ORIGINAL PAPER

Institutional scope to shape persistence and departure among nursing students: re-framing Tinto for professional degrees

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Abstract

Tinto's (1993) interactional model of student departure was initially developed for students in traditional academic degrees, at residential colleges in the US. This paper takes up Tinto as a fruitful starting point for a critical review of the aspects of the model which are more and less suitable for professional degrees: integration and commitment. Since nursing degrees are quite different from traditional academic degrees, particularly when it comes to the structure of the programme, this calls for a rethink of how the concepts can be used. The paper suggests that a Tinto-type model could be adjusted to offer a valuable tool with which to inform institutional work on retention and completion in nursing programmes, and potentially in other short professional degrees. While we identified limitations in how integration functions in a nursing programme, the existing model could be adapted to account for professional commitment, which in turn may counteract the fragmented integration nursing students experience. As nursing students' initial commitment is much stronger (compared to other student groups), and this is linked to professional identity, students seem less interested in developing a student identity. Institutions should therefore consider alternative integration activities, activities which build on and contribute to the professional commitment students come into the institution with. Additionally, the integration activities also need to consider teaching at several sites, as nursing students switch between their institution and various practice placements, and therefore have a more interrupted study path.

Keywords Nursing · Retention · Integration · Professional Commitment · Norway · England

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Introduction

Student non-completion in higher education (HE) is a topic which is high on the policy agenda all over Europe, and the issue has had increased in importance in the last couple of decades (Vossensteyn et al., 2015). Non-completion might be seen as particularly urgent in fields of study where there is a shortage of qualified personnel and increasing demand. Nursing is such a field: there is a general shortage of nurses in many European countries, and thus a need to educate as many nurses as possible. This fact applies to several countries, including Norway and England, the countries in which this research was undertaken. However, the paper does not focus on the nursing shortages as such (for literature on this, see for example Gautun et al., 2016, and Gray et al., 2018). Dropping out from nursing programmes further increases the problem of insufficient numbers of educated nurses (see Attree et al., 2011, Solum et al., 2020). Conversely, improving retention and completion rates would be an efficient way of improving the supply of qualified nurses, to ensure that national health systems can meet societal needs.

Although early withdrawal on the one-hand, and student retention and completion on the other, are issues that have been researched for decades (see for example Tinto 1975, 1993, Yorke, 1999), there has been comparatively little research on this in the context of professional degrees. There may be several reasons for this, one being that much of the research on dropping out and student departure originates in the US, where professional degrees of this kind have not been in focus in research. Earlier research has focused on students at residential four-year universities (see for example Tinto 1975, 1987, Pascarella & Terenzini, 1991, Braxton, 2000), though there are examples of more recent research which focus on a broader set of students (see for example Seidman 2005, Hirschy et al., 2011).

Tinto's model centres on what happens when students arrive at the institution, and how students interact with their institutions. Thus, the model considers the interaction between student and institution, rather than focusing on deficiencies with either the student, or the institution. Two key concepts in the model are 'integration' and 'commitment'. The aim of this paper is to examine how well the Tinto model applies to short, practice-oriented, professional programmes, such as nursing, with a particular focus on the concepts of integration and commitment. This more theoretical paper builds on Sweetman et al., (2022) and Thomas et al., (2023) published in this issue.

Theoretical framework of Tinto (1993)

A simplified version of Tinto's model of student departure is shown in Fig. 1; the two concepts we are focusing on, integration and commitment, are marked in uppercase letters. It is assumed that students are coming into the institution with a given set of background variables, and an initial goal commitment. At the institution they have various academic and social experiences, contributing to social and academic integration. This integration reinforces (or diminishes) students' commitment to the goal of completion, ultimately resulting in a decision to either complete or to withdraw. Commitment is present twice, as the idea is that students come start HE with a commitment to get a degree, and subsequently their experiences of integration contribute their commitment to complete. Hence, the way in which integration leads to continued or enhanced commitment to complete is important. As can be
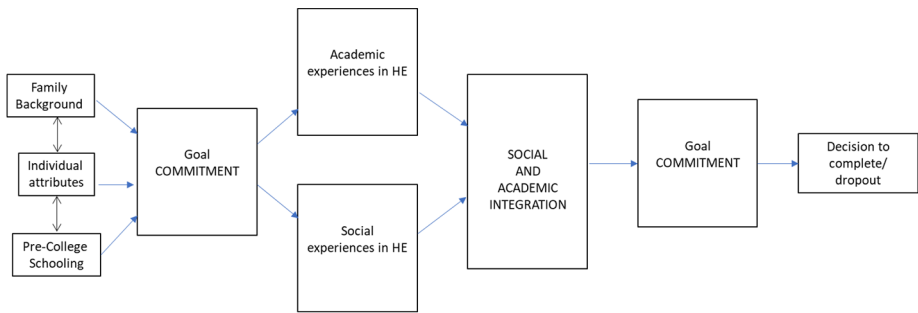
Fig. 1 Simplified version of Tinto's longitudinal model of student departure (Tinto, 1987, 1993)

seen in Fig. 1, the model is broadly assumed to be following a linear process, resulting in completion or withdrawal.

In the original interpretation of the model, commitment is mainly linked to completion at a specific institution, not necessarily a particular degree. This reflects the US HE system, where the institution awarding the degree, and institutional status, are very important, but the subject of the degree is of less importance. The system in Europe is different, and varies between countries, with Norwegian students having more opportunities to move between programmes and institutions than English students, where there is less mobility and more institutional hierarchy (Thomas & Hovdhaugen, 2014). However, for nursing, commitment to becoming a nurse is generally important in both educational systems.

Integration is the second condition in Tinto's model that contributes to degree completion. In the original model, the focus was primarily on early integration into the programme and the institution. Tinto describes integration as something which occurs early on, usually during a student's' first year. Tinto differentiates between social and academic integration, but as several scholars have shown, these two concepts may be difficult to measure separately (see for example Braxton et al., 1997), so we have chosen to talk about integration more generally in this paper. Tinto (1993) stresses the importance of integration, as students need to become a "competent member in the social and intellectual (academic) communities of the college" (Tinto, 1993:136). It is important here that communities are plural, as students may encounter several contexts or sub-groups into which they must integrate. In addition to stipulating that it is important that integration takes place early on in the course of study, Tinto also asserts that it is a linear process, being the outcome of students' becoming integrated with their peers and feeling at home at the institution, or conversely, not doing this.

Nursing programmes in England and Norway

Historically, nursing qualifications were delivered as a form of "in-house training" in hospitals, more like an apprenticeship model. Degree-level nursing qualifications, delivered by HE institutions, is quite recent (1980s in Norway, and from 2000 in England); this has not happened across all European countries. For example, nursing is not taught at German

HE institutions but delivered through an apprenticeship route[1]. However, the structure of the nursing degree, as it is a certified profession, is outlined and defined through a common EU Directive (2005/36/EC, updated by Directive 2013/55/EU), which states the proportion of the programme which has to be practice-based placements, and the types of placements covered, in order for nursing degrees to be aligned and approved, and to enable nursing graduates to be accepted as registered nurses in all European countries that have ratified the document.

Hence, nursing degrees have retained a strong focus on practice learning, through hospital, care home and community-health placements. As regulations dictate the number of weeks of practice placement that are required, as well as the types of placements students should have, this has a strong influence on the structure and organisation of degree programmes in countries that have ratified the European nursing degree standards. However, there is some latitude, as some countries, such as England, have chosen to let students specialise in a particular type of nursing right away, while others, such as Norway, have organised a generic nursing degree so that all students follow the same programme initially, and then specialise later if they wish to do so.

In Norway and in England, the countries in which this research was conducted, nursing is integrated into HE, and commonly at somewhat less prestigious HE institutions. In Norway, nursing was traditionally found at university colleges, not at universities. In England nursing is provided by a range of universities, but many institutions providing this type of degree are modern, 'post-1992', universities, implying similarity between the two countries in being a degree less commonly provided at the more traditional universities. In both countries the degree is a three-year bachelor's programme, and half of the study time is spent in practice placements. Additionally, in both countries nursing is a degree which recruits a large proportion of first-generation students, and more mature students. Thus, the demography of nursing programmes is different from that of many other HE programmes, and institutional prestige is of less importance to nursing students – they are more focused on achieving the nursing qualification, rather than the institution they graduate from.

Another similarity between England and Norway is that completion and retention rates in nursing programme are at a similar level. In Norway around 55–60% complete in three years, and by that time a little under a fifth of students have left the programme. In England 25% of students leave during the programme[2]. However, for Norway this is a completion rate at the top end of the spectrum (Statistics Norway, Table 12,927)[3], while for England this is considered to be a mediocre or low completion rate (compared to institutional averages and other disciplines). Additionally, as mentioned, there a shortage of nurses in both countries, as in many other western countries.

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[1] For more information on how nursing is done as an apprenticeship in Germany, see: https://eduflair.com/nursing-courses-in-germany-cost-of-studying-nursing.php.

[2] Calculation based on information from Nursing Standard, posted November 25, 2020: Nursing student attrition rate remained unchanged for 2019, despite the RePAIR project (rcni.com).

[3] As displayed in the Statbank in Statistics Norway: 12,927: Completion rates for new entrants to 3-year bachelor programmes, by study and parents' level of education 2013–2018–2016–2021. Statbank Norway (ssb.no).

Applying Tinto's work to nursing students

Above we presented a simplified version of Tinto's theoretical model, indicating how commitment and integration are intended to be understood, and operate, in an HE -setting. However, when examined more closely it is clear that several of his postulations are not completely appropriate in the context of a nursing degree. Hence, our argument is that the interpretation of the two concepts of commitment and integration requires some reframing to account for differences between in nursing education and standard university undergraduate degrees (in traditional academic disciplines in particular).

As noted above, institutional prestige is not usually very important for students choosing to pursue a nursing degree. Therefore, when we talk about commitment, we are focusing on the commitment to complete the degree, rather than having a commitment to a specific institution. Additionally, for nursing students it has been demonstrated that commitment to the profession, to becoming a nurse, is an important driver of motivation for degree completion (see Thomas et al., (2023)). Hence, when we talk about commitment, we discern between commitment to a degree (as a process) and professional commitment, which can be seen as a type of goal commitment, to complete the degree in order to practise as a qualified nurse.

Tinto (1993) states that goal commitment (either expressed as motivation, drive or effort) is central to student non-departure/completion, as it "specifies the person's willingness to work towards the attainment of educational or occupational goals" (Tinto, 1993:43). This suggests a link to something akin to the professional commitment we discuss in relation to nurses. However, this is not very well spelt out in Tinto's writings or in the work using his theoretical framework. Professional commitment can be defined in several ways. Klein et al. (2013) define professional commitment as a tie or a bond between the individual and the profession they have chosen to enter. This commitment develops through experience of congruence or fit between the characteristics of a person and characteristics of the profession, as the person feels that this is a profession that will suit them and their personality (Klein et al. 2013). The idea of congruence is also of importance in Tinto's (1993) work, although he focuses more on 'incongruence', as it is the lack of fit between individual and institution which contributes to explaining low retention rates. The professional commitment exhibited by nursing students is therefore different, or even the opposite of what Tinto was referring to: for many nursing students it is their desire to becoming a nurse and attaining the professional identity which will sustain them through challenges associated with the academic and placement experiences in their degree programme. Indeed, many nursing students feel they have strong congruence with their future professional identity. However, this does not mean that there is only one type of person who can become a nurse. Nesje (2016) investigates if personality determines a person's suitability for the profession, particularly regarding nursing. The common assumption is that to be a good nurse you must be a particular type of person. She finds support for the 'job–fit hypothesis', which postulates that "being empathetic and warm is associated with being suited to the [nursing] profession" (Nesje, 2016:178), but that this relationship is not unique to nursing students. This implies that professional commitment can be developed in all students and may contribute to their chances of succeeding in completing a professional degree programme.

Integration is the second condition that contributes to degree completion. As mentioned above, Tinto focus on early integration into the programme and the institution, and he describes integration as something which occurs early on, usually during the students' first

year. For nursing students this assumption is less likely to hold, as their degree path is much more fragmented than in traditional HE programmes. Tinto focused on communities, or sub-groups within the programme, that students must integrate into. However, within a nursing degree programme, students must usually integrate into several groups, both at the institution and at the various placements, due to the structure of the degree course. Even though students in other university degree programmes may also have to integrate into several sub-groups or communities, nursing students face a particularly large number of contexts into which they must integrate, due to the academic and applied learning taking place in multiple sites. The nursing students experience repeated "uprooting", being abruptly and frequently moved from one context to new and unfamiliar situations, with a new set of peers, colleagues, instructors and managers to relate to, and new organisational norms, which contributes to making the integration process complicated for nurses-in-training. Hence, integration for nursing students is not just about fitting in with friends and the institution, it is also about being able to function in the academic context and in multiple placement settings throughout the duration of the degree.

In his model, Tinto conceptualised the process of integration as linear, albeit thorough an iterative process. For programmes such as nursing, which require students to move between a range of settings (academia, hospitals, care homes and community health settings), and find their place, integration is not the linear process assumed in Tinto's original description of the model. Instead, the experience can be uprooting, disorientating and challenging, with integration sometimes feeling difficult to achieve, particularly in some placements. Recognising this structural feature of the programme, and the implications of integration, should enable higher education providers to consider how they facilitate multiple, new integrations.

Examples of earlier research applying Tinto's work to nursing students

Several articles have applied Tinto's model to the field of nursing (e.g., Benda 1991, Lockie & Burke, 1999, Ramsburg, 2007, Shelton, 2012 and Fagan & Coffey 2019), but these have all been from the US, where the model originates from and has been the most influential. Furthermore, the papers often use the model in a simplified way, as a precursor to introducing various support measures to enhance completion, such as monitoring progress, academic and pastoral support programmes or bridging courses. Hence, although Tinto's model has been utilised in the field of nursing previously, the description of the new intervention is the main focus of most of these studies and articles.

Tinto's model has also been used to frame literature reviews about retention and withdrawal in the field of nursing, as the model depicts well the complexity of the challenge of attrition. Urwin et al., (2010) pointed to the fact that multiple factors are often linked to a student leaving a nursing programme, and that this "cannot be reduced to some single attribute or other of the individual student" (Urwin et al., 2010:206). The review continues, that for this reason, in order to enhance continuation and completion, it is necessary to understand "the multiple factors that impact on the experience of student nurses and to establish a lasting relationship with them that starts from the point of selection and continues throughout the programme" (Urwin et al., 2010:206). Another literature review that uses Tinto's model as a point of departure focuses on the concept of liminality: nursing students, due to the structure of the programme, may find themselves in a liminal state (Crane & Abbot, 2021). It is suggested that raising awareness among those teaching in nursing programmes

of the concept of liminality could be helpful and contribute to building professional identity. The authors argue that there may be opportunities for learning in these liminal spaces, and students should be told that the discomfort they are experiencing "might actually indicate deeper learning" (Crane & Abbot, 2021:5).

There are also several examples of more qualitative oriented studies about the retention and attrition of nursing student, which are inspired by Tinto's model. These describe a phenomenon which is not directly in line with the Tinto model. For example, Wells (2003), interviews American nursing students and focuses on the 'stressors' nursing students face, which may result in the decision to leave the programme. The main finding is that students facing multiple stressors, be they academic, social or from their external environment (outside the programme), have a higher risk of departure, particularly if they face two or more stressors at the same time. A Dutch study of nursing students found that they start their programme with a strong commitment, or 'dream' of being a nurse and caring for people, but the training they receive, if not conducted in a supportive environment, may turn these dreams into 'disappointments', which in turn increases the risk of early withdrawal (ten Hoeve et al., 2017). The study directs attention to the role of lecturers and mentors, as significant role models, who can guide students through both the academic and practice placement aspects of the programme. In a similar qualitative study based on interviews with nursing students in the UK, O'Donnell (2011) has similar findings, but rather than framing the issue as 'dreams and disappointments', he indicates that students sometimes start the programme with unrealistic expectations. The article suggests that nursing degree providers should work in collaboration with career advisers, to give students a more accurate image of what a future nursing career may encompass.

Earlier findings, feeding alternative interpretations of Tinto's model

As stated above, the main aim of this paper is to investigate how Tinto's concepts of integration and commitment operate in a nursing programme, and what the implications of this may be for future interpretations of the usefulness of Tinto's model, and related concepts in a nursing degree setting. Work by Sweetman et al., (2022) and Thomas et al., (2023) has explored how far the concepts apply in the case of nursing students in Norway and England, and ways to adopt and re-frame both concepts have been developed. We will give a short summary of the main findings here as they directly support the development of an alternative model in this paper.

Integration

Sweetman et al., (2022) examined the concept of integration. In Tinto's original model early integration is crucial, to happen when students start their programme. Hence, most of the integration measures which are suggested based on the model are linked to creating opportunities for *initial* integration. In his later work Tinto focused on how this can be done by creating a situation in which students meet the same group of students and thus are 'forced' to form their own group of friends at university (Tinto, 1997). The evidence found in Sweetman et al., (2022) indicates that these conditions are often not present in nursing degree programmes. This is partly a structural problem, created by the size of the programme (mass
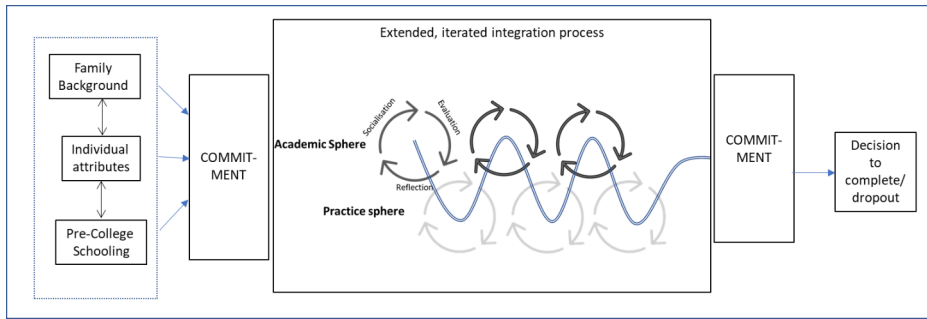
Fig. 2 Tinto's model adapted to integration being different in nursing programmes, compared to a regular university programme

HE) and the requirements in the programme (a mix of courses and practice placements), and exacerbated by organisational issues and teaching practices.

Similarly, nursing students do not experience integration as a linear process which occurs at the beginning of their studying, as depicted in Tinto's original model (Tinto, 1987, 1993). Rather, nursing students are much more likely to experience integration as an ongoing, or repeated process, with a much longer duration, and which perhaps continues throughout their degree programme. Thus, at the very least, integration into a nursing programme is more complex than into a "standard" academic degree – and arguably less successful. Students repeatedly experience a kind of 'non' or 'early stage' weak integration, that most students go through during their first term in higher education, but they do not return to. These structural and organisational practices make integration more complex, and liminal, or unrealised, thus creating an ongoing risk, jeopardising the continuation of nursing students.

We can illustrate this by adjusting Tinto's model slightly. In Fig. 2, the repeated and continual process of integration in a nursing degree, which is supposed to happen when students join the academic system, is illustrated as an iterative one in which students have to go through cycles of integration over and over again, into each new settings and peer groups, spanning academic spheres (courses/modules) and multiple practice placements.

Figure 2 illustrates a longer and more fragmented process of integration than originally depicted in Tinto's model, which has consequences for how integration is experienced by nursing students, as their programme is divided into sections consisting of a combination of courses and practice placements.

Commitment

Thomas et al., (2023) found that nursing and healthcare students have a qualitatively different transition and student experience compared to traditional students, with fewer opportunities for engagement and a weak sense of belonging. This is due in part to structural and organisational factors, such as the volume of teaching, practice placements including shift work, and frequently being located away from the main campus. Personal factors, such as the age and gender of nursing students, also result in them having more caring responsibilities, and less time to engage. Conversely however, many nursing students have a strong professional desire, or commitment, to becoming a nurse; and this strong commitment is

drawn upon to help them overcome obstacles and challenges that they encounter during the academic studies and practice placements.

In conventional higher education programmes, student commitment is developed by helping students to adjust and develop a student identity; and in due course students are expected to develop a professional identity in a linear way. But nursing students do not generally have a desire to *be* a student, but rather they enter HE with a focus on *being* a nurse. Their strong commitment to the idea of being a nurse contributes to programme completion, as an HE course is the only way of achieving this goal. This professional commitment is challenged during the course, and arguably nursing programmes should look to develop and nurture professional commitment, but it has a positive impact on continuation, and it is not replaced by a student identity.

The point is that professional commitment, or the goal commitment of becoming a nurse, is very important to nursing students, both in England and in Norway. They enter HE with a much bolder and more significant professional identity as a starting point: they want to be a nurse and that 'future-nurse' identity is important to motivate and sustain them. Their end goal is also very tightly tied to that identity work – the aim is not to be a student, but to *become* a nurse. They have little or no commitment to the higher education institution *per se*.

This finding has implications for how Tinto's model (1987, 1993) should be designed and understood. In the original model, commitment was primarily linked to completing at a particular institution. In our data, nursing students' commitment is linked to becoming a qualified nurse, which translates into commitment to complete the programme (in order to become a nurse). In Tinto's model, commitment is supposed to grow over time, through integration at the institution. This follows the logic of institutional commitment: students enter, at least partially committed to completing at that institution, and as they become integrated, their commitment is reinforced and grows, and this prevents institutional departure, or dropping out. However, for nursing students, the tables are turned: they arrive with a strong commitment, not to the institution but to completing a nursing degree to become a qualified nurse. But this commitment can be weakened and undermined by the challenges of the programme. While for many students commitment to becoming a nurse is so strong that it functions as a buffer to the negative experiences and carries them through the challenges of their course. For others, poor course experiences erode the professional commitment, which is not topped up by the programme, and this results in them leaving early. Degree completion becomes important, as this is the ticket to practising as a nurse, and is the primary goal for nursing students, and which carries the majority of them through difficult patches of the study programme. In model 3, this is illustrated with a strong arrow from initial commitment to later commitment, which over-shadows student experiences in the programme or academic system, and makes that less important for degree completion, compared to more traditional HE programmes.

The intention of Fig. 3 is to illustrate that regardless of how integration takes place within the programme, the professional commitment (or commitment to becoming a nurse) which students enter with contributes to protecting them from withdrawal and to promoting completion, as long as it is not undermined by negative experiences when they are studying. Thomas et al., (2023) conclude that higher education providers should expend more effort to shore up professional commitment.
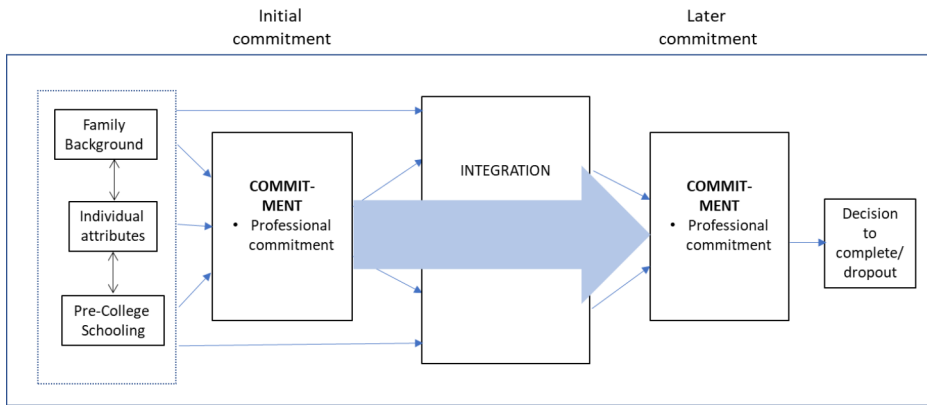
Fig. 3 Tinto's model adapted to commitment being different in nursing programmes, compared to regular university programmes

Discussion

Our intention with this paper was to evaluate and critique how well Tinto's original model of student departure (1987, 1993) fits with professional programmes such as nursing. Tinto's model has been criticised by several researchers for not being relevant to the situation of 'non-traditional' students, unless it is adapted, and we were among the ranks of critics. However, unlike some critics we suggest that institutions providing nursing degrees can still learn something about their students from the two central concepts of integration and commitment.

In nursing degree programme, these two concepts cannot be interpreted as Tinto first presented them (Tinto, 1987, 1993), but they may still be useful concepts to consider when creating policies to limit early departure and promote retention and completion. But to do this, institutions need to acknowledge how these two concepts work, and how they function in the specific context of a nursing programme. This is illustrated visually in Fig. 4 below.

Academics designing a nursing programme should acknowledge that the integration phase for nursing students needs to be much longer than in other programmes. For example, just providing an introductory week or a buddy programme at the start of the first semester is insufficient. The liminal state of feeling like a 'new student' is likely to be prolonged, in line with what Crane & Abbot (2021) identified in their research. Thus, efforts by institutions to support students' on-going and repeated integration are important, as well as work to normalise a sense of 'starting again' or of newness.

Further, many nursing students demonstrate a strong professional commitment which motivates them to enrol on a nursing programme and carries them through the challenges of the course. Some institutions do not seem to assess or emphasise this commitment, which is a pity as this could have been a good way of encouraging degree completion by acknowledging and affirming the future-facing identity that students have and are keen to develop. We would like to see higher education providers building and developing this professional commitment, rather than taking it for granted and eroding it.

The aim of Fig. 4 is to illustrate and highlight the dynamics and stages that institutions need to be aware of to support completion. Currently institutions are not very good at utilis-
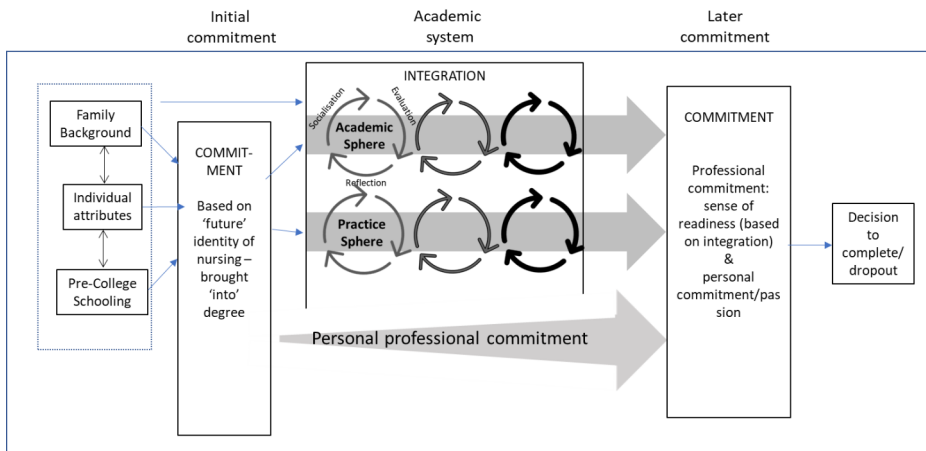
Fig. 4 A visualisation of the function of commitment and integration in nursing programmes, and how the concepts are connected

ing the fact that students already have a strong professional commitment, and many seem to undermine and erode it. In an ideal scenario, students' 'personal' commitment and sense of identity as a 'future nurse' would be enhanced and strengthened through their degree experiences. Within the degree, and the academic and practice settings, we have suggested that some sort of interim/trainee identity may be needed, in lieu of the more generic 'student' identity which holds little appeal to most nursing students. Instead, a role of a nurse-in-training would validate and frame a student's experience of being a novice, one who is still in training.

Figure 4 also illustrates that integration is not a process which takes place once, but rather that it is a process which is repeated and is ongoing. For institutions it is very important to acknowledge that the usual way of handling the integration of students, at the start of the programme, is probably not a suitable model for nursing students. These students' attachment to the institution and integration with their peers is constantly disrupted as they shift between different learning contexts; this is exacerbated in large programmes in which students are rarely in groups with the same peers, and must frequently embark on new practice placements in different healthcare settings. This implies that institutions should think differently about integration. They have to acknowledge that it is an ongoing process, which might take place throughout programme, and thus employ more active integration across the duration of the course. This particular feature of nursing makes the programme unique, and institutions must therefore think about this differently, and change their practice from what has been done traditionally, rather than just adopting an existing, general way of handling the retention problem in HE.

In terms of the 'ideal' integration process, within the structures of a nursing degree, it is useful to consider the opportunities and barriers to integration embedded in the following factors: the multiple sites and groups that students must integrate into, experienced as a series of new systems and challenges, rather than one context and group that a student must become familiar with. Students would benefit from a purposeful and determined approach from institutions to build more consistency into peer groups, and a sense of progression

Table 1 Nursing programmes vs. standard Tinto understanding of HE programmes

	Prior to HE	During HE	Completion/future
Similarities	Commitment to future work as a nurse is linked to personal experience, family background and earlier educational experiences – all very much in line with 'standard' Tinto models.	Integration in terms of learning, building familiarity and peer networks, identity development and competence building are all key to how far students feel they are progressing, and if they can and wish to complete. Their personal commitment to a 'future nurse' identity is joined by a 'trainee' or 'neophyte nurse' identity that can be positive or uncomfortable.	Integration into academic and practice spheres builds sense of community, identity and competence – these are all powerful parts of sense of readiness and motivation to complete the degree and go into work as a nurse.
Contrasts	The sense of commitment at entrance is not just to a programme for duration of study, but a long arc of many years post-graduation. It is commitment to 'after' the degree and professional life, not to the actual studies which motivates.	Integration processes are much more complicated, spanning multiple sites, groups and with frequent return to 'stage one' where both academic and practice put them in novel and challenging new 'loops'. Often sense of 'incomplete' learning processes – loops are interrupted due to lack of reflection time, overlaps with other activities or no scaffolding for reflection.	A significant part of student commitment and motivation to go in to nursing seems to flow from their original goal commitment, to become a nurse. However, commitment does not seem to be stimulated through the degree experience.

with more opportunities for reflection and consolidation. In the absence of opportunities or breathing room for this, we would suggest institutions do more to frame and therefore 'buffer' students' sense of being held in a liminal or unintegrated state and acknowledge and normalise their sense of being 'back to square one' repeatedly. Again, this would suggest additional support via tutors/pastoral care and peer support could be beneficial for addressing the risk and insecurity the slow and winding integration journey poses.

To further clarify the similarities and differences between commitment and integration in nursing programme versus the way this is described and understood in the works of Tinto (1975, 1987, 1993), we have set up a comparison in Table 1.

The point of Table 1 is to summarise how nursing students are similar but also different from students in regular bachelor's programmes, and the implications this has for retention measures institutions might consider using to improve the completion rates of nursing students. In line with Tinto's model, integration is an important issue in nursing degrees, and it is equally important that initial commitment is fostered throughout the study programme. However, commitment functions differently to the typical process described in bachelor's programmes; nursing students enter with a commitment not just to completion, but rather to becoming part of the profession. Hence, their initial commitment is much stronger than the commitment found in many other groups of students, and it is primarily linked to professional identity, or the commitment to become part of the nursing profession, they are less interested in developing a student identity and therefore integration activities may need a different focus. As nursing students are different from students in regular university undergraduate programmes, they would need integration activities which build on and contribute to the professional commitment they came into the institution with. Hence, they are not interested in developing a student identity through activities commonly used to

engage student who are new to higher education, as they already have a strong professional commitment.

However, our findings do not seem to indicate that institutions are very good at building on this initial commitment through the programme, and here lies a lost opportunity, as a focus on enhancing the initial commitment, and using it to build good learning environments could potentially also help enhance completion. Additionally, integration and commitment could be further enhanced by the inclusion of professionally relevant activities.

Conclusions and policy implications

While we acknowledge there are systemic features and framing conditions around nursing degrees that limit an institutional scope to addressing some of the challenges identified, we suggest there are changes worth considering and attempting. The risk in the status quo is that highly committed, competent, but as-yet poorly integrated students (who may be well into 2nd or 3rd year), are at risk of non-completion. The intensity of the programme and repeated moves to new settings and groups increase the chance of a major transition shock. Negative experience in a challenging placement, experiencing problematic supervision, or failure in an academic stage; all these present major challenges and based on interviews with nursing students, many programmes seem to do little to buffer or help students 'recover' from these potential shocks and disruptions. If the goal is to retain as many competent students into nursing practice as possible, we argue it is important to keep students who have the potential to be good nurses, but require some support from peers, teachers, and opportunities to 'recover' from challenging aspects of the degree. Cultural and institutional notions that those who lleave the programme were not 'cut out for' nursing, or that assume that resilience is a quality nursing students must enter the programme with, instead of one to that they acquire through it, all present risks to more marginal students.

Similarly, the personal sense of commitment and future focus of most nursing students is a huge driver not just of applications to the degree, but persistence through it. Many see the degree as a period to survive or scrape thorough, and certainly there is little sense of 'student life' as a period to be extended or enjoyed by them, in its own right. There may be a great deal to be gained from more explicit framing of the students as novice /trainee nurses (Benner, 2001), as opposed to their being 'students' in HE institutions and incomplete nurses in practice settings. A more formalised, institutionally validated identity as a trainee might help communicate the sense of professional responsibility *and* the validity and normalcy of their being unprepared for every scenario, and needing more supervision, feedback and support to become qualified nurses. At present, the degree period is described by some students as a necessary stage to complete to reach the goal of nursing as a career. We suggest this presents another avenue for institutional work to foster motivation, identity and commitment, where more is done to inform students about career opportunities, specialisms, and to help them develop a much thicker and more concrete sense of their future work as professionals.

Finally, integration is frequently achieved through and with student peers, both in the academic and social domains. But the lack of interest in student identity, combined with a very busy programme – and many students also having family commitments – means that integration through traditional 'student activities' is unlikely to be achieved. Programme planners could think about how the strong professional commitment could be harnessed

and enriched through collaborative activities with students, academics and placement colleagues to create a learning community that develops connections and integration. By enhancing both professional identity and integration, continuation and completion are likely to be improved.

Declarations

Conflict of interest The authors declare that they have no conflict of interest.

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