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Dreams and disappointments regarding nursing: Student nurses' reasons for attrition and retention

A qualitative study design

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ABSTRACT

Background
In the Netherlands, hundreds of students register annually for a nursing programme, but not all of these students manage to complete their training.

Objectives
The main aim of this study was to examine which factors affect student nurses' decision to leave or complete their programme.

Theoretical framework
The study used an exploratory descriptive design, employing a qualitative phenomenological approach.

Sample
Student nurses (n = 17) at the beginning of their third year of the four-year Bachelor's programme.

Data collection
Data were collected at four Universities of Applied Sciences in the Netherlands, from December 2013 to January 2014. Semi-structured interviews were used to collect the data, using an interview guide.

Results
The main reasons for students to become nurses were the caring aspect, personal experiences with healthcare, role models in their immediate environment, and job opportunities. They had both altruistic and professional perceptions of their profession. Reasons for attrition were strongly related to the training programme and to their clinical placements, in particular the perceived lack of support from mentors and team. Feelings of being welcomed and working in a nice team proved to be more important reasons for completing the programme than the specific clinical field.

Conclusions
Student nurses started their studies with many dreams, such as caring for people and having the opportunity to deliver excellent nursing care. When their expectations were not met, their dreams became disappointments which caused them to consider stopping and even to leave (attrition). The role of lecturers and mentors seems invaluable in protecting and guiding students through their programme and placements. Optimal cooperation between lecturers and mentors is of paramount importance to retain student nurses in their training programmes.

INTRODUCTION

Student attrition from nursing programmes has been a long-standing problem and is a major issue globally (Cameron, Roxburgh, Taylor & Lauder, 2011a; Glosssop, 2001; Hamshire, Willgoss & Wibberly, 2013). Glossop defines attrition as 'the difference between the numbers of students beginning each cohort and the numbers who completed that cohort' (Glossop, 2002, p. 377). Attrition from nursing programmes is not only a threat to the future nursing workforce, but it is also costly. The literature suggests that there is often a discrepancy between the expectations that beginner nursing students have of their training programmes and the nursing profession, and what they actually encounter during their studies and practice (Last & Fulbrook, 2003; O'Donnel, 2011). This difference between expectation and practice is often at the root of students' premature attrition. The social context of nursing students consists mainly of their learning and work environment. Interaction with peers and mentors, both at school and in practice, forms an essential part of their professional development (Bowden, 2008; Williams, 2010). These interactions can affect their decision to leave or stay in their programmes. Previous studies showed that nursing students demonstrate a wide range of pre-existing perceptions of nursing. Despite this variety, most students consider nurses to have caring and compassionate qualities (Mooney, Glacken & O'Brien, 2008; Newton, Kelly, Kremser, Jolly & Billett, 2009). In addition to the caring aspect, students choose nursing for various other reasons, such as the strong desire to become a nurse, and job possibilities (McLaughlin, Moutray & Moore, 2010; Wilkes, Cowin & Johnson, 2015).

There is a relatively high dropout rate in degree programmes which are chosen because of career, status or salary expectations. Failure is much less likely among students who were intrinsically motivated and chose their programme because of its content. Intrinsic motivation appears to play a considerable role in study success. Students with high intrinsic motivation perform better and respond better to changes. Ryan & Deci define intrinsic motivation as 'the doing of an activity for its inherent satisfactions rather than for some separable consequence' (Ryan & Deci, 2000, p. 56). The social contexts in which people are embedded may influence positive motivation and enhance performance and well-being. When intrinsic and extrinsic motivations are not satisfied in the learning and/or work environment, this may lead to disappointment, dissatisfaction, and finally to voluntary withdrawal.

In the Netherlands, hundreds of students register annually for a nursing programme at universities of applied sciences. Unfortunately, not all of these students manage to complete their programme. University reports indicate that attrition is most common during the first or second year of their studies (the Netherlands Association of Universities of Applied Sciences; Vereniging Hogescholen, 2016). There is little robust information about why Dutch nursing students consider leaving their pre-registration nursing programmes. The purpose of this study is to explore, from a qualitative perspective, the intrinsic and extrinsic factors which may affect nursing students' decisions to leave or complete their course.

Objectives
The aim of this study was:

1) to determine why students choose a career in nursing

2) to improve our understanding of student nurses' conceptualization of nursing

3) to examine both intrinsic and extrinsic factors that influence their decision to leave or complete their programme

METHODS

Research Team and Reflexivity
It is vital that interviewers are able to understand the participants' views and terminology (Pope & Mays, 2006). Therefore, four student nurses, in pairs of two, performed the interviews as part of their graduation project in a Bachelor's programme in nursing. Prior to conducting the interviews, they received interview training from an expert, and after high consensus rates of the interviews they were allowed to perform the interviews in pairs of two. Two researchers continuously supervised the interview process, and students and supervising researchers did not have a previous relationship with the participant prior to study commencement.

Theoretical Framework
The study used an exploratory descriptive design, employing a qualitative approach. Semi-structured interviews were conducted and the phenomenological method was used to analyze the participants' experience of completing a Bachelor's of nursing programme. Phenomenology tends to look at data thematically to extract essences and essentials of participant meanings (Miles, Huberman & Saldaña, 2014, p. 8).

Sampling
This study follows up an earlier survey about nursing students' orientation and attitudes towards nursing (Ten Hoeve, Castelein, Jansen, Jansen & Roodbol, 2016a, 2016b). The survey took place at four Universities of Applied Sciences in the north, the south and the center of the Netherlands, in order to ensure a representative geographical and demographical distribution. The students who participated in this survey were also asked, by means of closed questions, whether they ever considered withdrawing from the programme, and their reasons for withdrawal. Subsequently, students who had considered withdrawing but remained were asked what their motivations were for continuing. In order to gain more insight into these relevant topics, the researchers asked the Deans and Faculty Boards of the four universities to give their permission for this qualitative follow-up study. After permission was obtained, the researchers provided the schools with the identification numbers of students they would like to interview. A purposive sampling method was used based on the results of the quantitative survey: 1. students who never considered stopping, 2. students who considered stopping, but continued and 3. students who stopped. The Deans approached the students by e-mail with the invitation to participate. Initially, twelve students responded positively. In order to

obtain saturation we asked the Deans to approach the students a second time. Finally, we included seventeen students after saturation was reached. Of the participants ($n = 17$), eight students never considered stopping, seven considered stopping, but continued, and two withdrew from their programme.

Setting
With participants who expressed an interest in and willingness to participate, appointments for the interviews were made based on their availability. Interviews were conducted at a time and place convenient to the participants. During each interview, only the participant and two interviewers were present.

Data Collection
Data were collected from December 2013 – January 2014, when participants were in their third year of the four-year Bachelor's programme. Semi-structured interviews were used to collect the data, using an interview guide (Appendix A). The interviews were semi-structured, because each participant was asked a set of similar, non-identical questions, depending on the group they belonged to. Especially, since the interviews were conducted by students in pairs of two, an interview guide and instructions on how to use it, was essential. The topics for this guide were derived from the quantitative survey and they were used to gain more insight into nursing students' motivation to choose a career in nursing, their views on training and clinical placements, and their perceptions of nursing. At the beginning of the interview the participants signed a consent form, after being informed about the purpose and confidentiality of the study, and that participation was on a voluntary basis. All interviews were audiotaped, no field notes were made during or after the interviews. The duration of the interviews averaged 45 minutes and data saturation was discussed after each interview. The audiotaped interviews were transcribed verbatim and anonymity was guaranteed by removing the association between the identifying dataset and the data subjects.

Data Analysis
The transcripts were cross-checked for quality by the researchers before they were imported to Atlas.ti software programme (Friese, 2014). Thematic analysis was used to analyze the data. Recurrent phrases were coded and codes with similar elements were merged to form into subthemes. Both thematic coding (topics from the interview guide) and open coding (themes derived from the data) were used. The researchers then discussed and compared their generated codes and subthemes. Subthemes were further clustered for areas of commonality to form into themes.

Analysis of Differences Between Groups
To explore if there were differences between the subgroups with respect to their reasons for withdrawing, we created a code family comprising a. the '#fam: considered stopping', b. '#fam: never considered stopping' and c. '#fam: stopped' codes, and all the codes with negative experiences related to education, clinical placements and team. After that we queried the data to explore whether there were differences between the subgroups in terms of motivation to continue their programme. We created a code family comprising the '#fam: considered stopping', '#fam: never considered stopping' and '#fam: stopped' codes, and all 'motivations to continue' codes and all codes related to

positive experiences with education, clinical placements and team. The content of the quotations was read, interpreted and compared.

Trustworthiness
To guarantee the rigor and trustworthiness, this study adhered to the criteria proposed by Lincoln and Guba (1985). Data credibility was established by selecting an appropriate method for the data collection (semi-structured interview guide), and by the researchers who conducted the interviews being familiar with the context of the nurses' practice environment. Dependability was ensured by describing the data analysis in detail and providing direct citations to reveal the basis from which the analysis was conducted. The researchers coded the interviews independently from each other. The conformability and consistency of the analysis were established by holding meetings to discuss preliminary findings, where emerging codes and themes were discussed until a consensus was reached. This procedure was maintained during the entire coding process. To enhance the transferability of the findings, a description of the context, selection of participants, data collection and process of analysis is provided.

RESULTS

Demographics
Participating students (*n* = 17) ranged in age from 19 to 33 years and were mostly female (*n* = 15).

Themes and subthemes
Three major themes emerged from the data: (1) reasons for choosing a nursing career, (2) conceptualization of nursing, and (3) reasons for attrition and retention (Appendix B). Figure 1 provides a network view of the themes and the different types of relationships between these themes and sub-themes. This network view is also helpful in visualizing how the various issues regarding attrition and retention are related.

Reasons for Choosing a Nursing Career
Although nursing was not everybody's first choice of study, most participants had sought a career that suited them involving caring and having contact with people. For example, 'You must feel the need to help people … you must feel empathic…. if you do not have that quality, nursing will not suit you' (student 5). Most students mentioned their passion for the profession, they experienced nursing as a profession which really suited them. 'Then I found out that nursing was the real profession for me. I also told my family and they said: 'Why didn't you think of this before? It suits you so well' (student 1). Nursing was also perceived as a career which offered job security, job opportunities and a variety of jobs. One participant said, 'You are sure that you can get a job with this training; nursing offers you a lot of job opportunities' (student 3). Some students chose nursing because of their own experience as patients. They referred to the personal experiences which led them down this route. For example, 'I myself have a lot of physical problems, so I see people work in the hospital quite often. So I do know what it means to be a nurse' (student 14). Direct experience of the nursing profession from having family members or friends who were nurses was also perceived to be a great source of both
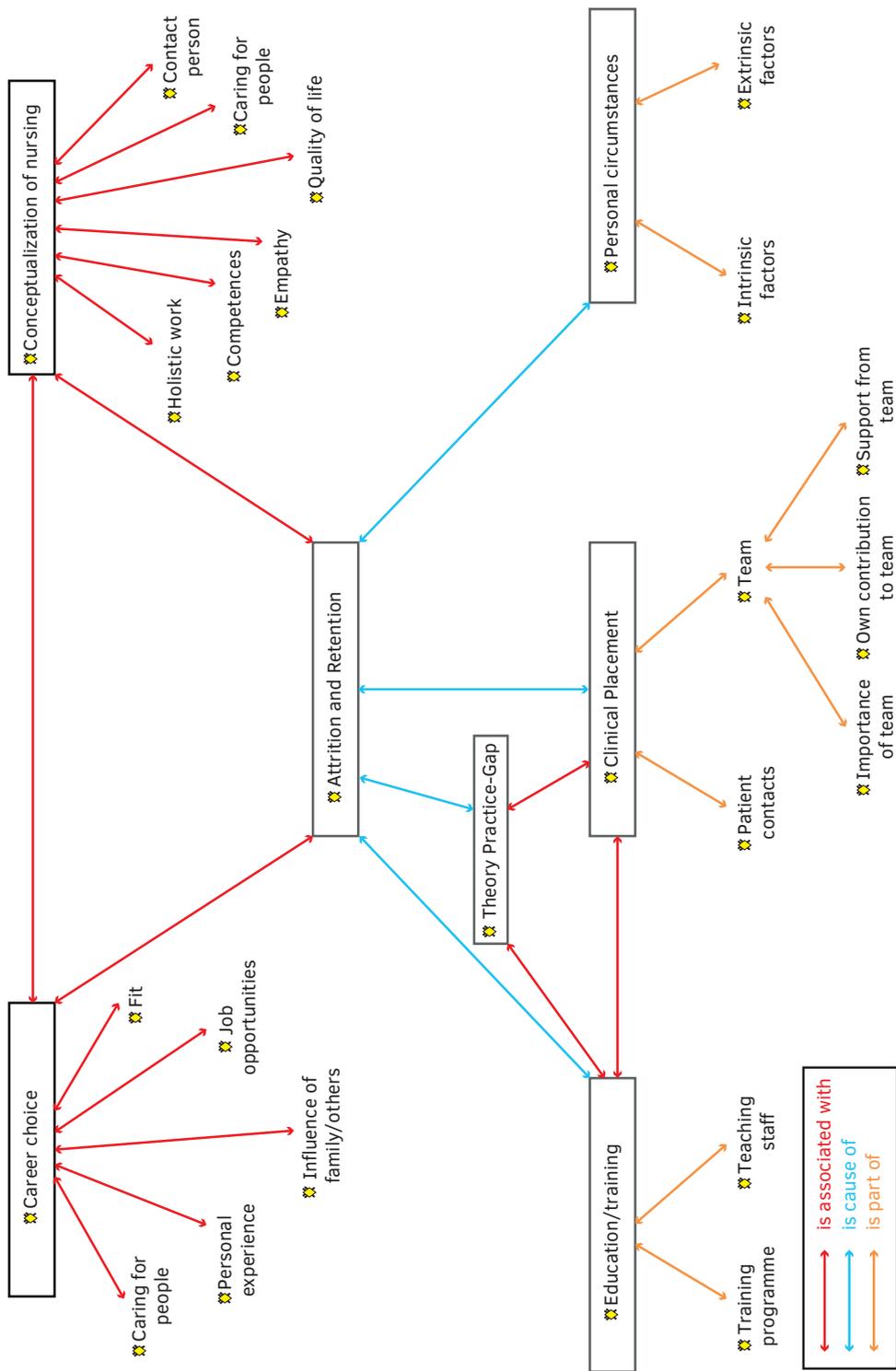
Figure 1 – Network view reasons for attrition and retention

Conceptualization of nursing
- Contact person
- Caring for people
- Quality of life
- Empathy
- Competences
- Holistic work

Career choice
- Fit
- Job opportunities
- Influence of family/others
- Personal experience
- Caring for people

Attrition and Retention

Theory Practice-Gap

Personal circumstances
- Extrinsic factors
- Intrinsic factors

Clinical Placement
- Team
- Support from team
- Own contribution to team
- Importance of team
- Patient contacts

Education/training
- Teaching staff
- Training programme

is associated with
is cause of
is part of

5

emotional and instrumental influence. 'My aunt is a nurse and two of my three cousins are studying nursing. It really runs in the family' (student 4).

Conceptualization of Nursing
For the majority of students, being able to really satisfy the needs of their patients was of paramount importance. To make someone's day and have time for patients was considered the real essence of nursing. 'It's a bit of a cliché, but I think that you have to find it essential to be with patients at critical moments. I think that's a very important aspect of your profession as a nurse' (student 10). Many participants described nursing as a profession which integrates physical, psychological and emotional care. They feel the need to deliver complete care to their patients, from a holistic point of view, 'The nurse cares for the physical as well as the mental problems, the person as a whole. That is the crux of nursing' (student 7). Showing empathy and feeling emotionally involved with patients were also considered basic components of nursing care. One of the participants expressed his feelings this way, 'It's all about your relationship with the patient, it's not about yourself. In one way or another, it suits me very well to put myself in my patients' shoes and be their advocate' (student 10). Most of the participants had the ambition to offer an optimal quality of care and quality of life. For example, 'Taking care of people and offering the best possible quality of life… this is and remains the primary goal' (student 13). According to the participants, nurses must also have the competences to practise effectively. Competences were associated with professional values, nursing practice and the ability to use their nursing skills appropriately. 'I really think that critical thinking and reflection are important. And putting patients at the heart of everything you do' (student 2).

Reasons for Attrition
Students who considered stopping attributed this to problems with the training programme, the theory-practice gap and clinical placements. Personal problems were also influential, such as feeling uncomfortable when working in a group or uncertainty about their own performance.

Training Programme
Feelings of dissatisfaction with the training programme were often associated with the organization or the quality of the programme, with the competence of teaching staff and a lack of support from them. For example, 'When I said that I thought they should pay more attention to practical nursing skills, I got the third degree from one lecturer' (student 9).

Theory-Practice Gap
The theory-practice gap was a reason for students to consider leaving. They felt stressed and unprepared in dealing with professional demands. 'Once you get your degree it comes down to what you can do. If I pass my exams, I will graduate. But there are many nursing tasks that I am not yet able to do' (student 10).

Clinical Placement
Students mentioned poor quality placements and a lack of emotional and practical support from their colleagues and mentors. They also expressed feelings of not being welcomed as part of the team. 'They really had no idea why I was there. They thought that I was a nursing assistant, they did not know that I was a Bachelor's student' (student 14).

Personal Circumstances
Some students experienced serious personal problems, such as problems achieving their learning goals, problems working in a team and being uncertain about their own knowledge and abilities. 'It's because of my personality. I worked on a ward with many colleagues and I clammed up completely. I enjoyed the work very much, but I like working alone and I found all the colleagues quite annoying' (student 4).

Motivations to Continue
The reasons for continuing in spite of these difficulties were positive experiences with the training programme and clinical placements. Intrinsic and extrinsic personal factors were also drivers for staying.

Training Programme
Satisfaction with the organization of the training programme and with the competence of teaching staff. 'I have certainly learned what it means to work in healthcare. I am happy that I have gained more insight. When I finally get my degree, I can apply this knowledge in practice' (student 10).

Clinical Placement
The participants mentioned that positive experiences with clinical placements had made them decide to stay. The importance of working in a team and the support from colleagues encouraged them to stay. Moreover, being welcomed in a team and working in a nice team proved to be more important than the patient group with whom they worked.'I work in a great team and if you work in a really nice team, the patient group is not very important. It really does not matter where your clinical placement is' (student 2).

Personal Circumstances
Intrinsic factors, such as perseverance and the drive to become a nurse, were keys to persistence for some students. 'I considered stopping school, but then I thought, I'm just not going to give up. If I had stopped at that moment, I really would not have known what else to do, because I really want to become a nurse' (student 1).

Extrinsic factors such as strategic choices and the influence of family and friends were also mentioned as important motivating factors, 'I only have three weeks of my clinical placement to go before graduation. So I'm not going to stop now, because I will have a degree in my pocket and a college degree is always great' (student 16).

Differences Between Groups

Regarding attrition, students who never considered stopping were far less negative about their training programme, clinical placements and the team than the students in the other two subgroups. When they expressed negative experiences with the training programme it always had to do with the balance between the amount of theory and the teaching of practical skills. 'In the first year we got a lot of theory. I would have liked there to have been a clinical placement of about a month or so, just to experience how it is in practice' (student 17). All students who considered stopping, expressed negative experiences with the training programme, especially related to the content of the programme. It had to do with the difficulty or the quality of the programme, and the organization of classes and clinical placements. They were also negative about the quality of and support from the teaching staff. For example, 'I really disliked the organisation of the training programme and I missed a lot of things. I considered stopping because of the lack of structure. Moreover, some lecturers contradict each other' (student 14). Negative experiences with clinical placements were mostly related to not being able to complete learning goals or assignments, the feeling of not being welcomed in a team, and inadequate communication with staff and collaboration in teams. 'This is not a very nice team to work with, I think they really do not like students at all' (student 6). These problems were not mentioned by students who never considered stopping. The two students who did stop mentioned problems with the academic demands, in particular problems writing reports and a lack of support from school and mentors. 'The emphasis is on writing reports. You must be able to write down all your actions. Even if you are a great student nurse, if you cannot write reports, you are not accepted' (student 5). Regarding the theory–practice gap all students, except those who stopped, mentioned a lack of practical skills. Table 1 shows the query results. The numbers in the table refer to the number of quotations, not the number of respondents.

Regarding motivations for continuing, the students who stopped had fewer positive experiences with their clinical placements and the team. Positive experiences with clinical placements were only due to patient contacts, not to colleagues. 'I really enjoyed working with patients, but the contact with my colleagues was not very pleasant. I derived pleasure in my work only from the people I cared for' (student 5). Regarding the team students mentioned positive experiences with support from their colleagues, and the importance of working together to deliver good quality care. Regarding intrinsic motivation students who considered stopping mentioned that they just wanted to persevere in order to get their degree, and that they really wanted to become nurses. 'I really want a nursing career. After having dropped out for a while, I became so much more motivated to get my degree'(student 11). Influence of family and other students, and strategic choices were important extrinsic motivators for continuing. 'Classmates and friends said: ''You just have to go for it, because this is what you really want''. So that really motivated me' (student 6). One of the students who never considered stopping motivated her classmates to persevere in getting their degrees. Most of these students wanted to become nurses motivated by their desire to care for people and to mean something for their patients. 'The idea of being able to mean something for people professionally attracted me greatly' (student 10). Table 2 shows the query results. The numbers in the table refer to the number of quotations, not the number of respondents.

Table 1   - Code co-occurrences between subgroups regarding reasons for attrition

	#fam: considered stopping (*n*=7)	#fam: never considered (*n*=8)	#fam: stopped (*n*=2)
Education/training: negative on training	25	8	4
Education/training: negative on teaching staff	8	1	0
Clinical placement: negative on placement	15	1	11
Team: negative on team	1	0	5
Theory-practice gap	15	8	0

Table 2 - Code co-occurrences between subgroups regarding motivations to continue

	#fam: considered stopping (*n*=7)	#fam: never considered (*n*=8)	#fam: stopped (*n*=2)
Education/training: positive on training	5	12	2
Education/training: positive on teaching staff	2	2	2
Clinical placement: positive on placement	5	4	2
Team: positive on team	9	8	0
Intrinsic motivation: perseverance	3	2	0
Intrinsic motivation: wanting to become a nurse	7	11	0
Extrinsic motivation: influence of family/others	3	1	0
Extrinsic motivation: strategic choice	6	0	0

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DISCUSSION

The first aim of this study was to determine why students choose a career in nursing. The results showed that the caring aspect was one of the main reasons for becoming a nurse. Intrinsically motivated reasons, personal experiences with hospitals and nurses, and role models in their immediate environment were also a major influence on career choice. These results are consistent with the study by Crick, Perkinton and Davies (2014). Their cohort of student nurses also entered the profession with a strong desire to care for people, had experienced positive examples of nursing care, and were influenced by having a nurse in the family (Crick et al., 2014). Our findings indicated that the majority of students perceived nursing as a career with job opportunities and job security. These findings are in accordance with the findings of an earlier study in Israel (Haron, Reicher & Riba, 2014) in which 775 first-year students also mentioned working conditions as an influential factor. The results of the study by McLaughlin et al. (2010), in which 68 undergraduate student nurses in their second year explained in essays on career motivation that a desire to care for people, personal experiences, the influence of significant others, and job security were important reasons for entering the nursing profession (McLaughlin et al., 2010).

Regarding student nurses' conceptualization of nursing, the second aim of this study, the analyses showed that they had both altruistic and professional perceptions of the profession. Altruistic views encompassed the caring aspect, the need for empathy and the holistic nature of the profession. These views were affirmed in earlier studies (Karaoz, 2005; Petrucci, La Cerra, Aloisio, Montanari & Lancia, 2016). The perceptions of student nurses of their professional role encompassed nursing competences and the need to provide high quality care. Similar results were obtained by Rhodes, Morris and Lazenby (2011) who concluded that the image of nurses as competent and intelligent caregivers must become as well known as the image of nurses as 'angels in white' to attract qualified students to the nursing profession (Rhodes et al., 2011).

The third aim of our study was to examine factors which influenced student nurses' decision to leave or complete their programme. Reasons for attrition were strongly related to the training programme and clinical placements. The differences between the three subgroups showed that students who never considered stopping were far less negative about their training programme and clinical placements than the students in the other two subgroups. The students who stopped mentioned having problems with academic demands, especially regarding writing reports during their clinical placements. Similar findings were reported in previous studies suggesting that student nurses struggle with the academic demands of a programme and are ill-prepared for academic studies (Cameron, Roxburgh, Taylor & Lauder, 2011b; Whitehead, 2002). Frustrations about the quality of the training and teaching staff were also expressed by students who considered stopping. Furthermore, another reason for attrition proved to be a perceived lack of support from mentors and team during clinical placements. These findings are supported by the results of previous studies, which revealed that students faced disappointments when they were first exposed to the reality of the clinical environment (Cooper, Courtney-Pratt & Fitzgerald, 2015; Thomas, Jinks & Jack, 2015). Finally, students expressed feeling unprepared for practice as a reason for withdrawing. A consistent

theme was concern about lacking the knowledge to deliver good care. This theory-practice gap and these feelings of being unprepared for clinical practice continues to concern the education sector worldwide (Haycock-Stuart, MacLaren, McLachlan & James, 2016; Milton-Wildey, Kenny, Parmenter & Hall, 2014).

Both intrinsic and extrinsic factors proved to be important for motivating students to complete their programme. The quality of the clinical placements, especially the perceived support from mentors and team, were important reasons to convince students who considered stopping to complete their programme. Being welcome in a team and working in a good team proved to be more important than the patient group with whom they worked. This is a striking finding, since so far it has been assumed that students first choose their preferred clinical field. Other studies have underlined this essential role of mentors and team (Borrott, Day, Sedgwick & Levett-Jones, 2016; Courtney-Pratt, Ford & Marlow, 2015).

Study strengths and limitations
The strength of this study is that it provided a qualitative follow-up to preliminary quantitative studies. More insight is thus gained into the motivations of students choosing a nursing career, and their intentions to stop or stay. Another strength is that we questioned both the students who never considered stopping and the students who considered stopping but continued, and students who actually stopped. A limitation of this study is that the number of students who stopped is small ($n = 2$) in relation to the other two groups ($n = 7$ and $n = 8$, respectively). However, in a qualitative study this poses no threat to the reliability and transferability of the results, since the thick description is sufficient.

CONCLUSION

This study showed that student nurses started their training with many dreams, such as caring for people, getting jobs with many opportunities, and having the opportunity to deliver excellent nursing care as member of a team. In the first two years of their training they had experiences, which did or did not meet their expectations. Both classroom and clinical placement experiences proved to be related to a student's decision to continue or to drop-out. Their dreams came true when they had pleasant and motivating experiences, both in the classroom and in the clinical placements. When their expectations were not met they became disappointed, which caused them to consider stopping and even leaving their programme. The results of this study showed that both positive and negative experiences during clinical placements are strongly related to the team. This is a notable outcome because the importance of a team is often underestimated. It is generally assumed that students choose a particular clinical field, but actually working in a good team is a more important reason for completing a programme. The role of teaching staff and mentors seems invaluable in protecting and guiding students through their programme and placements. Moreover, optimal cooperation between lecturers and mentors is of paramount importance to retain student nurses in their training programmes.

Appendix A

Topic List Student Interviews

1)   Can you tell us why you chose to study nursing?
2)   What were the main reasons to choose this?
3)   Are there people in your surroundings who played a role in making this choice or was it entirely your own?
4)   How do you value the level of training?
5)   What is your opinion about teachers?
6)   What is your opinion about clinical placements?
7)   Can you tell us something about your experiences during your clinical placements?
8)   If you have ever considered stopping, what were the main reasons to reach this decision?
9)   What was your motivation to proceed anyway?
10)   According to you, what is the essence of nursing?

Appendix B

Summary of themes and subthemes

Theme Subthemes	Quotes from the interviews
REASONS FOR CHOOSING A NURSING CAREER	
Caring for people: nurses want to care for and work with people	'You must feel the need to help people … you must feel empathic. If you do not have that quality, nursing will not suit you' (P5)
	'Especially wanting to work with people, which is of course very cliché, but really connecting to people when they are vulnerable. I found that really interesting' (P12)
Fit: wanting to be a nurse/nursing is a suitable profession	'Then I found out that nursing was the real profession for me. I also told my family and they said: 'why didn't you think of this before, it suits you so well! I hear it from family, friends, everyone. It seemed to be predetermined for a long time' (P1)
	'I actually knew from an early age that I want to be a nurse. People always said that I am really a type of person to work in healthcare' (P11)
Job opportunities: nursing offers a wide range of jobs	'You are sure that you can get a job with this training. In health care there is always something….nursing offers a lot of job possibilities' (P3)
	'I chose this training because I can always find a job in healthcare. That really appeals to me.' (P8)
Personal experience with healthcare: experiences as a patient	'I myself have a lot of physical problems, so I see people work in the hospital quite often. So I do know what it means to be a nurse' (P4)
	'Due to my illness I have always had frequent contact with doctors and nurses. I

Influence of family/others: having family members or friends who work as nurses were a source of influence in choosing a nursing career

could see what their work really entails, and so yes, then you follow your role model … your dream job' (P14)

'My aunt is a nurse and two of my three cousins are studying nursing. It really runs in the family' (P4)

'I have spoken to people who were studying nursing; they really made me enthusiastic' (P7)

CONCEPTUALIZATION OF NURSING

Caring for people: nurses care for people

'It's a bit of a cliché, but I think that you have to find it essential to be with patients at critical moments. I think that's a very important aspect of your profession as a nurse' (P10)

'Nursing encompasses quite a lot. The key is that you find it important to take care of people' (P17)

Holistic work: nurses deliver total patient care, not only physical, but also social and emotional

'The nurse cares for the physical as well as the mental problems, the person as a whole. That is the crux of nursing' (P7)

'Guiding a patient throughout a course of treatment, from beginning to end. Give complete guidance and support, including nursing skills' (P15)

Empathy: nurses understand or feel what a patient is experiencing

'Just listen to what a patients have to say. You must take the time to sit down with your patients, so that they can express their feelings' (P6)

'It's all about your relationship with the patient, it's not about yourself. In one way or another, it suits me very well to put myself in my patients' shoes and be their advocate' (P10)

Quality of life: nurses take care for the general well-being of patients

'The essence of nursing is to deliver optimal quality of life to someone with a particular disability or disorder' (P10)

'Taking care of people and offering the best possible quality of life… this is and remains the primary goal of nursing' (P13).

Competences: nurses apply their knowledge in their practice

'You have to be critical. I really think that critical thinking and reflection are important and putting patients at the heart of everything you do' (P2)

'You have to be competent, and be able to apply your knowledge and justify it' (P11)

REASONS FOR ATTRITION

Training: dissatisfaction with the organization and quality of the programme

'I wanted to quit because I really did not like the quality of the training' (P15)

'In the first year we got a lot of theory. I would have liked there to have been a clinical placement of about a month or so, just to experience how it is in practice' (P17)

Teaching staff: lack of competence and lack of support from teachers

'When I said that I thought they should pay more attention to practical nursing skills, I got the third degree from one lecturer' (P9)

'I find these teachers friendly people, but they cannot teach!' (P16)

Theory-practice gap: the experienced gap between theoretical knowledge and clinical practice

'Once you get your degree it comes down to what you can do. If I pass my exams, I will graduate. But there are many nursing tasks that I am not yet able to do' (P10)

'I had the expectation that I needed to know everything about all medical disorders. However, very frequently, almost every day, I ask myself 'what is this

Clinical placement: negative experiences with team/little or no support from team

'clinical problem?' I still have the idea that I have to learn so much more' (P18)

'I stopped my clinical placement because there simply was no click with my colleagues. That's why it did not go well and I did not manage to achieve my goals. Every day I went to my placement with a stomachache' (P1)

'This is not a very nice team to work with, I think they really do not like students at all' (P6).

Personal circumstances: negative experiences due to personal limitations

'It's because of my personality. I worked on a ward with many colleagues and I clammed up completely. I enjoyed the work very much, but I like working alone and I found all the colleagues quite annoying' (P4).

'I had to figure out everything on my own. I'm a perfectionist and make things too complicated. The result was that I became very insecure' (P16)

MOTIVATIONS TO CONTINUE

Training: satisfaction with the organization and quality of the programme

'The first two years were very nice. The theoretical part was not too difficult. It was a very nice, social programme' (P5)

'I have certainly learned what it means to work in healthcare. I am happy that I have gained more insight. When I finally get my degree, I can apply this knowledge in practice' (P10)

Teaching staff: satisfied with competence of teachers and support from teachers

' I find that many teachers are knowledgeable and that you can really learn from them. Many teachers have a lot of practical experience and they can transfer their knowledge to me' (P12)

'There are teachers who really teach well and give you a lot of new information.

They really know what they are talking about' (P16)

Clinical placement: positive experiences with team/support from team

'I work in a great team and if you work in a really nice team, the patient group is not very important. It really does not matter where your clinical placement is' (P2)

'That you ask for assistance and discover that you can do things together and that you are not alone' (P18)

Team: importance of working in a team

'You can only deliver excellent nursing care with teamwork. As an individual you can also provide excellent care of course, but working in a team is essential to me' (P2)

'It's very important to me that I can contribute as a member of a health care team' (P9)

Patient contacts: positive experiences with patients

'I was working with a nice patient group, I really had a click with them. Everything went just fine' (P9)

'I like to work with patients. I really enjoy patient contact; their life stories are very interesting!' (P15)

Personal intrinsic factors: perseverance and the drive to become a nurse

'I considered stopping school, but then I thought, I'm just not going to give up. If I had stopped at that moment, I really would not have known what else to do, because I really want to become a nurse' (P1).

'It's a shame to stop now, because I have only one year and a half to go. I am going to persevere to get my degree' (14)

Personal extrinsic factors: influence of family and friends, and strategic choice

'I had a lot of people around me, friends and classmates, who stimulated me to proceed' (P6)

'I only have three weeks of my clinical placement to go before graduation. So I'm not going to stop now, because I will have a degree in my pocket and a college degree is always great' (P16).

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