Peer support systems and professional identity of student nurses undertaking a UK Learning Disability Nursing programme

Abstract

This practitioner based action research examines the implementation of the peer assisted study scheme (PASS) and individual peer mentoring in a cohort of first year undergraduate nursing students. It arose out of the desire of a small number of students in one UK university to transfer from the learning (intellectual) disabilities nursing field to other fields. The number of learning disabilities nurses is falling in England, and nursing shortages and student nurse retention generally is an international concern. The peer support was evaluated by 21 completed questionnaires. All the students had found the sessions they attended useful. Four themes emerged from the study. Students reported gains in knowledge around academic skills, placements and their chosen field of nursing; students felt more confident as a result of attending the sessions; students felt supported, and the importance of the peer mentor's interpersonal skills was highlighted; and finally students had valued meeting other students in their chosen field. These findings are discussed with reference to relevant literature.

Introduction and Terms

The study relates to the UK field of Learning Disability Nursing, but is likely to be relevant to student nurse retention on other programmes. The problem of student nurse retention is recognised internationally (Mooring, 2016). There are currently four fields of nursing in the UK: Adult, Child, Mental Health and Learning Disability Nursing. Other countries such as the US, Canada and Australia have more generic nurse education programmes and qualifications, with later specialisation possible. The four UK fields are all registered with the nurses' regulatory body, The Nursing and Midwifery Council, and follow the same Code of Professional Practice (NMC, 2015).

The term Learning Disability' in the UK healthcare system is interchangeable with the term 'Intellectual Disability' used internationally (e.g. in the US, Australia and Canada) and is consistent

with the definition of intellectual disability in the DSM-5 diagnostic manual (APA, 2013) and the ICD-10 F79 diagnosis (WHO, 1992). The UK is the only country to use the term learning disability in this way. Learning disability nurses provide specialist healthcare support to adults and children with intellectual disabilities (RCN, 2014) and work in a variety of community, acute general and mental health services. Learning Disability nursing is a small field, and numbers are falling in the UK (Emerson and Glover, 2012).

This research developed out of an issue with retention on the learning disability nursing programme in a UK university. The year before the study commenced, a small, but significant minority of students on the learning disability programme had tried to transfer to another field of nursing in their first year of study. This suggests dissatisfaction with the choice of learning disability field in this instance, rather than with nursing itself, but the findings are likely to be relevant to other fields of nursing. .

Background

Poor nursing student retention is an international issue (Mooring, 2016). A number of studies have described attempts to address this, for example in Australia (Cunich and Whelan, 2010) and Canada (Jacobs, 2016). In the UK, improving retention in student nursing cohorts is important given the shortage of nurses from all fields, and the economic burden on the UK taxpayer (Waters, 2010; Cameron, 2011). A move to end financial assistance to student nurses was announced in the Chancellor's November 2015 spending review, but this has raised new concerns, for example about recruitment (RCN, 2015a), and recent figures (UCAS, 2017) reveal a 23% reduction in nurse applications for the 2017/2018 academic year. Other changes are also affecting recruitment and retention; figures obtained by the Health Foundation (2017) from the NMC reveal a significant reduction in recruitment of nurses from EU countries since the UK Brexit vote in 2016.

Recruitment and retention seems to be a particular problem in learning disability nursing. Despite a UK wide government commitment to the future of learning disability nursing (Scottish Government, 2012; DH, 2014), a study published by Glover and Emerson (2012) found a 23% reduction in the

number of learning disability nurses working in the NHS since 2008. Statistics released by the Health and Social Care Information Centre (2015) show that the decline in the number of learning disabilities nurses is continuing, with a fall of 32% in the last 5 years. Learning disability nurses are seen as crucial to modern UK community based intellectual disability services (Glover & Emerson, 2012) particularly in light of the government's ongoing Transforming Care agenda (NHS England, 2015). Recent research has found that people with intellectual disabilities are amongst the most disadvantaged in England (Equality and Human Rights Commission, 2016). The declining numbers may be due to people leaving the profession, perhaps influenced by the perception of cuts to services and pay, and downgrading highlighted by a recent survey of learning disability nurses (RCN, 2015b). Anxiety about the future of the profession can lead to further attrition (Owen and Standen, 2007) and the future of the 4 separate UK fields is being considered by the NMC (2017).

There are numerous factors influencing nursing attrition rates generally (Eick et al, 2012; Orton, 2012). Professional identify is a strong basis for commitment (Clements et al, 2015)l, and students with a strong desire to be a nurse (a vocation) are most likely to stay (Wray, 2014; Williamson et al, 2013). A number of studies identify negative views of nursing in general as a factor in recruitment and retention, with many seeing it as a low-paid job with few career prospects (Whitehead et al 2007), and of less importance than medicine (Neilson and Lauder 2008). Genders and Brian (2014) highlight the importance of public perceptions of learning disability nursing specifically, suggesting that a more assertive approach to improving the public image of learning disability nursing would be beneficial.

The importance of support is also highlighted by numerous studies. Nursing students in a study by Owen and Standen (2007) worried about a lack of support from tutors and the university. Bowden (2008) found that a key factor in making students stay was social support. It is the act of being supported itself that makes them stay, not the support they get (Castles, 2004). The most influential figure in university on this group was the personal tutor (Bowden, 2008), however, peers were also very influential with 5 of the 8 students citing them as influential in their decision to stay. A study by

Kevern and Webb (2004) found that having other students with similar characteristics who know what they were going though was the single most important factor for mature students. Colalillo (2007) found that those who attended mentoring and orientation sessions in the first year were less likely to drop out of nursing. Wray et al (2014) in a study of 195 (32.8% of those surveyed) students in a north of England university found that one of the strongest pull factors helping nursing students to stay was support structures (peer, family, academic). Push factors were academic, financial, personal and placement issues. The need for HEI's to strengthen their support mechanisms is a key recommendation to improve retention in this study. Similarly, an action research study by Williamson et al (2013) with adult nurse students in a UK university found that friendship is important in retention and universities should foster "belongingness".

Aim

The aim of the study was to find out whether peer support systems would increase a sense of professional identity and pride for first year students on the BSc Learning Disabilities Nursing degree course.

Method

The study was conducted using action research as described by McNiff (2002) Carr and Kemmis (1986) and others. In order to better understand the reasons for attrition in the learning disability field within the university, further information was gained from quantitative data relating to student transfers, qualitative discussion with current student representatives in the second year of their course, and a review of the literature.

Information obtained from the university's data management department (Student data and System Management, University of Cumbria) revealed that in the last five years (2010-2015), 9 students on the degree programme had transferred from the learning disability to the adult or child field. The statistics also revealed that 8 students had successfully transferred from the mental health field to the adult or child fields. There was very little movement the other way, with one adult student

transferring to the mental health field in the last 5 years, and no transfers into learning disability nursing. It was not possible to collect data on field transfers in the old diploma programme due to how the data was entered. The data collected relates to successful transfers only and does not capture those students who considered changing field but either changed their minds or were not accepted onto their chosen field.

Discussion with two student representatives, and a literature review highlighted possible reasons for this pattern. The second year students had volunteered to share their experiences, having had their own doubts about their choice of field in the first year, but having ultimately decided to stay. A number of issues emerged from the discussion, many of which can be related to the themes of professional identity and communities of practice. The student representatives suggested that there was a mismatch between their pre-course expectations and the reality. The students had not been clear about the role of the learning disability nurse when they started the course, having expected it to be more like adult (general) nursing. Neither of them had prior experience in the intellectual disability field and could not explain what learning disability nurses actually did to students in other fields. The two student representatives felt the course was geared towards adult nursing, contributing to a sense of professional isolation and lack of identity. They also felt isolated because they were not together as a distinct group until late in the second term, due to how the course was organised. They did not know each other as individuals and did not know the learning disabilities teachers. This compounded their lack of knowledge about the role of the learning disability nurse. The student representatives also worried that learning disability nursing was not valued by students in other fields, was perceived as second best, and was not 'proper nursing'. They highlighted negative views of the profession from placement mentors in practice, including other learning disability nurses.

Peer support was implemented to see if this had an impact on these themes for the new cohort of first year students. Peer study sessions were arranged using the Peer Assisted Study Sessions (PASS) scheme as this was already well established on other courses within the university. Second and third

year students on the learning disability nursing programme were invited by the researcher to volunteer to lead the sessions. The two students chosen from those who volunteered were both academically successful, and were involved in a number of wider voluntary activities related to nursing, both in the university and in the local community. Before the sessions started they attended initial training arranged by the University's Learning, Information and Student Support (LISS) services. Once trained in facilitating peer study sessions, the students chose the topics for the sessions, based on their own experiences as first year students. Topics included: assignments and essay writing; academic referencing; career related voluntary activities and groups to get involved with at university; social media; the role of the learning disability nurse and finally placements.

Support was given by the researcher who acted as academic co-ordinator, booking the rooms and setting up an initial meeting with the first years during their first week at university to launch the study sessions. The researcher also contacted the first year students to remind them of upcoming sessions by email on a weekly basis. The PASS leaders posted Facebook reminders. A supervisor from LISS facilitated informal supervision and debrief with the student PASS leaders after the sessions. The student PASS leaders also provided informal individual mentoring to the first year students, where requested, alongside the regular group study sessions. There were 6 sessions in all. The first session to introduce the scheme was formally timetabled in the students first week of study and was delivered to all the students in the cohort. This also included an informal Q & A session with the students. The final session was also part of the main timetable and provided the students with the opportunity to ask the peer mentors questions about their upcoming placements. Attendance at all the other sessions was voluntary. The sessions were student led, and teaching staff were absent from all the sessions.

After the final session, a questionnaire devised by the researcher was distributed to the whole group by the researcher who came in after the session. It was emphasised that completion of the questionnaire was anonymous and entirely voluntary and students were asked to leave the forms (completed or not) on a table as they left the room. The questionnaire consisted of 1 closed question

which asked students to identify whether or not they had attended the 4 voluntary peer study sessions or just the 2 timetabled ones at the beginning and end, and an open question asking whether anything could have been done to help those who did not attend to do so. Five open ended questions then followed asking participants about their experience of the peer study sessions; what they had enjoyed most about the sessions; what they liked least about the session; what they gained (if anything) from attending and what could be done to improve future sessions.

Participants

The participants in the study were all student learning disability nurses in their first term at university. The cohort comprised 26, mainly female, students, with mixed backgrounds, experiences and ages.

Ethics

The study was completed by the researcher as part of a Post-graduate Certificate in Academic Practice (Pg Cert) at the University of Cumbria. Ethical approval was sought from the university before commencement of the groups and was granted by the Academic Quality Department (AQD) as part of the Pg Cert. Participants were provided with a participant information sheet before filling in the questionnaire, explaining how the data would be used, stored and destroyed. Inclusion in the study was entirely voluntary and questionnaires were completed anonymously. Students were reassured that non-completion would have no impact on their progress through the course.

Results

21 student nurses (75%), henceforth referred to as participants or respondents, completed questionnaires out of a possible 28.

Attendance – Six PASS sessions were organised, 38% (N=8) of the respondents said they had only attended the two timetabled compulsory PASS sessions in class time (the introduction to the course, and the placement Q & A session), 33% (n=7) attended 3 or 4 sessions, and 29% (n=6) attended 5 or

6 (all) of the sessions. The reasons students outlined for not attending the optional sessions were varied. Some students said they had prioritised other commitments at that time. Some students were not in university as they were split into different groups and times; therefore they would have had to come in especially. Some students forgot about the sessions or did not know about them, despite the Facebook posts and weekly email reminders sent out. Attendance at the 4 optional sessions varied from 4 to 9 students, with attendance increasing over the course of the sessions. Some students attended most of the voluntary sessions, some attended only 1.

Outcome - Thematic analysis was completed by hand by the researcher. The 4 main themes which emerged from the open ended questions about their experience of the peer mentoring were as follows: participants gained new information and knowledge; felt more confident; felt supported by peers, and began to develop a sense of community and identity.

Information and Knowledge - Over 90% (n=19) of the respondents felt that they had gained new knowledge and information relating to their chosen field of nursing, academic skills and placements. The sessions were perceived to be helpful and informative, and participants said their questions were all answered by the peer mentors running the sessions. Some said they found talking to other students "who had been where they were now" helpful. Three respondents also said that listening to other student's queries meant they "had answers to questions they hadn't even thought of yet", another mentioning "I learned stuff that I hadn't learnt in lectures".

Confidence - 48% of the respondents (n=10) of the respondents said they had gained in confidence, or felt reassured as a result of attending the peer study sessions. Some gave examples such as gaining in confidence in speaking in a group, or about going out on placement. Most did not specify why they felt more confident, but it may have been in relation to their choice of course, their placements, and their academic skills since these were areas where students felt their knowledge had increased.

Feeling supported - Students felt supported by the peer leaders. 38% (n=8) of the students specifically commented on the quality of the support offered, saying the peer leaders were "easy to

talk to", "understanding", "non-judgemental", and "approachable". The atmosphere was variously described by students as "relaxed", "chilled" and "welcoming". Students commented that they did not feel "stupid or silly" asking questions, and "felt they could ask anything". One student commented that the peer leaders were "easily accessible" which may be a consequence of the individual mentoring through Facebook and email that the peer leaders also offered outside of the study sessions. The interpersonal and relationship building skills of the peer leaders seem to have been an important factor in the positive experience reported by the participants.

Community / Belonging - 29% (n=6) of the participants felt that they had developed a sense of community through attending the study groups. Two students commented that they had "made friends with other people on the learning disability nursing programme" as a result of attending the sessions. This was beneficial as being part of a bigger mixed nursing cohort of all four specialities, in the first term of the course at the University, meant opportunities to come together in fields could be difficult. Two other students said they had "enjoyed meeting others in the same field" early in the course. Another said they had enjoyed "networking " with the other first and the third years on the LD nursing programme, and another said they had enjoyed "coming together as a group".

 The only criticisms about the peer support programme from participants were in relation to timing and publicising of sessions. In this case the PASS study sessions were scheduled for times when both the third years and first years were in university. However, the first years were often split into smaller groups so not all of them were in university at the same time. A few students identified that they would not come in just for a peer study session.

Discussion

The international problem of student nurse retention has been highlighted earlier. This study has attempted to address the problem of retention in the learning disabilities field of nursing in a UK University. Some of the issues with professional identity and pride raised by the student representatives early in the study are supported by literature. Mitchell (2003) suggests that learning disability nurses are marginalized because of their inability to conform to the image of nursing as a

sickness-based profession. Etchells et al (1999) suggest that learning disability nurses are not considered to be 'proper nurses' by other branches of nursing. Owen and Standen (2007) found that negative views from both tutors and practice mentors was influencing the desire of their learning disability nursing students to transfer to another field. Hercelinskyj et al (2014) highlight a similar problem with professional identity in mental health nursing and Owen and Standen (2007) suggest that mental health nurses and learning disability nurses can feel second class compared to adult (general) nurses. This problem with "parity of esteem" has been highlighted most recently in Health Education England's Shape of Caring review (HEE, 2015), yet numerous high profile failings in the care of people with intellectual disabilities demonstrate that many staff working in UK healthcare settings have a limited knowledge of their needs (DH, 2012; Heslop et al, 2013; Mazars, 2015). Another issue is dissatisfaction with the nature of the placements, which are not always in traditional nurse locations. Concern about the appropriateness of learning disability nursing placements was raised by the student reps in this study, and was also found by Owen and Standen (2007).

This study has highlighted the benefits of peer support for student learning disability nurses in their first semester of training at a University, however these findings are relevant to student nurses from any field. Students felt they had gained in knowledge and understanding of their subject, were more confident, felt well supported and had established links with others in their chosen profession at the university. Wenger's work on communities of practice (1998) seems important here, and indeed one of the student reps had attempted to remedy her own situation by joining professional groups on social media, thus becoming part of a relevant community of practice outside the university since she did not feel part of a professional community inside it. The sharing of field knowledge is fundamental to the establishment of an effective community of practice, and most students enjoy sharing knowledge with other students (Buckley and Strydom, 2015). Peer support is valuable in helping students on any programme manage the transition to higher education, and in increasing student confidence in their subject (Zacharopolou 2013). The feeling of community and collaboration has been reported to increase in PAL (another peer study scheme) because there are more opportunities for students to talk together (Barab et al. 2007; Weber et al. 2008). Feeling part of such

a group also provides members with social benefits (Hernandez et al, 2011), which is likely to be important to students newly arrived at university. Lave and Wenger's (1991) situated learning theory identifies "legitimate peripheral participation" where new members of the community participate to a limited extent, building their knowledge and experience over time. The benefits of using peers to facilitate this gradual integration into the community was specifically identified by students, who commented that it was easier to talk to another student, especially one who had been where they are now, and they did not "feel stupid" asking questions.

Different models are in use in higher education including the Peer Assisted Learning (PAL) and Peer Assisted Study Session (PASS) schemes. Peer learning schemes have developed from Supplementary Instruction in the US and their success has been demonstrated by Martin and Arendale (1993) et al. PAL or PASS leaders are successful students usually in a higher year group, who can help new students. Longfellow et al (2008) suggest that student-facilitated sessions are more likely to lead to active engagement in learning, based on social constructivist learning theory (Piaget 1972; Vygotsky 1978), and on situated learning theory (Lave and Wenger 1991; Lave 1996). Participating in activities which are important to the community of practice facilitates learning, and helps develop identity. Students are experts in being students and have a different contribution to make than lecturers (Longfellow et al, 2008; Buckley and Strydom, 2015).

Nurse education is an influential time in the development and construction of professional identity, and the role of both teachers and mentors is important (Andrew et al. 2009). From the questionnaires, it seems that the quality of support offered is important to students, and students chosen to be peer leaders need to have good interpersonal and communication skills. This is contrary to the finding by Castles (2004) that it is the act of being supported that is important, not the support itself. Richardson and Brown (2009) developed the group identity of child field nursing students through peer supports, whilst Roberts (2008) found that adult field nursing students valued peers as a resource in relation to survival skills and learning. A study by Burgess and Nestel (2014) found that PAL helped shape a medical school's community of practice and impacted positively on its

culture: It helped establish the professional identity of both the senior student leaders and the junior students, and helped the junior students appreciate their future role and responsibilities.

Professional or occupational identity (Skorikov & Vondracek, 2011) develops over many years and is constantly evolving (Johnson et al, 2012). Professional identity is linked with self-concept, and low self-esteem in nurses may be associated with poor retention rates (Cowin & Hengstberger-Sims 2006). A US study by Cottingham et al (2011) used mentoring to address issues around self-esteem and "fitting in" with new nurse graduates.

Early experience in health care is important in the development of professional identity (O'Brien et al, 2008), and students who do not have relevant prior experience in their nursing field may have unrealistic expectations, not only about the nursing role itself but about the type of nursing they are entering. This is supported by Owen and Standen, (2007) who studied a cohort of 19 learning disability student nurses in their first year. Of these, 6 had expressed doubts about their choice of field and four had definitely decided to transfer to another field of nursing; none of these four had experience of working with people with intellectual disability. The recommendation by Health Education England (HEE, 2015) for a more generic programme with later specialisation may reduce this problem if it provides opportunities for student nurses to experience a wider variety of needs. The four fields are currently set out by legislation, but it is possible a more generic programme may emerge in the future.

The influence of societal stereotyped views about what a nurse is and does is clearly a factor. Brown et al (2012) state that professional socialisation begins in the HEI where the student begins their education. However, Johnson et al (2012) and others argue that it begins even before students enter education. Students enter the profession with pre-conceived ideas about nurses and nursing (Grainger and Bolan, 2006). The public image of nursing can be stereotyped and the public are often unaware of what contemporary nurses actually do (Cameron et al, 2011). This mismatch between the reality of nursing and pre-course expectations can lead to attrition early in the course (Bolan and

Granger, 2009; Cameron et al, 2011). Indeed, Johnson et al (2012) suggest that students may enter nurse education with an identity that requires deconstruction.

Some students were not in university when the sessions were held so the timing of sessions will need to be even more carefully considered next year, although the complexity of the timetable means that it may not be possible to find a time that suits everyone. Despite the email reminders about sessions sent by the researcher, a handful of students said they had not known about the support or the study sessions. This may be because they had not accessed their university email in the first few weeks of term. One way around this may be to ask students if they would prefer reminder emails to be sent to their private accounts instead. The peer mentors had posted reminders on a closed Facebook group, but not everyone was a member of the group. Other social media sites could be used to maximise awareness of the sessions. Schmitt et al (2012) suggest that social media can help students gain greater understanding of professional communication. Attendance at each of the 4 optional sessions varied from 4 to 9 students, with attendance increasing over the course of the sessions. This may suggest that awareness increased as time went on due to a "word of mouth" effect. Better attendance would mean that more peer leaders may have to be trained, as a study into radiography students by Hodgson et al (2013) found that a group size of around 5 students was optimal. In any case, research suggests that students with difficulties do not fully exploit the support mechanisms available at university (Bowden, 2008, Christie, 2004). Christie says universities should do more to publicise services, but Bowden found that most students knew about the support but did not use it. There may be some students who simply feel that peer study is not for them, or that they have other demands on their time, but this study adds to the evidence that peer support is important in improving the experience of many new nursing students in any field. The development of professional identity is important in any future model of UK nurse education and may help reduce attrition rates.

Conclusion

This study has highlighted the benefits of peer support in developing the sense of professional identity in a cohort of new student nurses at one UK University. Gains in knowledge, confidence and feeling supported were also reported. This is important in view of concerns about student nurse retention internationally, and the shortage of nurses in the NHS, since a lack of professional identity and a lack of support are factors in attrition.

References

Andrew, N., McGuinness, C., Reid, G. & Corcoran, T. (2009) Greater than the sum of its parts: transition into the first year of undergraduate nursing. *Nurse Education in Practice*, 91, 13–21

Brown, J., Stevens, J., Kermode, S. (2012) Supporting student nurse professionalization: The role of the clinical teacher. *Nurse Education Today*. 32, 602-610. Available at: journal homepage: www.elsevier.com/nedt

Bowden, J 2008, 'Why do nursing students who consider leaving stay on their courses?', *Nurse Researcher*, vol. 15, no. 3, pp. 45-58 14p

Buckley, S, & Strydom, M 2015, '21st Century Learning - Community of Practice for Students in Higher Education', *Proceedings Of The European Conference On E-Learning*, pp. 49-57, Education Source, EBSCOhost, viewed 17 December 2015.

Burgess, A, & Nestel, D 2014, 'Facilitating the development of professional identity through peer assisted learning in medical education', *Advances In Medical Education And Practice*, 5, pp. 403-406, MEDLINE with Full Text, EBSCOhost, viewed 11 November 2015.

Cameron, J, Roxburgh, M, Taylor, J, & Lauder, W 2011, 'Why students leave in the UK: an integrative review of the international research literature', *Journal Of Clinical Nursing*, 20, 7/8, pp. 1086-1096 11p, CINAHL Plus with Full Text, EBSCOhost, viewed 11 November 2015.

Carr, W. and Kemmis, S. (1986) *Becoming Critical. Education, knowledge and action research*, Lewes: Falmer.

Castles J (2004) Persistence and the adult learner: factors affecting persistence in Open University students. Active Learning in Higher Education. 5,2, 166-179. Christie H et al (2004) Leaving university early: exploring the differences between continuing and non-continuing students. *Studies in Higher Education.* 29, 5, 617-636

Clements, A.J.,Kinman, G., Legetter , S., Teoh, K., Guppy, K. (2015) Exploring commitment, professional identity, and support for student nurses. *Nurse Education in Practice*. ScienceDirect, EBSCOhost, viewed 12 August 2015.

Colalillo G (2007) Mentoring as a retention strategy in a diverse, multicultural, urban associate degree nursing program. *Teaching and Learning in Nursing* 2, 28–33

Cook, T.H., Gilmer, M.J., Bess, C.J. (2003). Beginning students' definitions of nursing: an inductive framework of professional identity. *Journal of Nursing Education* 42 (7), 311.

Cottingham, S., Dibartolo, M.C., Battistoni, S. and Brown, T., 2011. PARTNERS IN NURSING: A Mentoring Initiative to Enhance Nurse Retention. *Nursing Education Perspectives,* 32(4), pp. 250-5.

Cowin, L.S. & Hengstberger-Sims, C. (2006) New graduate nurse self-concept and retention: a longitudinal survey. *International Journal of Nursing Studies*, 431, 59–70.

Department of Health (2012) *Winterbourne View: Summary of the government response*. Available at: http://www.nhs.uk/CarersDirect/guide/practicalsupport/Documents/Winterbourne%20View%20Summary%20Document%20final%2010.12.12.pdf. Accessed 22.3.16

Cunich, M, & Whelan, S 2010, 'Nurse Education and the Retention of Registered Nurses in New South Wales', *Economic Record*, 86, 274, pp. 396-413, Business Source Premier, EBSCOhost, viewed 22 May 2017

Department of Health (2014). *Strengthening the Commitment: One year on*. London: Department of Health. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/309153/Strengthening_the_commitment_one_year_on_published.pdf

Eick, S., Williamson, G. & Heath, V. (2012) A systematic review of placement-related attrition in nurse education *International Journal of Nursing Studie*s. 49, Issue 10, Pages 1299–1309

Etchells J., Kniveton K., Longshaw K. & Mitchell D. (1999) Dual qualification education and training: the learning disability experience. *Mental Health Care*, 21: 412–5.

Equality and Human Rights Commission (2016) *Is England Fairer?* Available online at: http://www.equalityhumanrights.com/sites/default/files/uploads/IEF%20People%20with%20learning%20disabilities.pdf Accessed 22.3.16

Genders, N & Brian, B (2014) Who chooses to be a nurse, and why? *Learning Disability Practice*, 17:1

Glover, G. Emerson, E. (2012) "Patterns of decline in numbers of learning disability nurses employed by the English National Health Service", *Tizard Learning Disability Review*, Vol. 17 Iss: 4, pp.194 - 198

Grainger, P. & Bolan, C. (2006) Perception of nursing as a career choice of students in their baccalaureate nursing program. *Nurse Education Today*, 36, 38–44.

Health Education England (2015) *The Shape of Caring review (Raising the Bar)* Available online at: https://hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf. Accessed 22.3.16

Health and Social Care Information Centre. *NHS Workforce Statistics – July 2015, Provisional Statistics.* Available at: http://www.hscic.gov.uk/searchcatalogueproductid=18858&topics=0%2fWorkforce&sort=Relevance&size=10&page=1#top

Heslop, P., Blair, P., Fleming, B., Houghton, M., Mariott, A. & Russ, L. (2013) *Confidential Inquiry into the Premature Deaths of People with Learning Disabilities: Final Report.* Norah Fry Research Centre.

Available online at: http://www.bris.ac.uk/medialibrary/sites/cipold/migrated/documents/fullfinalreport.pdf

Hodgson, Y, Benson, R, & Brack, C 2013, 'Using action research to improve student engagement in a peer-assisted learning programme', *Educational Action Research*, 21, 3, pp. 359-375, Education Source, EBSCOhost, viewed 11 November 2015.

Hercelinskyj, G, Cruickshank, M, Brown, P, & Phillips, B 2014, 'Perceptions from the front line: Professional identity in mental health nursing', *International Journal Of Mental Health Nursing*, 23, 1, pp. 24-32 9p, CINAHL Plus with Full Text, EBSCOhost, viewed 3 December 2015.

Hernandez, B., Montaner, T., Sese, F.J. & Urquizu, P. 2011. The role of social motivations in e-learning: How do they affect usage and success of ICT interactive tools? *Computers in Human Behaviour*, 27(6):2224-2232.

Holland, J.J., Johnston, J. & Asama, N. (1993) The Vocational Identity Scale: a diagnostic and treatment tool. *Journal of Career Assessment*, 1, 1–12.

Hryciw, D.H., Tangalakis, K., Supple, B. & Best, B. (2013) Evaluation of a peer mentoring program for a mature cohort of first-year undergraduate paramedic students. *Advances in Physiology Education* Published 1 March 2013 Vol. 37 no. 1, 80-84 DOI: 10.1152/advan.00129.2012

Jacobs, S. (2016) 'PRE-SEMESTER WORKSHOPS AND STUDENT NURSE RETENTION', *College Student Journal*, 50, 2, pp. 153-15CAMBERS SPORTDiscus with Full Text, EBSCOhost, viewed 22 May 2017.

Johnson, M, Cowin, L, Wilson, I, & Young, H 2012, 'Professional identity and nursing: contemporary theoretical developments and future research challenges', *International Nursing Review*, 59, 4, pp. 562-569 8p, CINAHL Plus with Full Text, EBSCOhost, viewed 3 December 2015

Longfellow, E, May, S, Burke, L, & Marks-Maran, D 2008, ''They had a way of helping that actually helped': a case study of a peer-assisted learning scheme', *Teaching In Higher Education*, 13, 1, pp. 93-105, Education Source, EBSCOhost, viewed 11 November 2015

Martin, D.C., and D. Arendale. 1993. Foundation and theoretical framework for supplemental instruction. In *Supplemental instruction: improving first-year success in high-risk courses*, ed. D.C. Martin and D. Arendale. Columbia, SC: National Resource Center for the Freshman Year Experience and Students in Transition

Mazars (2015) Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015. Available online at: https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2015/12/mazars-rep.pdf. Accessed 22.3.16

McNiff, J. (2002) Action Research for Professional Development: *Concise advice for new action researchers.* Third edition. Available from; http://www.jeanmcniff.com/ar-booklet.asp

Mitchell D. (2003) A chapter in the history of nursing education, learning disability nursing and the Jay Report. *Nurse Educ Today*, 23: 350–6.

Mooring, Q. (2016) Recruitment, advising, and retention programs - Challenges and solutions to the international problem of poor nursing student retention: A narrative literature review, *Nurse Education Today,* May 2016, Vol.40, p.204

NHS England (2015) *Transforming Care for People with Learning Disabilities – Next Steps*. Available at: https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf

O'Brien, F., Mooney, M. & Glacken, M. (2008) Impressions of nursing before exposure to the field. *Journal of Clinical Nursing,* 17, 1843–1850.

Orton, S. (2012) *Rethinking Student Attrition. Journal of Health and Social Care*, February, 2011. Available online at: http://www.wolverhampton.ac.uk/media/wlv/pdf/Rethinking-Attrition-in-student-nurses-Sophie-Orton.pdf Accessed 27.9.15

Owen, S, & Standen, P (2007), 'Attracting and retaining learning disability student nurses', British Journal Of Learning Disabilities, 35, 4, pp. 261-268, *Education Source*, EBSCOhost, viewed 11 November 2015

Royal College of Nursing (2015a) *Press release*. Available at: http://www.rcn.org.uk/newsevents/ news/article/uk/rcn-comments-on-proposed-changes-to-nurse-tuition-funding

Royal College of Nurses (2015b) *Patient Safety is at risk say learning disability nurses*. Available at: http://www.rcn.org.uk/newsevents/news/article/uk/patient-safety-learning-disability

Richardson, B, & Brown, K (2009), 'Enhancing peer support for pre-registration students', *Paediatric Nursing*, 21, 7, pp. 40-43 4p, CINAHL Plus with Full Text, EBSCOhost, viewed 11 November 2015

Roberts D (2008) Learning in clinical practice: the importance of peers. *Nursing Standard*. 23, 12, 35-41.

Schmitt, T., Sims-Giddens, S., Booth, R., (2012) "Social Media Use in Nursing Education" OJIN: *The Online Journal of Issues in Nursing* Vol. 17, No. 3. Available online at: http://www.nursingworld.org/ mainmenucategories/anamarketplace/anaperiodicals/ojin/tableofcontents/vol-17-2012/no3- sept-2012/social-media-in-nursing-education.html. Accessed 29.6.17

Sprinks, J (2014), 'Shortfall in learning disability nurse numbers sparks fears for the future', *Nursing Standard*, 28, 20, pp. 11-11 1p, CINAHL Plus with Full Text, EBSCOhost, viewed 11 November 2015

Stone, R., Cooper, S. & Cant, R. The Value of Peer Learning in Undergraduate Nursing Education: A Systematic Review. ISRN Nurs. 2013;2013:930901

Waters, A (2010) 'Nursing student exodus is too big a burden for UK taxpayers', *Nursing Standard*, 24, 24, pp. 5-5 1p, CINAHL Plus with Full Text, EBSCOhost, viewed 11 November 2015

Weber, K., C. Maher, A. Powell, and H. S. Lee. 2008. "Learning Opportunities from Group Discussions: Warrants Become the Objects of Debate." *Educational Studies in Mathematic*s 68 (3): 247–261

Wenger E. (1998) *Communities of Practice: Learning, Meaning, and Identity*. Cambridge: Cambridge University Press; 1998.

Williamson, G, Health, V, & Proctor-Childs, T (2013), 'Vocation, friendship and resilience: a study exploring nursing student and staff views on retention and attrition', *The Open Nursing Journal*, 7, pp. 149-156, MEDLINE with Full Text, EBSCOhost, viewed 11 November 2015.

Wray, J, Aspland, J, & Barrett, D 2014, 'Choosing to stay: looking at retention from a different perspective', Studies In Higher Education, 39, 9, pp. 1700-1714, *Education Source*, EBSCOhost, viewed 11 November 2015.

Zacharopoulou, A, & Turner, C 2013, 'Peer assisted learning and the creation of a "learning community" for first year law students', Law Teacher, 47, 2, pp. 192-214, *Education Source,* EBSCOhost, viewed 11 November 2015.