

“You have the opportunity to work with other students that may not be within your circle of friends and therefore you develop you inter-professional skills” (QQ Student)
However, other students reported less positive Pod experiences. The effectiveness of the group appeared to depend on the compatibility of its members, its academic culture and work ethic. Whilst some students reported positive experiences and good compatibility with other members:

“The POD group that I am in is fine, yeah, I get on with them and everything” (FG Student).

“... the POD group I was in, everyone was all nice and this group chat, and a few times we have gone to the library, so that is a good positive experience” (FG Student).

Others reported not being in a particularly compatible group:

“... they have a friendship group already, so in my POD group, there are three people in there and they are already friends, so I am an outsider” (FG Student).

The compatibility of the groups may have an impact on its effectiveness. Some Pod groups worked together on multiple tasks (e.g. revision, assignments), whereas others only met when required.

“... we only meet when we actually need to do group work ... I have seen other POD groups that meet a lot and they do revision together and everything” (FG Student)

“We’re not very good at meeting up unless we actually need to do something” (Int. Student)

“I find this system annoying as it is not always easy to get your pod together for these tutorials” (QQ Student)

Group size was perceived to impact how frequently Pod groups met. It was felt that larger groups were more likely to meet regularly, whereas smaller groups made less effort. One student from a Pod of three said that when one member was absent, the other two would not meet.

“Because we are such a small group ... we don’t want to meet up ... other groups that are quite big, I see them meeting up more because there is more of them maybe?” (Int. Student)

Arranging Pod meetings was perceived as a challenging endeavour. Organising a time convenient for all members and their work and placement commitments was seen as difficult.

“Pod meetings are difficult for students to arrange, as students are rarely available at the same time due to different fields of practice and different timetables” (QQ Student)

Furthermore, being too enthusiastic about meeting could potentially cause friction between the Pod members

“If you’re more enthusiastic than other students, this can [cause] of tension” (QQ Student)
(i) Improving the Pod tutorial system

The participants made a series of suggestions regarding the ways in which Pod tutorials could be improved. These were either in response to questions about improving Pods, or suggestions made when discussing other aspects of Pods. There was a feeling that Pods could be more effective if utilised correctly. When asked about the effectiveness of Pod tutorials, one student commented:

“Yes if you utilise them well no if you don’t” (Int. Student responding to the question of whether Pods are effective)

Some students suggested how individuals should be assigned to their pods. Whilst, there were differing views as to how this should be done, there was some agreement that Pod groups should have the same members throughout the three years.

“However they are limited, in that pod groups are randomly assigned and change throughout the three years” (QQ Student)

Some students felt they should be in Pods with their friendship groups, but others disagreed.

“Your friends might just have the same ideas as you or you might help each other with your work but if you have other students to learn from at least you have got other ideas that you can pick from as well” (FG Student)

“I think it’s good to get a mixture of students because you meet new people that way as well and like I said, you get new ideas” (FG Student)

However, there was some agreement that students should be able to choose who they are grouped (and not grouped) with:

“It would be done as a requesting system, so groups would be formed in a lecture theatre and from that they would request this … this would allow people to work with who they feel comfortable working with” (QQ Student).

However, the most common suggestions for grouping students were by year of study and field of practice (FOP):

“Year and field of practice so similar experience knowledge and perspective. In order to generate focused discussions and useful ideas applicable to all” (QQ Student).

“FOP is definitely important and a mixture of ages is good due to different levels of experience” (QQ Student).
A key concern about Pod tutorials was the extent to which their members met. Whilst some reported meeting regularly, others only met up when there was a specific session with a tutor, or when there was official Pod work to be done.

“I am sure you have that experience where the POD groups do get together for stuff but my experience, and a lot of peoples, the PODs only get together for that tutorial with the lecturer for that specific assignment at the time” (FG Student)

It was felt that more work should be done in Pods which would require them to meet up more frequently. It was also thought that more assessed work should be conducted in Pods:

“... maybe give a bit more work that would get marked as well, because sometimes when you have a POD group the work that you do doesn’t get marked so you don’t get any feedback on it” (FG Student)

“... it would be nice to get some feedback on the work that you are doing as a POD group” (Int. Student)

The focus group agreed that more work in pods would be useful. However, the challenges of relying on input from all group members for graded work could be problematic. The focus-group moderator made the following suggestion which all members agreed with:

“So instead of an essay for a module you could maybe submit a shorter essay and a group project that you aren’t graded on, but you have to do to pass” (FG Moderator)

Another concern was the size of the Pod groups and the level of interaction between the group members. Having a group which was too small could present challenges when some members did not attend meetings. It was felt there should be sufficient members to allow the group to meet, even if one or two people did not attend. There was some agreement in the focus group that Pods should consist of at least six members.

Finally, students suggested that more needed to be done to encourage the Pod groups to meet and interact more frequently. A communication system, online blog work and activities which were “a little bit fun”, as well as group assignments, were all suggested as ways to improve the system.
Analysis (Phase 2)

**Academic Staff**

The staff in the focus group spoke at considerable depth about areas of student support, student expectations, Pod group tutorials and a range of factors underpinning student success. In some areas, the views of staff were similar to those expressed by the students (reported above), but there were some notable differences surrounding support and Pod tutorials. The following five themes generated from this analysis encapsulate the views and perceptions of staff in relation to the research questions and areas:

*Theme 1: ‘Students should be proactive about support’* reflected a view held by many staff, that students needed to engage more with support. Participants were concerned that students expected to be spoon-fed, left things until the last minute and expected personal tutors to solve everything.

*Theme 2: ‘The accessibility of support’* encapsulated the views of staff surrounding the accessibility and availability of student support. Some felt that support was readily available, but students were unwilling to seek it. Others questioned its accessibility and felt it could be improved.

*Theme 3: ‘making support more effective’* covered a range of ideas suggested by staff about how support could be improved. It included managing student expectations, integrating support into modules, tackling stigma and making support more appropriate for nursing students.

*Theme 4: ‘Pod tutorials’* reflected the largely negative views held by staff surrounding this tutorial system. There were concerns about its effectiveness, the fragmentation of students and the extent to which student understand them. There were also recommendations for improving the system.

*Theme 5: ‘Student success’* reflected several areas that staff felt were important to the concept of student success. These included motivation, self awareness, leadership skills and being resilient to psychological and emotional problems.

As with the analysis of the student data, a thematic approach (Braun & Clarke, 2006) was used. The five themes are discussed in detail throughout the following pages and are supported by evidence (in quotation form) from the staff participants who took part in the focus groups. A thematic map showing the relationships between the themes and categories is presented in *Figure 3* below.
**Figure 3:**
Thematic map showing the organisation of the themes identified from the staff data

**Theme 1: Students should be proactive about support**

There was a general sense among some staff that students needed to be more proactive about seeking support. They highlighted a range of issues that students appeared surrounding seeking additional support. These included expecting to be spoon-fed, leaving things until the last minute and expecting their personal tutors to solve all their problems.

*(i) Expecting to be spoon-fed*

Some staff felt there was a culture among students, where they expect to be ‘spoon fed’ information about many things, including support.

“I get a sense that they want spoon feeding about absolutely everything”

It was felt that this was inappropriate for students at this level of education. There was a perception among some of the staff members, that students should be more pro-active about seeking support for themselves:
“Even though you go through everything in detail, they’ll still come back to you because they can’t find this website or they can’t find that, and it’s irritating actually, at that level”

“I think some of it is an expectation that they want it, they want it now and they want you to hand it to them rather than having to find it themselves”

It was felt that some students seemed to “expect everything on a plate” and there was concern that this would increase when students paid tuition fees. One staff member reported a student saying:

“I have had a student say to me, I am paying for this you should provide it to me”

(ii) Students wait until the last minute

It was suggested that students tend to let issues “build up, build up, build up and then they will come to you with a huge range of problems”, often waiting until the “last minute” before they act. This perception of student’s not seeking support in a timely manner appeared to make the staff feel pressured, overwhelmed and overburdened:

“... you get emails at midnight; students panicking saying ‘I haven’t done this’, ‘I haven’t done that’, ‘I need your help’.”

There was concern among some of the staff, who felt that the students had access to literature and advice surrounding additional support, but would either not use this information effectively, or fail to use it at all.

“... they will phone me up, or email me, to ask me something that is in the module guide, that they have had right at the beginning and they haven’t bothered to look at”

(iii) Expecting personal tutors to solve everything.

There was some agreement in the focus-group, that it was the role of the personal tutor and module leaders to provide academic support and advice with work.

“... the academic side of it, which is what you should be supporting them in”

However, there was concern about the role of supporting students with a wide range of psychosocial problems, particularly among personal tutors.
“I would say that 80% of the problems that I have, or students come to me with certainly as a personal tutor ... it’s all social and psychological problems. Things that I am well out of my depth in, but I feel I need to respond to them in some way”

“You will always direct them to the appropriate, but sometimes they are so needy they just want to come and cry. And what can you do, you can’t say sorry I have got a paper to mark you will respond always”

Whilst there was a general understanding that signposting was a role for the personal tutor, it was suggested that students do not like this and can feel unsupported.

“I don’t think they don’t completely understand what your role is as a pastoral tutor, what you should do to support them ... a lot of the things I get are about counselling issues which I don’t want to get involved in at all and I am not qualified to do that”

“[When you tell a student] what you should be doing is going to here, because I am not a counsellor ... students don’t feel that you are supporting them, even though you are probably doing the right thing by them”

**Theme 2: The accessibility of support**

This theme reflects staff views about the accessibility of student support. There were differing perceptions among the group regarding this concept. Some felt that support was readily available, but students were unwilling to seek it. Others questioned its accessibility and suggested that it could be improved. Reflecting on experience, one staff member argued that support was readily accessible, but students were not accessing it:

“... even though the information is out there for them, they won’t go and access it themselves, they will come straight to you first of all, and expect all the answers, and when we are looking at adult learners, it’s very strange really. Because the support is all out there, it’s very easy for them to access it, but they don’t do it”

This participant talked about their experience of investigating the accessibility of support information. They found the process to be ‘easy’ and that information was readily available:

“... Because I found it very easy ... you can go to the Gateway site, you can look on the website and all the information is there and students can access it 24 hours a day”
There was some agreement among other members that the process was straightforward:

“... everything is there for them on the website that they need”

However, there was some challenge to the concept of information being readily accessible:

“...we have to look at how accessible those support systems are. And that can include accessing it, and knowing what you are accessing. So if we’re saying it’s all available on blackboard and students have come to the university but are not IT savvy, it’s actually quite stressful going through the process of finding information”

Students may also experience challenges to understanding the systems of support, which could be further enhanced by the stress experienced at the time of requiring support.

“[students] are stressed [enough] as it is, and if they are anxious or depressed or in a low mood, they don’t want to go through and understand a new system they are unfamiliar with which will add to their problems ... And therefore they take the path of least resistance which is to ask the tutor”

It was also felt that printed material about support in module guides may not be particularly useful:

“... the module guides are so cumbersome and thick in content, people skim read them and don’t actually focus on what they need to do”

There was some concern as to whether support could be accessed in a timely manner appropriate for a nursing schedule. It was felt a 9-5 time-schedule for support may be inappropriate:

“I say you need to go and see CLASS or something similar ... it’s hard for a nursing student when they have got chunks of time when they are out on placement ... What it does mean is they have less time to go and access CLASS services during the 9 to 5 period”

There was also concern about the waiting lists for counselling support and whether the support was equally accessible for students over the summer:

“I have just had feedback from some previous students, that there may be a bit of a waiting list to access counselling service and so forth”

“Are things open at the same times or is there a reduction services now it’s May? Because traditional students don’t come back until September ... Our students are now doing dissertations ... is there still the same level of CLASS support?”
Theme 3: Making support more effective

(i) Managing expectations

Staff felt that students may have unrealistic expectations about student support and the role of their personal tutors. As discussed above, personal tutors felt they were being presented with a wide range of challenges that they were unequipped to handle. In addition, they felt that students were not always aware of the expectations that staff had for them.

“... the expectations are there, but I don’t think they are disseminated well enough to staff and students ... [we should be telling them] this is what we promise to give to you as personal tutors, this is our expectation of you as students”

There was considerable discussion and agreement among staff that expectations should be made clearer to students.

“... we should be setting out our contracts”

“It is challenging expectations about role, access, what they should be doing, what they shouldn’t be doing as well”

“We ought to have a very clear perception as to what our role is, we are not there to be the saviour to someone who just happens to be a student”

It was felt that this information should be provided to students at the onset of their course, their year, or at the start of their modules. One staff member discussed an approach where this had been implemented:

“I took on one of the 1509 cohort when I started and my first group tutorial I had with them, I sent them an email saying don’t bring any issues to session, what we are going to discuss this session is ground rules for tutoring ... And that is our expectations that’s how I work, that’s how I have to work”

(ii) Integrating support into modules

Staff expressed unease that students were not actively seeking support when necessary. It was suggested that it may be challenging for students to understand the type of support that they needed. One staff member discussed an effective strategy of building support into the module. They reported this approach working well for a group of students and it improving their grades:
“I introduced on to the [module] a whole session that CLASS deliver on how to write critically. ...there was a reduction in failure and the general marks [improved considerably] ... I have just marked I have only had one failure out of about 65 ... I think if you leave it to students to, you need some help go and access CLASS they won’t do it for all sorts of reasons. Building it into the module I have found gets results”

It may be valuable for module leaders to identify the areas where their students typically experience difficulties. They could then liaise with staff at CLASS to arrange support in these domains.

“But I had a conversation with [CLASS Staff Member] this is the assignment they have got to do this is where they fall down and it’s had results”

(iii) Tackling Stigma

Staff recognised that there may be stigma associated with using additional support, particularly if it is perceived as support for those who experience difficulties.

“... it’s easily discussed [among students] as a remedial service and that will lead to stigma potentially”

“[There might be] stigma attached to seeking academic support via CLASS, which is seen as remedial service in some people’s views”

It was suggested that students may perceive support as remedial because it is not usually allocated to those who are performing well and want to improve.

“... the issue I have with good students ... a student who is scoring sixties and I think with a bit more support you could be scoring seventies ... [but] the majority of support is given to students with additional learning needs and struggling students and getting them to pass”

In order to tackle this, it was felt that support needed to be normalised. Integrating support into modules was considered an effective approach to achieving this. In addition, installing a greater general awareness about additional support was considered a useful strategy.

“Something that [another participant] said earlier on, that you do in your modules, I think that’s the clearest [way to] normalise it. You bring CLASS in, this is part of the module, this is the support, in the same way you can use a library ... Rather than saying if you are really crap at writing and you haven’t got a clue you may want to access our remedial service”
“[Additional support] isn’t remedial and students need to be made aware of that”

(iv) Appropriate support for nursing students

As described above, staff recognised that support may be difficult to access for nursing students, due to their restricted time schedule and their placement commitments. It was felt that students had an intensive timetable for their university work and placements, which resulted in minimal free time between typical nine-to-five office hours. An inspection of the support website at DMU does suggest that most workshops run during office hours. It would therefore be useful if a set of workshops and other support services could be delivered during out-of-office hours, to meet the requirements of nursing students.

Theme 4: Pod Tutorials

Staff had mixed, but strong opinions about Pod tutorials. Generally, the views appeared to be more negative than positive. There was a sense that Pods were developed to be more efficient than individual tutorials, but consequently, their effectiveness was compromised. Some staff felt Pod tutorials were generally impractical and ineffective:

“They are absolutely appalling. I don’t know who initiated them but they’re impractical, ineffective, appallingly attended and they create ten times the amount of work that they’re supposed to reduce”

It is expected that all Pod group members attend Pod tutorials. However, there was some concern about the fragmentation of the students which can result in running more than one Pod for that particular group:

“You get groups of five or ten sometimes, oh only two of us can make it, low and behold three days later another two want to come, another two and then another two. And frankly it’s the biggest irritation at the moment for me”

Staff were also concerned that Pod group tutorials were less effective than one-to-one tutorials:

“One-to-one, it’s very different because they will come in and the will say ok I have got this issue and you can deal with that. But when there is a group of them, they all might have different ideas or they may work very differently”
“Yes, if they had come to me one-to-one, I think the results would be different”

There was also a suggestion that some individuals may not feel comfortable to express their needs in a group setting and that complex group dynamics may impede the tutorial:

“There might be things they want to raise in the tutorials, but then again don’t feel that they are able to in their peer group because they may feel that they are going to be looked on very differently”

“Half of the students don’t say anything because they haven’t got a clue”

“… other students who may be embarrassed about saying anything at all and then the odd one who just wants to show up. And it’s because of these group dynamics, group dynamics doesn’t support tutorial support”

In addition, concern was raised about the workload not being equal between Pod members, with some students doing the majority of the work and others doing very little:

“I would have an issue if … I’ve done all this research and I see [another Pod group member] and think what’s he doing here, he never turns up to any lectures, he doesn’t do any work at all, he’s just waiting … to take all my ideas, so I’m not saying anything now”

Furthermore, Pods may be particularly challenging to students who have specific learning needs or learning differences:

“If you have students with particular learning needs, dyslexia or whatever and they go to the POD and then you get the email to say, I have got dyslexia and I still don’t understand it, can I see you and ask you a question”

“You are sitting there thinking you have lost me now and if I now say can you stop because I have got dyslexia and I haven’t clue what you are talking about you feel odd, so you don’t say anything and you go away disappointed”

Another key concern surrounding Pods was the extent to which students and staff fully understood their purpose as a learning tool.

“I don’t think students understand them, I don’t understand them myself”

“I think the students don’t understand why they need to have them but they see it as an adjunct to what they are learning”
“Students expectations are you give them a ... lecture or a session, they get taught something and then they go away. I think with the tutorial aspect, the onus is on them to think about what they want to get out of it, but I think they have a problem with that”

The following dialogue between the focus-group moderator and a staff participant suggests that Pod tutorials may work well for post-registration nursing students, but not for undergraduates:

Moderator: “So in post-reg and LBR, do the group tutorials or POD tutorials that we ran work well?”

Staff Participant: “In my experience I have found they work really well”

Moderator: “But in undergrad they don’t work well?”

Staff Participant: “They do not work well at all, they don’t have the experience to inform both academic and practice”

(i) Improving Pods

There was some agreement that Pods required student to have a range of skills. It was felt that first year and possibly second year undergraduates, may not have sufficiently developed skills for a Pod to be successful.

“Because if we say a group tutorial is enhanced by experience and academic concerns they have got none of that in the first year so don’t do a group do individual”

Therefore, a gradual approach was suggested to familiarise students with Pods:

“... because students are finding their feet, my suggestion would be in the first year they have individual tutorials. In the second year then you can go up a level, move between individual to group, and then in the third year would be group tutorials apart from your dissertation”

In addition, it was felt that students could be introduced to the concept of Pod tutorials more effectively:

“What you could do for first years is here is a title, a POD tutorial what do you think that actually means, what do you think you are going to get from that, has it ever been explained to you, do you know what a POD tutorial is there for”
There was a view that students should be allowed to choose their Pods and allocate themselves to a Pod in which they felt comfortable:

“...you [staff] don’t allocate, people self allocate, here are the slots allocate yourself to one of these slots ... that way, people will go into a peer group that they feel comfortable with ... Or from an accessing perspective, they can all share the same car and come in”

However, there was some uncertainty as to how Pod members should be allocated to their pods:

“do you divide students by personality type or by a field of practice, by geographical location, by friendships groups and personal choice or do you divide them by ability?”

“If you get students who are very different areas of ability, then how can you push those students to be getting above 70 while at the same time getting the students who are 30 to at least a 40”

Furthermore, some staff felt that having one group member organising the Pods was unfair. It was suggested that the Pods should be timetabled and not optional:

“One thing that should be done is do not put the students under additional pressure to organise the POD ... It should be time tabled here are the names, here is the time, here is the date, here is your tutor. Because otherwise one poor person is spending [all their time organising it]”

“And the whole idea that it’s optional I would take out, because the student’s time is actually as precious as ours and to be part of the module, not this is optional”

However, one staff member felt there was nothing that could improve the current Pod system:

“I don’t think we can, I honestly don’t think we can improve them, they are a fiasco from start to finish”

**Theme 5: Student Success**

Staff provided less detail regarding factors underpinning successful students, but some of the areas discussed are presented below. One staff member felt that being inquisitive and wanting to learn were important characteristics surrounding this construct:

“They are inquisitive and motivated they want to learn”
“They have an understanding of what they are getting themselves into but also they are totally motivated they want to achieve”

There was also some suggestion that having a personal interest, and being able to demonstrate leadership skills were important strengths for student nurses.

“[those who] take on the group leadership responsibilities and things like that have a genuine professional interest for whatever reason. Either they have wanted to do it forever, or they come from a background where their mother or father might have done it”

One member felt that resilience to psychological problems and good attendance were integral to success:

“They don’t have any issues around attendance, they don’t have any issues around anxiety problems or disorders”

Finally, self awareness and an A-level background were deemed as key components of nursing student success.

“They are usually very self aware, they are very self conscious they are normally coming in with A-levels rather than access courses, that’s from what I have observed”
Discussion

Nursing students throughout the UK reflect a diverse population of individuals with a predominance of females and mature students (Hamshire, Wilgoss & Wibberley, 2013). Like many undergraduates, trainee nurses can experience a range of academic, psychological and financial difficulties (Gopee & Deane, 2013). In addition, there may be certain elements specific to a nursing degree (i.e. placements) that can create extra stressors and challenges. Whilst HE offers a range of academic/pastoral support options to Student Nurses, only a relatively small number make good use of them (Norrie et al., 2015). Using a quan → QUAL mixed-methods design (Morse, 2003), this research examined the views of Nursing Students and Lecturers regarding additional academic support, the barriers surrounding its use, student success/difficulties, the strengths associated with successful students, and views surrounding Pod-group tutorials. Phase 1 involved the collection of survey data from 60 nursing undergraduates using two Likert-type scales and demographic questions. The results suggested high levels of career ambition and subject passion, but there was limited knowledge about support and stigmatising views among those who needed it the most. Furthermore, there appeared to be high levels of stress and psychological issues within the sample. Phase 2 involved a range of data collection methods including focus-groups, qualitative questionnaires and a semi-structured interview. The qualitative data ascertained from this analysis was rich in content and reflected the views of students and staff surrounding support, success and Pod tutorials. The extent to which the four research questions were answered is discussed below.

RQ1. What barriers prevent Nursing Students from seeking additional support in HE?

Previous research (e.g. Brown & Edlemann, 2000) has indicated that accessible campus-based support is considered important to nursing students, but there are concerns surrounding the extent to which they use it (Norrie et al., 2015). Phase 1 and Phase 2 of this investigation identified a range of potential barriers which may hinder or prevent students from seeking additional academic/pastoral support. The main barriers identified by students revolved around the concepts of stigma, accessibility/communication concerns and detachment/disengagement issues. Whilst staff participants highlighted similar apprehensions, they presented some additional concerns including unclear expectations, and students not being willing to accept responsibility for their own learning.

Stigma: Phase 1 of this research identified that a large proportion of participants felt they could benefit from extra support, particularly those who considered themselves the least successful
in academic areas. Therefore, stigma towards support appeared to be particularly detrimental, as it was highest among those who most needed support the most, and those who were least academically successful. Furthermore, stigma was inversely related to support awareness, suggesting that those who knew the least about support, were those most embarrassed about the prospect of receiving it. This support assertions by Hamshire, Wilgoss and Wibberley (2013), that students should be better educated about student support, what it entails and what it can offer.

Research is relatively scarce surrounding stigma associated with additional academic support among nurses. However, previous research has identified stigma among students, surrounding psychological support (e.g. Chew-Graham et al., 2006) and around disclosing dyslexia (e.g. Morris & Turnbull, 2007). Students may perceive utilizing support as a disclosure of psychological or academic weakness, which could negatively impact their student life and future career. The qualitative findings in Phase 2 suggested that stigma towards support might arise from a combination of three perspectives. First, students may associate additional support with ‘remedial support’ because of previous experiences throughout their educational journey. Secondly, additional support is usually only recommended to those who fail and thus, may confirm the first conceptualisation of it being remedial. Thirdly, additional support could be considered an ‘out of sight’ option that requires a set of actions on behalf of the student in order to administer. If the student is not interested in what they perceive as ‘remedial’ support, they may be unlikely to explore this avenue.

To normalise additional support, it would be valuable if students reconceptualised the association with remedial provision. The staff focus-group suggested that embedding support services into taught modules could provide a platform for removing such preconceptions and promoting support as an option for individuals, of all abilities. In addition, educators and those involved in delivering additional support, may benefit from re-branding their services. On many HEI websites, additional support is presented alongside services for individuals with academic and psychological challenges. Indeed, stigma is often associated with naivety about the subject for which it is held (Falk, 2001) and information supporting the model is accepted. It could be interpreted that individuals who are experiencing academic challenges may be those who feel most vulnerable to criticism and may not want to display any weakness. Utilising what could be perceived as ‘remedial’ support might damage self-esteem and provide a badge of weakness should other students find out. Stigma may be a justification for avoiding the ‘shame’ or ‘knock to self-esteem’ that additional support may have. However, stigma could equally be the reason why students do not utilise academic support. It is therefore recommended that more research work is conducted within HE to examine the effectiveness of interventions to tackle stigma surrounding additional support.
Accessibility and disengagement: Additional support in many UK HEIs runs as a centralised unit serving all undergraduate and post-graduate students. Being a specialised department has distinct advantages, but nursing students may view it as ‘support for other students’ or as being too generic for their needs. The Phase 2 student data highlighted a perception of feeling ‘different’ from typical students and requiring atypical support to meet their unique course demands. The 9-5 office hours for which support was perceived to operate, may contribute to this perception. This is a finding highlighted by previous researchers (e.g. Banks et al., 2011; Hamshire et al., 2013), suggesting it is a nation-wide concern for trainee nurses and not specific to the current HEI. Nursing students may require specific support at different times to other students (Hamshire et al., 2013). Indeed, centralised support is likely designed to accommodate the majority of students, for whom 9-5 office hours might be appropriate. It is therefore recommended that these concerns are raised with student support services to open discussion about ways to better accommodate the specific needs of student nurses. In addition, it might be beneficial to implement a dedicated support service for student nurses that operates on an out-of-hours schedule and offers nursing-specific support.

Another issue raised by students concerned the extent to which support information was readily available. Whilst some staff participants thought that support information was easily accessible, students reported vague and conflicting advice in module guides and on the University website. In addition, they also reported difficulties accessing it. Furthermore, they found the information to be fairly generic, leaving them in doubt as to whether the support was appropriate for them. Students in the focus group felt that a ‘one-stop’ support guide would be particularly useful, whether it be an electronic resource or printed booklet. Indeed, accessible support systems, preferably situated on the University campus, are considered particularly important for trainee nurses (Brown & Edlemann, 2000). If the gateway to these services is shrouded in uncertainty, it may be particularly unsettling for students concerned about their academic progress, or psychological and financial circumstances.

Managing Expectations: Personal tutors are usually affiliated with the student’s course and have a responsibility of signposting students to relevant support services. However, the staff participants were concerned that students expected them to deal with various personal and academic problems that they were unqualified to contend with. Staff also felt that signposting was perceived by some students as ‘tutors not wanting to help them’. This perception may be amplified if the service they are signposted to, seems too generic or not quite relevant to their needs. As identified in previous research (e.g. Hamshire, et al., 2013), students in the current investigation, reported that some tutors did not always respond effectively and in a timely manner. Conversely, staff felt that students left their issues until the last minute, then expected personal tutors to swiftly
deal with them at inappropriate times. Staff felt that student/staff expectations should be clarified at the onset and be more effectively managed by both parties. It was suggested that personal tutors and module leaders specifically make time to set out the ground rules regarding expectations. One tutor reported significant success using this approach. However, for this system to be successful, students would need clearer guidance on what to do if they experience difficulties. Furthermore, their personal tutors should be familiar with the information that is provided to students and be aware of the challenges they may experience when attempting to access additional support.

**RQ2. What are student/staff views of Pod tutorials and how could they be improved?**

Phase 1 of this research suggested that students (on average) felt that Pod groups were more useful than not. Throughout Phase 2, students appeared to be more positive about pod tutorials than staff, but there were some key issues identified by both groups. It was suggested by staff, that students may find Pods useful, but may still feel that one-to-one tutorials were better. As a result, the students in the interview and focus group were asked which they found most effective, and responses were mixed. There was a general agreement that a mixture of both approaches might be most beneficial. Gleeson, McDonald and Williams (2006) found that effective group tutorials were generally viewed positively by students. If utilised correctly, group tutorials can multiply enthusiasm and energy among students, and facilitate engagement in learning (Gleeson et al.). However, staff felt that first-year nursing students may not have the knowledge and skills required to contribute to a successful Pod-group experience. It was suggested that first-years may benefit from one-to-one tutorials whilst they develop and build the skills and competencies required for group tutorials.

Students identified several key concerns surrounding Pod tutorials, including compatibility issues, poor work-ethic among some group members, and a lack of assessed group-work. In addition, challenges arranging Pod meetings, poor attendance at meetings and group sizes being too small, were also key concerns. Whilst staff expressed similar issues, they also suggested that Pods posed problems for those who do the majority of the work, versus those who do very little. In addition, they raised concerns about Pod experiences for students with learning differences, the fact they are optional, a lack of time-tabling and the general under-usage by students. The strengths of Pods were that students could work alongside their peers and share ideas/knowledge about assignments and nursing. They also provided an effective platform for the development of new ideas and solutions to problems. Being in a compatible group appeared to be of particular value to students.

Belonging to a compatible Pod, with a strong work ethic, emerged as a key factor surrounding its effectiveness. Whilst some students reported positive experiences and good compatibility with other
members, others reported not being in a particularly compatible group. Some Pod-groups worked together on multiple tasks (e.g. revision, assignments), whereas others only met when required. In many ways, it seemed to be a ‘luck of the draw’ situation regarding allocation into Pod-groups, which are typically based on criteria specified by staff (usually decided by alphabetical location of surname). It was suggested by students and staff, that there should be some degree of choice surrounding Pod allocation. It might be beneficial if students had the option to specify a fellow student they would like to have in their Pod. Whilst this may present logistical challenges, the benefits could outweigh the costs if these group tutorials become more attractive for students.

Group size was also perceived to impact the effectiveness of Pods. It was felt that larger groups were more likely to meet regularly, whereas smaller groups made less effort. Whilst groups-size could be affected by attrition, it may be beneficial for Pod members to be increased above the current number of five-six. Gleeson et al. (2006) reported successful tutorial groups with 12-24 members.

Thomas and Hixenbough (2006) suggested that effective group tutorials are greater than the sum of their parts and can multiply enthusiasm and energy among students, whilst facilitating engagement in learning. However, arranging Pod meetings was perceived as a challenging endeavour which was typically assigned to just one of the members. Organising a time convenient for all members, whilst taking into consideration their work and placement commitments, was seen as challenging endeavour by both students and staff. In addition to this, Pod-tutorials are optional for students and some may be less enthusiastic about meeting. As suggested by students and staff in the focus group, it may be beneficial if pod tutorials were timetabled and not optional. This would encourage attendance and potentially reduce the discrepancy between groups surrounding how frequently they met. It may also be useful to have assessed group work for Pod members. For example, group presentations, discussions and assignment preparation (group literature search or data collection). Encouraging team work within Pods may enhance group dynamics and cohesion. One student suggested that having more ‘fun’ things to do in Pods may improve their appeal. Activities such as a Pod-group presentation seminar, or a group poster competition, may be particularly beneficial for building a positive Pod-culture and for strengthening bonds within the groups.

RQ3. In what areas are current nursing students experiencing success and difficulties?

Phase 1 of this research suggested that nursing students (on average) experience various successes and difficulties as measured by the PSSQ (Griffin, 2014). This Likert-type scale measured students’ perceptions of their success in four academic and four non academic areas. Whilst comparative data is scarce, Griffin (2014) reported statistics from two samples of joint and single-honour psychology students (each N > 140). The current sample achieved higher average scores in areas pertaining to
career ambition and development, and passion and enthusiasm about their subject. This positive finding is understandable, as nursing is often considered as a calling (Walsh, 2011) and a profession that attracts caring and compassionate individuals. As it is a vocational course, students may be more likely to have a clearer career path and be driven to pursue that career. Average scores on the PSSQ factors pertaining to coursework success, examination success and social success, appeared relatively similar to the previous samples. These comparative findings could be considered positive, but not as expected. Student nurses have been reported to experience a range of academic challenges (Orton, 2012), so it would have been expected that scores would be lower. Whilst this may be a positive testament to the academic aptitude of the sample, due to the placement pressures and an intensive time-table, it was considered that student nurses may experience lower levels of social success than other students.

However, the students in the current sample scored notably lower on variables pertaining to healthy living and financial management success. When the component scale items were examined separately, the variables pertaining to stress and psychological health management appeared to have the lowest average scores. This would suggest that the nursing students in this sample were experiencing poorer psychological health and higher levels of stress than the non-nursing students in the previous samples. Indeed, this is an area suggested by Orton (2011) to be a particular challenge to student nurses. As identified in Phase 2 of this study, the combination of intensive learning and placement pressures may have a negative impact on a student’s time and resources. In addition, financial management success was also lower in the current sample. This finding is in-line with a series of reports identified by Middleton (2008) suggesting that 70% of bursary students on nursing courses are required to supplement their income with additional work. Fifty percent of students have considered quitting their course because of financial challenges. Research conducted by Lo (2002) identified financial problems as being the four main stressors among nursing students. With the intensity of placement and coursework, it is difficult for nursing students to have the time to earn additional income. Whilst DMU offer financial support, a sizable number of Phase 1 participants were unaware of the support available. Better advertising and signposting may be particularly advantageous to nursing students, alongside closer links between nursing degrees and employment agencies offering temporary part-time roles that fit with a nursing schedule.

**RQ4. What are the strengths associated with successful students?**

Academic and psychological challenges represent major concerns for nursing students (Orton, 2011). These issues have been identified as key reasons for attrition (e.g. Glossip, 2001; Orton, 2011). The qualitative strand of current research explored the views of students and staff, regarding the
strengths associated with successful students. Key strengths identified were ‘Perseverance and hard work’, ‘Being a balanced student’, ‘Effective health and financial management’, ‘Willingness to learn and seek support’, ‘Motivation’, ‘Self-awareness’ and ‘Leadership’. These strengths largely correspond to the 24 character strengths and virtues identified by Peterson and Seligman (2004). In addition, being a balanced student may be related to the notion of a balanced-time-perspective (BTP: Zimbardo & Boyd, 1999; Stolarski, Bitner & Zimbardo, 2011). Indeed, both strengths of character and BTP have been found to be related to academic and non-academic success in HE, resilience to psychological illness and enhanced psychological well-being (Griffin, 2014).

Furthermore, research has identified that interventions which encourage students to cultivate and use their strengths (i.e. Govindji & Linley, 2007; Seligman, Steen, Park & Peterson, 2005) may be particularly advantageous. It might be fruitful to incorporate strength-based interventions into Pod-tutorials. Lounsbury et al. (2009) identified that strengths of Citizenship, Leadership, Persistence (Perseverance), Love-of-Learning, Open-Mindedness, Prudence and Self-Regulation, were all related to academic achievement, so approaches aimed at developing these strengths should be considered. Furthermore, strength-based interventions are usually dissimilar to conventional academic/psychological interventions in that their focus is not on correcting weakness, but on improving an individual’s life and helping them flourish in areas where they want to achieve success.

Time-Perspective is an individual’s psychological relationship with objective time (Zimbardo & Boyd, 2008), focusing on how they organise their experiences into temporal structures consisting of past, present and future orientations. Time perspective is involved in organisation and time-keeping, but also reflects an individual’s psychology. A BTP is considered an ideal blend of time-perspective components, for optimal psychological and physical health. Griffin (2014) identified that BTP was associated with, and could predict many positive student outcomes, including academic performance, perceptions of success (academic and non-academic), resilience to stress, anxiety and depression, and increased subjective well-being. Interventions aimed at developing a BTP are shown to have many positive effects (e.g. Zimbardo, Sword & Sword, 2012) and could be particularly beneficial to nursing students.

**Recommendations**

This research has suggested that a series of barriers exist among student nurses surrounding academic/pastoral support. Also, nursing students reported challenges including stress and psychological health concerns. In addition, views of Pod tutorials were more positive among students than staff. However, there were a range of issues identified which should be addressed.
Finally, a series of strengths were discussed which may be of particular advantage to achieving success in HE. These were closely related to character strengths and balanced-time-perspective. Based on this evidence, the following recommendations have been made:

**Additional Support**

- Students should be better educated about support, what it entails and what it can offer. Greater clarity about support provision from the University and the Trust should be provided. ‘Buddying’ new with experienced students, may help them to understand and normalise support use.
- Better advertising and signposting for financial support may be advantageous to nursing students, alongside closer links between nursing degrees and employment agencies offering temporary part-time roles that may fit with a nursing schedule.
- More research work should be conducted within HE to examine the effectiveness of interventions to tackle stigma surrounding additional support.
- To normalise additional support, it would be valuable if students reconceptualised the association with remedial provision. Embedding support services into taught modules could provide a platform for removing preconceptions and promoting support as an option for individuals of all abilities. In addition, normalising support seeking on placement may also be advantageous, with mentors being familiar with both University and Trust support options.
- It is recommended that student support services liaise with nursing staff to explore better ways to accommodate the needs of student nurses.
- It might be beneficial to implement a dedicated support service for student nurses that operates on an out-of-hours schedule and offers nursing-specific support.
- A ‘one-stop’ support guide might be useful for student nurses who perceive conflicting information from different sources. This could be an electronic resource or printed booklet.
- Expectations should be clarified and be more effectively managed. Personal tutors and module leaders specifically make time to set out the ground rules regarding expectations. Students need clearer guidance on what to do if they experience difficulties and personal tutors should be familiar with the information and the challenges students experience accessing support.

**Group Tutorials**

- First-year nursing students may not have the knowledge and skills required to contribute to a successful Pod-group experience. They may benefit from one-to-one tutorials whilst they develop and build the skills and competencies required for group tutorials.
• It might be beneficial if students had the option to specify a fellow student they would like to have in their Pod. Whilst this may present logistical challenges, the benefits could outweigh the costs if Pods become more effective for students.

• It may be beneficial for Pod members to be increased above the current number of five-six.

• Pod tutorials could be timetabled and not optional. This would encourage attendance and potentially reduce the discrepancy between groups surrounding how frequently they met.

• It may also be useful to have assessed group work for Pod members. For example, group presentations, discussions and assignment preparation (group literature search or data collection).

• Encouraging team work within Pods may enhance group dynamics and cohesion. Having a Pod-group presentation seminar or a group poster competition may be particularly beneficial to build a positive Pod-culture and strengthening bonds within the groups.

Developing Strengths

• It might be fruitful to incorporate strength-based and time-perspective interventions into Pod-tutorials. Interventions which encourage students to cultivate and use their strengths have been related to well-being, success and resilience.

• A balance-time-perspective is associated with, and can predict many positive student outcomes, including academic performance, perceptions of success (academic and non-academic), resilience to stress, anxiety and depression, and increased subjective well-being. Interventions aimed at this to could be embedded in the curriculum or embarked on as personal development in Pod-groups.
References


Gleeson, A., McDonald, J., & Williams, J. (). The effectiveness of collaborating learning tutorials: The views of introductory microeconomics students.


### Perceptions of Student Success Questionnaire (Eight Factor Model)

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<th>Factor</th>
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<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>I could do better in exams</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Career ambition and success</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am often distracted from my uni-work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I find it difficult to discipline self to work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am successful at organising work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I prepare myself for coursework by reading widely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I structure my work around strict time schedule</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I do not read enough material for my course</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The effort I put into my uni work has been a success</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am not motivated to study</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have learned to use specific study skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Social success and living</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My social life at University is a success</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Generally, my social life is more unsuccessful than other students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I find it difficult to make friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The quality of my friendships/relationships is good</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>People tend to avoid me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am actively involved in many social events</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Financial management success</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I am successful at managing my finances</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am terrible at looking after my money</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>I can always budget to make money last</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I spend without thinking of the financial consequences</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other students manage finances better than I do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Successful health and living</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not give my health the appropriate attention</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I take care of my physical health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I take regular exercise</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I struggle to manage my psychological health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>I am not as mentally and physically healthy as friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am in control of emotional well-being</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>overall the coursework I have produced has been a success</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My coursework grades have not been as good as I expected</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Compared to other students on my course, I think my coursework grades have been a failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The quality of my finished coursework is not as successful as it should be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am less motivated with uni work than others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am passionate about my subject</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am enthusiastic about my university work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I thoroughly enjoy working and learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I do not enjoy my university work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Do not enjoy studying as much as others</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Overall, I am unsuccessful at exams in comparison to my own standards</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I never do as much revision as I would like for my exams</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>So far, I have been successful in exams</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am pleased with the quality of my exam preparation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My exam grades have fallen short of my personal expectations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Nerves and exam stress hinder my performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I could do better in exams</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
## Appendix B

**Student Support Scale (SSS)**

<table>
<thead>
<tr>
<th>Views Surrounding Student Support</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would benefit from additional academic support at University.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>In general, I am aware of the additional support options available at my university.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I would know how to access additional support if I needed it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>When I struggle with my work, I don’t know where to turn.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If I was experiencing difficulties at University, I know they would support me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I would feel embarrassed seeking additional academic support.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Additional support at university is not very useful to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Finding out about additional support is difficult.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I would benefit from additional psychological and well-being support at University.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I find Pod tutorials a useful element of my academic learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix C

Qualitative Questionnaire

Ideally, answers should be at least 2-3 sentences long for each question (the more detail the better).

QUESTIONS

1) What are your views about additional support (academic and pastoral) for Nursing Students at University, and is it effective?

2) What do you think are the main reasons why some Nursing Students do not seek additional support when needed?

3) How could we make additional support better and more accessible?

4) What are the strengths and weaknesses of the Pod Group tutorial system?

5) If you were to re-design the Pod system, how would you make it different?

6) What criteria would you use to assign Nursing Students to their Pod Groups?

7) What are the key strengths associated with academically successful Nursing Students?

8) What are the key barriers which prevent some Nursing Students from achieving their full potential?
Appendix D

Focus Group Schedule (Students and Staff)

Seeking Support

1) What are your views surrounding the additional academic and pastoral support options for Nursing Students at University?

- To what extent are these services effective?
- How could they be improved?

2) Some students who experience academic/pastoral challenges do not use additional support. What do you think are the main reasons why students do not seek additional support?

- Are there any barriers preventing students from seeking support?
- Is there any stigma attached to seeking additional support?

3) How could we make support systems more accessible to students?

Pod Tutorials

1) ‘Pod Tutorials are a very effective and valuable learning tool’ – to what extent do you agree with this and why?

2) What are the strengths and weaknesses of the Pod system?

3) If you were to re-design the system, how would you make it different?

- What would you change first?
- What would you keep the same?
- What criteria would you use to assign students to pods?

4) How could we engage students with the Pod system?

Success

1) What are the key attributes and strengths associated with successful nursing students?

2) Other than natural ability, what factors contribute to academic success on a nursing degree?

- Which ones are the most important?

3) What are the key challenges, issues and weaknesses that prevent students from achieving their full potential?

4) How can we help students develop the strengths needed for success on a nursing degree?