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Graduate entry nursing students' well-being and transformation in becoming registered nurses: Phase three of a longitudinal case study

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ABSTRACT

Background: Graduate entry nursing (GEN) programmes offer an accelerated entry to practice pathway for people with a non-nursing degree. Characteristics and motivations of students enrolling in these programmes differ from those in nursing undergraduate programmes.

Aim: To explore the experiences of students on completion of a graduate entry Master of Nursing Science degree.

Methods: We report the findings of phase three of a longitudinal study conducted at the completion of a GEN program. Semi-structured interview recordings were transcribed and analysed using reflexive thematic analysis. Reporting of the study followed the Consolidated Criteria for Reporting Qualitative Studies. **Findings:** We constructed three themes, sustaining well-being, perceptions and misconceptions, and transformation. Sustaining well-being encompassed students navigating challenges in maintaining work/study/life balance, physical health, and psychological well-being. Perceptions and misconceptions included students developing an awareness of the reality of nursing, programme intensity, and negative perceptions of nursing as a career. Transformation transpired through the students learning and recognising what it takes to succeed and develop their professional identity.

Discussion: Participants balanced supporting well-being with the sacrifices that were required to complete a demanding accelerated programme. Their life and previous study experience supported development of their growing self-identity as nurses. Understanding the experiences of GEN students during the later stages of their entry to practice education provides an opportunity to understand their transition to the profession and inform both programme development and graduate nursing programmes.

Conclusion: Ensuring GEN students are supported to transition to practice will contribute to addressing the global nursing workforce shortage.

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Abbreviations: COREQ, Consolidated Criteria for Reporting Qualitative Studies; COVID-19, coronavirus-2019; GEN, graduate entry nursing; MNSc, Master of Nursing Science

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Summary of relevance

Problem or Issue

- Little is known about the experiences of graduate entry nursing students as they transition to professional practice.

What is already known Graduates bring transferable skills into nursing and are highly motivated to succeed.

There is less time available to socialise these students into skills and capabilities that are required for nursing.

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What this paper adds An in-depth exploration of the experiences of graduate entry nursing experiences at the conclusion of the programme.

- There is opportunity to strengthen programmes through mechanisms such as recognising and leveraging collegial and faculty-collaborative relationships throughout the programme, thereby supporting students to transition from the programme to beginning practice as registered nurses.

1. Introduction

The [International Council of Nurses \(2022\)](#) identifies the workforce shortage of nurses as the greatest threat to population health worldwide. Investment in nursing education to sustain and maintain the global nursing workforce is needed in response to attrition through the mass traumatisation of nurses during the COVID-19 pandemic, and the aging workforce demographic. Compared with bachelor's-level degrees, Graduate Entry Nursing (GEN) programmes enable a more rapid transition of graduate nurses into the workforce for people with undergraduate degrees in another discipline ([Macdiarmid et al., 2021b](#)). GEN programmes are an alternative and intensive pathway into the nursing profession that attracts applicants seeking a change in career or a more fulfilling work role. Expanded scopes of practice also provide the opportunity for increased levels of responsibility and autonomy, making nursing an attractive career choice for self-motivated, independent-thinking, and academically capable graduates ([Macdiarmid et al., 2021a](#)). Given the current global nursing workforce shortage, and challenges of retaining students, it is important to understand how students experience an intensive accelerated master's-level programme ([Ten Hoeve, Castelein, Jansen, & Roodbol, 2017](#)).

2. Literature review

Motivations for students enrolling in a GEN programme are both individualised and context-dependent. However, research suggests that motivations include seeking a more satisfying career and the opportunity to find meaning and greater life purpose through altruism and caring as a nurse ([Macdiarmid et al., 2021b](#)). The shortened timeframe of two years enables these graduates to switch careers while reducing the financial burden of full-time study. The opportunity to learn with more mature student colleagues and complete an intense programme that has the potential for accelerated career progression, is also a motivating factor ([Macdiarmid et al., 2021a](#)).

Graduate students have an enhanced ability to engage in learning activities and learn at a fast pace because they bring prior experience in education and learning from life ([Stacey et al., 2018](#); [Winnington et al., 2023](#)). Graduates bring transferable skills into nursing, including the ability to cultivate support networks of people to assist in their learning. These attributes are likely to assist GEN students in becoming registered nurses who are knowledgeable, flexible, and highly motivated to succeed ([Aubeeluck, Stacey, & Stupple, 2016](#)). However, there is less time available to socialise these students into the critical thinking skills and other capabilities that are required for nursing ([Bowie & Carr, 2013](#)). GEN students also report that registered nurses' perceptions of them as master's students reflect an anti-intellectualism culture of nursing that impacts their confidence in clinical practice ([Aubeeluck et al., 2016](#)).

Nursing education needs to offer learning and support that enable students to recognise and draw on prior skills and attributes even when individual students' personal circumstances are challenging ([Jarden et al., 2021](#)). While maturity and previous academic

achievement contribute to study skills, and the ability to manage work-life balance, the complexity and difficulty of the intense Master of Nursing Science (MNSc) programme are challenging for students ([Jarden et al., 2021](#); [Stacey et al., 2018](#)). Challenges experienced by students include managing their own professional growth in coming to terms with the reality of clinical practicums and confronting experiences challenging personal values and beliefs ([Winnington et al., 2023](#)). Despite having an undergraduate degree, students value scaffolding of learning across clinical and academic aspects of the programme to help mitigate experiences of stress and anxiety ([Aloufi, Jarden, Gerdtz, & Kapp, 2021](#); [Jarden et al., 2021](#)). Scaffolding of learning ensures knowledge and skill development are supported. Early development of coping strategies includes drawing on personal support systems, participating in writing workshops, and sustaining motivation to succeed. GEN students also need to learn how to begin 'at the bottom of the ladder' as a novice in a new profession ([Winnington et al., 2023](#)). GEN students are mature learners who bring study skills and life experience to their pursuit of a meaningful career. They experience challenges, including work/life balance during a demanding accelerated programme, leading to the need to understand their experiences to identify strategies to support their transition to practice.

2.1. Aim

This study explores the experiences of students on completion of a graduate entry MNSc degree at one of four tertiary education providers in New Zealand and Australia.

3. Participants, ethics, and methods

3.1. Participants

A convenience sampling approach was employed. Previous participants in the two-year longitudinal case study were invited via email by an administrator or researcher not involved in their education programme delivery. Ten students participated in phase one of the study and nine of those participated in phase two and the current, third phase. One student did not respond to invitations to participate after the first phase of data collection. The nine students were from four educational institutions, one in Australia and three in New Zealand. Limited demographic data were collected and are reported generally to reduce the potential identifiability of participants. Most participants identified as female, around 30 years of age, and were New Zealand European. Participants for the phase of the study reported in this article were interviewed in 2020.

3.2. Ethics

Ethical aspects of the study were approved by Auckland University of Technology Ethics Committee (19/428) and The University of Melbourne Human Ethics Advisory Group (2056175). The Auckland University of Technology approval was tabled at and approved by the Otago University Human Ethics Committee and the Wintec Human Ethics Research Group. All participants provided informed consent.

3.3. Methods

The study utilises a qualitative case study methodology to explore the experiences of students who have completed a graduate entry MNSc degree at one of four tertiary education providers in New Zealand (three) and Australia (one). The longitudinal case study design was informed by [Yin \(2014\)](#). The case study was chosen as the appropriate research design because it may be used to explore or explain phenomena in context ([Yin, 2014](#)). Previous phases of data

collection for the study explaining the motivation of students enrolled in the programme and their experiences during the first year of their programme are reported elsewhere (Macdiarmid et al., 2021a; Winnington et al., 2023). The third phase of the study is reported here. Reporting of the study design and methods is guided by the consolidated criteria for reporting qualitative research (Tong, Sainsbury, & Craig, 2007).

In-depth and semi-structured interviews were conducted online via Zoom. Interviewers (P M-T, RM, RJ, RT) were female academics employed at three of the four educational institutions participants were enrolled at. All interviewers were experienced researchers. To provide reassurance about confidentiality and impartiality, participants were informed they would be interviewed by a member of the research team not involved in delivery of their programme. The interview guides were developed reflexively by the team, incorporating knowledge gained during previous phases of the study. Interviews were audio-recorded, transcribed, and de-identified before analysis.

Interview transcripts were analysed using a reflexive thematic analysis approach (Braun & Clarke, 2021), which involved familiarisation with data, generation of initial codes, searching for themes, reviewing themes, defining themes, and producing the report. Initial codes were developed from the data after members of the research team (KS, P M-T, RM, RJ, JD, RT) had read and discussed the transcripts. In our analysis, data saturation was characterised through the meaning generated in our construction of the themes, confirmed through our reflexive approach. After further discussion, themes were developed by grouping related codes together.

In our reflexive approach, the research team met and explored the underlying assumptions, preconceived expectations, and how these may influence the research conception and design. Through this approach, we developed greater self-awareness of our roles within the research as nurses, nurse leaders, nurse researchers, and nurse educators. Our collaborative research team engaged in further peer review and debriefing to support the development of insight into researcher positioning and its influence on our conceptualisation as described by Morse (2015). The findings are reported as a narrative summary of themes supported by participant quotes.

4. Findings

In our analysis, we constructed three themes, 'sustaining well-being', 'perceptions and misconceptions', and 'transformation'. Sustaining well-being encompassed students navigating the challenges in maintaining work–study–life balance, physical health, and psychological well-being. Perceptions and misconceptions of the programme included students developing a confronting awareness of the reality of nursing, intensity of the programme, and negative perceptions of nurses regarding nursing as a career. Transformation transpired through the students learning and recognising what it takes to succeed and develop a professional identity.

See [Supplementary Table 1](#).

4.1. Theme 1: sustaining well-being

The theme of sustaining well-being represents how participants reported navigating the challenges of the programme and drawing on support systems and resources to maintain their health and well-being and build resilience. Maintaining motivation and a vision of success involved managing stressors and drawing on the support systems that participants had developed around themselves. They recognised that undertaking an accelerated programme in two years was going to be challenging and that staying well would be central to successful completion.

4.1.1. Navigating the challenges

Reducing commitments helped participants focus on meeting programme requirements while maintaining their health and well-being. Moving from full-time to part-time employment was one way of managing full-time study. However, they noted that even maintaining part-time employment was challenging. As adult students, some participants had families and mortgages to support.

I was struggling sometimes because I still have to pay my mortgage and my living costs and I was working all the weekends and during the placements it was a bit tiring. (P6)

However, another participant talked about how part-time casual employment helped them to be more flexible in managing a full-time study load.

I found casual work to accommodate changing workloads, a lifestyle change to accommodate a lower income was a bit of a challenge, but overall, I found it very feasible. (P10)

Participants shared how being focused on well-being helped them to manage the course. Strategies to sustain well-being included exercise, rest, relaxation, and adequate sleep.

I go on walks to get out of my brain, I'm sitting in a chair often and there's a park five minutes nearby. When I get stressed I just I take deep breaths and that just does wonders ... I make sure I have a good sleep, at least eight hours, if I can. (P1)

Being older with more life experience prepared participants to enter the programme with a focus on their own well-being. Maintaining social connections is a contributor to well-being.

I wanted to practice as a student, as I would like to, for the rest of my working life where I didn't want to sacrifice the things I really enjoy, such as my fitness and time with friends and family. And so I was quite proud of maintaining balance even when submission dates were looming. But it took a lot of effort and a lot of pre preparation, so I didn't get halfway through the course and realise that I needed those things, I'd learned that a bit earlier in my life. (P10)

4.1.2. Relationships and connections

Relationships with family and friends were central to sustaining well-being. Participants acknowledged the sacrifice and support of family, including financial and relationship impacts. The need to streamline life and commitments was evident in deciding what to invest in and commit to in their lives. They also realised that family and friends were pivotal in providing support in moments when success seemed uncertain.

I didn't really feel like I had enough energy to put into anything else. So, I think it's taken its toll on that, but my partner definitely was really supportive and knew that was the cost that came with the course. (P8)

The value of quality friendship was emphasised, particularly relationships with people who supported the participant's learning. One participant identified how friends acted as facilitators and helped them to succeed, but the quality of these friendships was also important. The judicious choice of friends helped participants to build a supportive network to sustain their mental health, well-being, and resilience.

Don't leave your friends behind, they will help you along the way, just pick your friends wisely. The more I realise as well to trust yourself when you doubt yourself, ask your friends for help and they will remind you that you can trust yourself, we can do this, when it feels it's the darkest night that's your opportunity to shine bright and to reach for the stars. (P1)

Participants explained the importance of talking with classmates to share the load and share their stress and how that sharing helped them to manage. For example, they found building new friendships and bonding within the student group fundamental to creating a supportive environment for learning.

Just trying to encourage the students to form a bit of a group because we were between ten of us most of the time, so we were able to really gel together. Hopefully that's happened in some of the other courses as well because everyone's in the same boat together taking the leap of faith to go for it. (P9)

This bonding between students within a cohort and recognition of the degree of support and encouragement they give each other may be a positive factor for student success in the programme.

Just knowing why and getting ready for the ups and downs and picking up the phone and chatting to people that are really solid in your life. I had a great conversation with the same classmate I swam with at about midnight before an assignment was due. We were using those filters that you can put on your face, and we're both laughing crying. I think just the stress of it all. But without picking up and calling to her, I think it just would have been that mental jam for a few more hours. (P10)

This idea of building relationships within their student cohort was also extended to a supportive culture of relationships with faculty members. Having the right people working with the student cohort was seen as easing their passage through challenging times.

What actually made the course what it was were the tutors and the support and the staff of [university] that actually that shapes the experiences that I got out of it and because we were a small group we were able to form very good relationships with our tutors and we were able to confide in them and we were able to lean on them when things were hard, to be able to text them and be like I don't know what I'm doing, I don't know what's going on. It is so vital to ensure that you've got the right person, not only for the job, but for the cohort that is coming through. (P4)

Study data captured a variety of perceptions and misconceptions around the GEN programmes. These included sector and students' understanding of the level and intensity of a pre-registration graduate entry master's programme and the reality of nursing as a profession, captured in the following theme.

4.2. Theme 2: perceptions and misconceptions

This theme describes assumptions held regarding the acceptance of this type of programme and how it impacted on students' experience of clinical placements. Participants also shared their reality of the nursing profession.

4.2.1. Understanding the programme

Participants identified that staff in the health sector did not understand how a master's programme led to nursing registration. This resulted in participants having to explain the programme and their training and expertise.

It's not necessarily verbalised, but I can see it more in their body language and if I ask a question, I guess before they realise what it is, they think, you should know this already if you're a Master of Nursing, so it's not until you explain it, they understand it but I think people expect me to already be a nurse..... But once I explain it many people have been positive about it and then there have been some who haven't been so responsive. (P9)

As students progressed in the programmes, their understanding of nursing as a profession became less abstract and more grounded in the reality of practice.

4.2.2. Reality of the nursing profession

Participants described their perspectives of the opportunities and reality of the nursing profession. Some discussed how they had left a well-paying profession to pursue a career in nursing and were disillusioned when they realised the earning capacity of a new graduate nurse.

You get the job offer and you're taking a \$6000, \$7000 pay cut even after doing the master's so it's a bit frustrating, but I don't know what to do, it is what it is. (P6)

Some participants described nursing as a profession in which staff are overworked and discontented. Their perceptions impacted on their view of the career they were pursuing.

Nurses are overworked, understaffed and it's really bad when they can't even filter their discontent in the tea room when there's a student around and they just go for it. You are all so unhappy and I'm entering this, yay. (P5)

However, the support of academic staff was instrumental in preparing them for their clinical experiences. It is evident from the comments below that student uncertainty before attending placements was allayed by facilitative work done by university teaching staff.

Knowing that they've got your backs is a huge thing, especially going out into placement, you're going out into someone's workplace so being able to have your tutors support you and having a good relationship with [them], and they know what we're capable of, just having that is so important. (P4)

4.3. Theme three: transformation

Transformation encompassed students' personal growth, developing professional self, and understanding what it takes to succeed as they developed professional identity. This theme describes the personal growth students experienced across the programme and includes experiences of moments when they felt like a nurse. Ultimately, participants voiced their sense of accomplishment about their contributions to patient outcomes.

4.3.1. Personal growth

Participants recognised their journey involved personal growth and embracing new skills such as self-reflection. They were asked to describe a moment when they felt like a nurse. A sense of feeling like a nurse and being able to meet challenges that were previously unrealised became evident for one participant as they reflected on undertaking nursing tasks.

I was on the neurology ward in the acute setting and we were hooking up IVs and taking out drain tubes and when I got to do that myself, with my facilitator supervising, I just felt like this is what nurses do ... and I was taking four patients as well and I just remember my very first placement where I was struggling with one or two and it just became more natural to me. (P1)

For another student, there was a time when theory and practice aligned. The participant shares the recognition of the skill itself being trivial, but her confidence had grown, so she could undertake the skill with the requisite knowledge and clinical judgement.

It seems rather trivial, but it was having to do an ECG and not fretting about it for the first time. I think just having done the theory and the skills at the university and then getting to practice it releasing a bit of that awkwardness and I felt like I had a lot more my rapport and my skill finally felt like it matched, whereas I had felt a little bit awkward and uncomfortable and apprehensive about doing the reading correctly, which is a very basic skill, but that took me surprisingly long to feel comfortable with. (P10)

Feeling unprepared, while developing the confidence to trust in oneself was a challenge for some participants. Participant 1, below, describes their feelings about how they might respond to an emergency.

I know that if there was a code blue (emergency) that I seek out a more senior nurse and, there's a part of me that says no I don't feel prepared at all. Another part of me says that I just ... need to trust myself a bit more and step out along the way and these things come in time. (P1)

The ability to take the lead in working with patients, providing education and comfort all contributed to participants' thinking and feeling like a nurse, which supported the development of their confidence in clinical reasoning.

When I definitely feel like a nurse is when I'm able to assess a patient, find out what I think is going on, provide interventions, and ultimately that helping, when I'm able to educate and put patients at ease and help them, that's when I feel like I'm a nurse as opposed to a student who's just being told tasks to do. (P9)

Reflecting on progression through the programme helped embed this sense of growth and transition into the professional self as a nurse.

4.3.2. Developing professional self and understanding what is needed to succeed

As participants developed confidence in being able to think as a nurse in the context of patient care, they develop a sense of their own capability in responding to situations. While student's narratives suggest a focus on being able to complete tasks required in patient care, their responses demonstrate developing the ability to link theory to practice. Being able to recognise when they needed to seek assistance in understanding how to respond to a problem was a reflection of their developing sense of professional self as a nurse.

I think becoming more confident in myself and my abilities and asking question. I think from the start I was pretty good at asking questions but towards the end I didn't have a problem with that I would be happy to ask, if I didn't know something I'd rather ask (P7).

Growth is challenging and uncomfortable, but participants recognised that they needed to work on themselves to become professional through being immersed in situations that were challenging and at times, confronting. As participant 4 noted, this self-work included challenging their own understanding in this transformation to becoming professional.

Overall, it has been a positive experience. It has been quite an intimidating experience as well, in terms of the fact that I was forced to confront who I actually am. It's a huge learning curve, not only are you learning to be a nurse, but you're learning so much about yourself and that is something that will shape your practice, not being complacent, not being okay with not knowing what you don't know, going out and challenging yourself. Am I doing the best? Is this the best thing, am I listening enough? Am I taking things on board? So it's, who you are so that your values as in your core and your morals are there but don't be afraid to learn something new or don't be afraid to be like, oh I had a very different understanding of that I should probably change it. (P4)

Confidence was considered part of an attitude and approach to being a graduate and the responsibilities that came with professional registration. Participant 4, below, describes the balance between growing confidence and the awareness of being a beginning practitioner.

I felt like it's given me the confidence but I've still got a lot to learn. This is the start of my career, but I can do it. I've got the right attitude. I've got the right approach to being a graduate nurse and it just

feels like I am prepared but I'm also prepared to learn what I don't know because going out into practice is very different compared to being in placement and the fact that you know I've got my own registration. Now I'm going to be working under my own name as a registered nurse. (P4).

This quote highlights the transformation the participant experienced while in the programme and their recognition that while they may have finished the degree, they are only at the beginning of their career.

5. Discussion

The sustainability of nursing as a career has never been so salient globally and has been the focus of considerable local, national, and international research since the beginning of the COVID-19 pandemic (Buchan, Catton, & Shaffer, 2022). Whilst students in our study were cognisant of well-being enabling actions, they put their basic needs to the side to meet programme requirements. The sacrificial lens on nurses and nursing is increasingly challenged in the literature, and terms such as 'duty', 'heroes', and 'angels' heavily critiqued and associated with perceptions of nurses being exposed to potential harms (Stokes-Parish, Elliott, Rolls, & Massey, 2020; Stokes-Parish et al., 2023). Our findings indicated students progressing through their GEN programme both compromise and compartmentalise. It is well-documented in the literature that students in GEN programmes are older than traditional nursing students who attend university straight from school. GEN students are recognised as high achievers, with previous life experience, who are strongly motivated and determined (Jones, Hayes, & McCauley, 2023; Macdiarmid et al., 2021a), however, participants in this study revealed the intensity of the programme challenged them to the limits of their capability.

GEN students perceive themselves as having different qualities compared with undergraduate students such as resilience and maturity (Stacey et al., 2018). The authors suggest that students who experience a supportive academic environment (Amsrud, Lyberg, & Severinsson, 2019) and stronger social support (Aryuwat, Asp, Lövenmark, Radabutr, & Holmgren, 2023) are more likely to develop resilience. Similarly, students in our study spoke of timely support, suggesting they anticipated challenges, including work/life balance, financial stress, and the intensity of the programme, however, often the challenges experienced were unforeseen. In this sense, like the patients they care for, students in GEN education experience vulnerability, unsureness, and moments of stress. Although prepared for the intensity of a two-year degree, they could not foresee how these challenges might augment the challenges they had already faced.

An educational culture of trustworthiness, such as that discussed by Amsrud et al. (2019), might benefit GEN students, faculty, and clinical staff. If a supportive culture was developed, students could learn to rely on the university for timely support, advice, and action across the many situations they face while completing the programme. Amsrud et al. (2019, p. 6) recommend that academics "exhibit leadership and work systematically and comprehensively" to develop and demonstrate values, such as compassion, collaboration, leadership responsiveness, and authenticity to represent similar values to those that registered nurses portray in practice. In summary, faculty and clinical educators must role model the caring role of nurses and this may be supported through mentorship and learning communities (Priode, Dail, & Swanson, 2020). Other academic practises that support graduate entry students to navigate challenges and succeed involve creating spaces and places of learning that foster connection.

Participants in this study spoke of developing connections with their colleagues to form support systems that enable collaborative

strategies for learning. Sørensen, Nielsen, and Pihl (2023) interviewed undergraduate nursing students and suggested nursing faculty need to develop a learning environment that supports students to collaborate and communicate effectively. Other studies have identified support such as encouragement of friends (Priode et al., 2020) and peer support as key to students successfully completing their degree.

Participants made concessions by strategically prioritising, and simplifying or sacrificing lifestyle, as they worked towards achieving a qualification that they hoped would bring deeper meaning and purpose to their lives. Yet, there was buffering and bolstering of well-being through developing new collegial relationships and drawing from the strengths of peers through experiences where adversity was met, such as the programme intensity and financial implications causing feelings of stress. Participants developed resilience and coping mechanisms across their experiences within the programme. Growing self-awareness, recognition and addressing internal and external expectations, and stretching or extending themselves build on experiences earlier in the programme where relationships were prioritised, lifestyle habits were beginning to form, and resilience built. Participants in this study described their developing confidence and awareness of self as a nurse who was able to make clinical decisions and act, feeling a sense of helping a patient and thinking for oneself. Students developing a sense of self and nursing self during their GEN programme was a key theme identified by Jarden et al. (2021), which was underpinned by students feeling scared and uncertain and building confidence.

The disappointing reality of the rates of pay for nurses was highlighted by our study. This speaks to the larger issue of the health worker gender pay gap, which is not necessarily publicised when promoting entry to practice nursing programmes. Whilst the gender pay gap has decreased over time, this remains at 11.2% (men higher) for similar occupations and working hours, thought to be associated with women's "underrepresentation in senior positions, fewer opportunities for career advancement, and gender discrimination" (Boniol et al., 2019, p. 6). The gap for nurses was particularly evident in a US evaluation of wage growth from 2001 to 2017 where nurses' wage growth was 9.9% and physicians' 37.6% (Barry, 2021). There are not only gender pay gaps, but also pay gaps within the profession between sectors such as primary and secondary care and aged care (Cassie, 2023; McGregor & Davies, 2019), and between countries such as NZ and Australia (Te Whatu Ora Health New Zealand, 2023). To sustain and retain graduates, nursing as a profession must address these longstanding and deeply embedded challenges.

6. Conclusion

As the global nursing workforce shortage continues, the urgency to retain nursing students remains critical. GEN programmes have been introduced as one solution to the international nursing workforce shortage. Equipping GEN students to enter the workforce is a worthy outcome of embedding supports in GEN programmes. Graduates of GEN degrees add an important contribution to the nursing profession. As nursing is their second career, the nursing profession needs these graduates to remain as nurses. It is imperative that academic institutions offer a learning environment that encourages, supports, and enables these capable nursing students to succeed while they are developing the skill set, clinical reasoning, qualities, and values of a nurse. Clarity regarding support systems tailored for GEN students is crucial while they are in their accelerated programmes to mitigate the known risks. These students must have supports embedded in their programmes to prevent the development of ill-being and promote well-being.

CRediT authorship contribution statement

Key Shannon: Writing – original draft, Investigation, Formal analysis. **Patricia McClunie-Trust:** Writing – original draft, Investigation, Formal analysis. **Rachel Macdiarmid:** Conceptualization, Investigation, Writing – original draft, Investigation, Formal analysis. **Rebecca Jarden:** Writing – original draft, Investigation, Formal analysis. **Jan Dewar:** Writing – original draft, Investigation, Formal analysis. **Rosemary Turner:** Writing – original draft, Investigation, Formal analysis. **Rhona Winnington:** Writing – original draft, Conceptualization, Investigation, Methodology. **Rebecca Mowat:** Writing – original draft, Investigation. **Virginia Jones:** Conceptualization, Methodology, Investigation.

Ethical statement

Ethical approvals and consent to participate were obtained from Auckland University of Technology Ethics Committee (19/428 approved on 13 December 2019 until December 2022) and The University of Melbourne Human Ethics Advisory Group (2056175 approved 07 February 2020 until February 2025). The Auckland University of Technology approval was tabled at the Otago University Human Ethics Committee and the Wintec Human Ethics Research Group where approval was granted. All methods were carried out in accordance with relevant guidelines and policies as per the ethical approvals obtained. The authors can confirm that informed consent was obtained from all subjects before interviews occurring. Consent was written and verbal.

Conflict of interest

The authors have no conflict of interest to declare.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.colegn.2023.12.001.

References

- Aloufi, M. A., Jarden, R. J., Gerdtz, M. F., & Kapp, S. (2021). Reducing stress, anxiety and depression in undergraduate nursing students: systematic review. *Nurse Education Today*, 102, Article 104877. <https://doi.org/10.1016/j.nepr.2019.102621>
- Amsrud, K. E., Lyberg, A., & Severinsson, E. (2019). Development of resilience in nursing students: a systematic qualitative review and thematic synthesis. *Nurse Education in Practice*, 41, Article 102621. <https://doi.org/10.1016/j.nepr.2019.102621>
- Aryuwat, P., Asp, M., Lövenmark, A., Radabutr, M., & Holmgren, J. (2023). An integrative review of resilience among nursing students in the context of nursing education. *Nursing Open*, 10, 2793–2818. <https://doi.org/10.1002/nop2.1559>
- Aubeeluck, A., Stacey, G., & Stuppel, E. J. (2016). Do graduate entry nursing student's experience 'imposter phenomenon'? an issue for debate. *Nurse Education in Practice*, 19, 104–106. <https://doi.org/10.1016/j.nepr.2016.06.003>
- Barry, J. (2021). Real wage growth in the US health workforce and the narrowing of the gender pay gap. *Human Resources for Health*, 19, 1–9. <https://doi.org/10.1186/s12960-021-00647-3>
- Boniol, M., Mclsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). *Gender equity in the health workforce: analysis of 104 countries (No. WHO/HIS/HWF/Gender/WP1/2019.1)*. Geneva, Switzerland: World Health Organization. (<https://iris.who.int/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf>)
- Bowie, B. H., & Carr, K. C. (2013). From coach to colleague: adjusting pedagogical approaches and attitudes in accelerated nursing programs. *Journal of Professional Nursing*, 29, 395–401. <https://doi.org/10.1016/j.profnurs.2012.05.016>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: a practical guide*. London, UK: Sage.
- Cassie, F. (2023). **Frustrating New Gap in Nurse Pay: Push for Capitation Increase to Close – Not Just Reduce – Pay Gap.** *New Zealand Doctor*. (<https://www.nzdoctor.com>)

- co.nz/article/frustrating-new-gap-nurse-pay-push-capitation-increase-close-not-just-reduce-pay-gap-0).
- Buchan, J., Catton, H., & Shaffer, F. (2022). *Sustain and retain in 2022 and beyond* (71). Geneva, Switzerland: International Council of Nurses1–71. (<https://www.intlnursemigration.org/wp-content/uploads/2022/01/Sustain-and-Retain-in-2022-and-Beyond-The-global-nursing-workforce-and-the-COVID-19-pandemic.pdf>).
- International Council of Nurses (2022). Nurses: **A Voice to Lead – invest in Nursing and Respect Rights to Secure Global Health**. (https://www.icn.ch/sites/default/files/inline-files/ICN_IND_Toolkit_English_FINAL_low%20res_0.pdf).
- Jarden, R. J., Jones, V., McClunie-Trust, P., Winnington, R., Merrick, E., Shannon, K., et al. (2021). Exploring the experiences and perceptions of students in a graduate entry nursing programme: a qualitative meta-synthesis. *Nurse Education Today*, 107, Article 105121. <https://doi.org/10.1016/j.nedt.2021.105121>
- Jones, K. D., Hayes, R., & McCauley, L. (2023). Strategies to evaluate and enhance accelerated second-degree nursing pathways. *Nurse Educator*, Mar-Apr, 48(2), 59–64. <https://doi.org/10.1097/NNE.0000000000001344>
- Macdiarmid, R., McClunie-Trust, P., Shannon, K., Winnington, R., Donaldson, A. E., Jarden, R. J., et al. (2021a). What motivates people to start a graduate entry nursing programme: an interpretive multi-centred case study. *SAGE Open Nursing*, 7, Article 23779608211011310. <https://doi.org/10.1177/23779608211011310>
- Macdiarmid, R., Turner, R., Winnington, R., McClunie-Trust, P., Donaldson, A., Shannon, K., et al. (2021b). What motivates people to commence a graduate entry nursing programme: a mixed method scoping review. *BMC Nursing*, 20, Article 12. <https://doi.org/10.1186/s12912-021-00564-9>
- McGregor, J., & Davies, S. G. (2019). Achieving pay equity: strategic mobilization for substantive equality in Aotearoa New Zealand. *Gender, Work & Organization*, 26, 619–632. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/gwao.12253>).
- Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25, 1212–1222. <https://doi.org/10.1177/1049732315588501>
- Priode, K. S., Dail, R. B., & Swanson, M. (2020). Nonacademic factors that influence nontraditional nursing student retention. *Nursing Education Perspectives*, 41, 246–248. <https://doi.org/10.1097/01.NEP.0000000000000577>
- Sørensen, J., Nielsen, D. S., & Pihl, G. T. (2023). It's a hard process—nursing students' lived experiences leading to dropping out of their education; a qualitative study. *Nurse Education Today* Article Mar:122:105724. <https://doi.org/10.1016/j.nedt.2023.105724>
- Stacey, G., Wilson, C., Reddy, H., Palmer, C., Henderson, J., Little, H., et al. (2018). Diagnosing and treating enquiry based learning fatigue in graduate entry nursing students. *Nurse Education in Practice*, 28, 310–313. <https://doi.org/10.1016/j.nepr.2017.09.006>
- Stokes-Parish, J., Barrett, D., Elliott, R., Massey, D., Rolls, K., & Credland, N. (2023). Fallen angels and forgotten heroes: a descriptive qualitative study exploring the impact of the angel and hero narrative on critical care nurses. *Australian Critical Care*, 36, 3–9. <https://doi.org/10.1016/j.aucc.2022.11.008>
- Stokes-Parish, J., Elliott, R., Rolls, K., & Massey, D. (2020). Angels and heroes: the unintended consequence of the hero narrative. *Journal of Nursing Scholarship*, 52, 462–466. <https://doi.org/10.1111/jnu.12591>
- Te Whatu Ora Health New Zealand (2023). *Nurses' Pay Equity*. (<https://www.tewhatauora.govt.nz/whats-happening/what-to-expect/for-the-health-workforce/employment-relations/nurses-pay-equity/>).
- Ten Hoeve, Y., Castelein, S., Jansen, G., & Roodbol, P. (2017). Dreams and disappointments regarding nursing: student nurses' reasons for attrition and retention. A qualitative study design. *Nurse Education Today*, 54, 28–36. <https://doi.org/10.1016/j.nedt.2017.04.013>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19, 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Winnington, R., Shannon, K., Turner, R., Jarden, R., McClunie-Trust, P., Jones, V., et al. (2023). Learning experiences of first year graduate entry nursing students in New Zealand and Australia: a qualitative case study. *BMC Nursing*, 22, Article 74. <https://doi.org/10.1186/s12912-023-01233-9>
- Yin, R. K. (2014). *Case study research: design and methods* (5th edn). Thousand Oaks, CA: Sage.