Why do student nurses want to be nurses?

In this article...

- History of training and the move to higher education colleges
- Current perception of nursing in the media
- Why students at one university chose to become nurses

5 key points

1. Nursing became an all graduate entry profession in September 2013
2. Questions have been raised over whether current student nurses lack caring qualities and enter the profession for the wrong reasons
3. Nursing continues to attract a wide age range, and students with different levels of academic achievement
4. Although student nurses tend to start their course with positive attitudes, these can be lost over time
5. Value-based recruitment of student nurses is essential to select nurses with the right qualities to care

Nursing has traditionally been seen as a vocational career, with caring at its core (Williams et al, 2009). However, this view is being threatened by an increased focus on the issue of nurses not demonstrating adequate levels of care, compassion and dignity.

To tackle this, recruitment of student nurses with the right qualities is under the spotlight. Karoz (2005) highlighted the importance of students having appropriate caring values and behaviours, while Fry and Johnstone (2008) believed that only people with the knowledge, skills and commitment to practise nursing in a clinically, culturally and ethically competent way should enter the profession.

Nursing becoming an all graduate entry profession in 2013 and publication of the Francis report (2013) have both contributed to an increased focus on nurses’ values and capacity to care and on nurse education. Negative headlines such as “Nurses told, ‘you’re not too posh to wash a patient’: minister orders student nurses back to basics to improve compassion in NHS” (Chapman and Martin, 2013) suggest a lack of caring is in some way the fault of student nurses and nurse education. Other media stories have claimed nurses are more interested in technical and advanced clinical skills than in essential care (Brodell, 2009), and point to changes within the health system, such as more paperwork and a lack of qualified staff, leading to nurses having too little time to care (Martin, 2012).

Concerns that nurses are “too posh to wash” (Hall, 2004), and that a higher academic entry level would lead to nurses being less caring (Adams and Smith, 2012) have been voiced since nursing programmes moved to higher education institutions. The suggestion is that nurses with higher educational qualifications are less interested in providing essential care.

Student nurses are often accused of being too academic and lacking caring values, but a study found new students have strong values and caring attitudes.
To investigate these claims, we explored the characteristics of a degree cohort of student nurses to find out what motivated them to join the profession, what being a nurse meant to them, and the aspects of nursing they valued most.

Degree-level pre-registration nurse education has been available in the UK since 1960 (Ring, 2002), but only a few people undertook the degree until nurse education moved into higher education between 1989 and 1995. Most graduate nurses remain in clinical areas, especially community and intensive care, for at least 10 years after qualifying (Ring, 2002), which does not reflect the view that graduate nurses are reluctant to engage in hands-on care. More recently, the Willis Commission found no major shortcomings in nurse education that directly cause poor practice or the perceived decline in standards of care, nor did it find any evidence that degree-level training had a negative effect on patient care (Willis, 2012).

Over recent months, there has also been a focus on how student nurses are recruited to pre-registration programmes, with questions over whether candidates have the right values to care, and whether they should gain significant caring experience before starting their course.

Many universities have demonstrated the robustness of their selection processes, making clear they use values-based criteria and ensure candidates have a good understanding of what nursing is including, for many, prior experience of caring. However, in March 2013, health secretary Jeremy Hunt, said potential student nurses should complete up to a year in a caring role before starting the three-year degree. Health Education England, in collaboration with the NHS, has set up pre-registration nursing experience pilot schemes in six local education and training boards (LETBs) across England.

**Aim**

This study was devised to ascertain the qualities and values that student nurses already hold when they start their degree. A further study will examine how these qualities and values develop and change over the three years of the programme.

**Method**

The cohort consisted of 115 student nurses at the University of Derby, who were asked to complete a questionnaire on their first day at university in September 2012; this asked for demographic data and qualitative information about their reasons for entering the profession and their understanding of the role of nurses. The questionnaire included open and closed questions and was developed as an efficient and quick way to collect the data; 112 students completed and returned it.

The demographic data of the study group was compared with data from a group of 133 diploma students from September 2008.

The questionnaire was first given to a pilot group, and feedback did not identify any significant problems with reliability; validity of the questionnaire was established as the information gathered met the requirements of the study.

Students received an information sheet and signed a consent form. Names were not included but each participant was given a number so that future questionnaires could be linked to this one.

**Results**

The questionnaire revealed that the demographics of the study group were similar to those of the diploma cohort. The majority were female (83%), the average age was 28, and 49% were the first in their family to come into higher education (Table 1).

In terms of academic background, 45% of the study group had completed an access course, 32% had A-levels and 21% already held a diploma or degree (Figs 1 and 2). With regard to caring experience, 86% had prior experience of caring; the remaining 14% did not offer any comment on their caring experience. Caring experience fell into four categories: paid work as a healthcare assistant or support worker (64%); volunteering within a care setting (17%); a placement arranged by school or college (12%); and caring for family members (9%).

Students were asked if nursing was their first choice of career. Given the age range of the cohort, it was expected that a reasonable number would have already had a different career and 32% did.

All students answered the question: “Why did you decide to come into nursing?” The most frequently used words in the responses were the desire to “help” (26%) or “care” (25%), to forward their

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**Table 1. Demographic Data**

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<tr>
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<th>Sept 2012: degree group</th>
<th>Sept 2008: diploma group</th>
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<tbody>
<tr>
<td>Age range (average age)</td>
<td>18–48 years (27.6)</td>
<td>18-55 years (28.6)</td>
</tr>
<tr>
<td>Female/male %</td>
<td>83%/17%</td>
<td>90%/10%</td>
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<tr>
<td>First in family into higher education</td>
<td>49%</td>
<td>62%</td>
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**Figure 1. Qualifications: Degree Cohort**

Highest qualification on entry to degree programme 2012

**Figure 2. Qualifications: Diploma Cohort**

Highest qualification on entry to diploma programme 2008


**Research**

**BOX 1. MOTIVATION TO ENTER NURSING**

Examples of responses to the question: “Why did you decide to come into nursing?”

- “Working as a care assistant previously, I feel that nursing is my next step so I can help and care for patients more than I am able to do as a care assistant. I feel this is my vocation in life.”
- “Meeting elderly vulnerable clients whilst hairdressing. Also, caring for my mother alongside my sister who is an RGN encouraged me greatly to pursue a nursing career.”
- “It’s something I’ve always wanted to do. I’ve worked in care for several years and want to further my career. I missed opportunities when I was younger and I want to show myself I can achieve my dreams.”
- “Personal development – and have worked for many years alongside nurses who have been very inspirational in terms of how they care for families and patients – and also I’ve seen nurses who are terrible in their communication and approach and I know I can do better.”
- “Nursing is a profession I have been passionate about for a long time. After helping to care for my grandad when he was ill and seeing first-hand how amazing the nurses were inspired me to pursue a career as a nurse.”
- “I get joy out of helping people to be as independent as they can be, and seeing differences in people’s health for the better.”
- “Mum and dad are both nurses. I began to care for an ill relative and realised it was something I enjoyed. Missed an opportunity to enter when I was younger, then family life took my time. But, after a health scare myself, I decided it’s never too late to go for my dream.”

“career” (23%), or their “passion” (9%) for the profession. We identified four themes related to a poor experience of nursing or caring, or not having time to care because of work or study. This theme occurred in 60% of responses.

- Reasons that were intrinsically motivated and altruistic in nature, for example “what I always wanted”, “in my nature”, “I’m a caring person”, “want to make a difference”, “I want to do something worthwhile”. This theme occurred in 21% of responses.
- Reasons that came from positive experiences of nursing or caring, including personal experience as a service user or patient, experience of caring for family members or witnessing a relative’s care. This theme was evident in 17% of responses.
- Direct experience of the nursing profession from working with nurses or having family members who are nurses. This was evident in 15% of responses.
- The desire to gain a professional qualification, progress in their career or change their career, which was evident in 16% of responses.

A minority (4%) said their decision was related to a poor experience of nursing or healthcare, and their determination to do it better. The final question asked what participants felt the role of a nurse was; this reveals their view of nursing built from experience, background research and media influence. The most common responses included the nurse cares (81% of responses), helps (52%) and supports (24%) the patient or service user, with 19% believing the nurse’s role is to give the best possible care. Communication was mentioned in 44% of responses including aspects such as listening, understanding, trust and empathy, with 7% using the word compassion, and 7% seeing nurses as patients’ advocates. Just 11% mentioned the nurse’s role in curing, healing or giving treatment.

**Discussion**

The results of this study show that entrants to a nursing degree programme at the University of Derby have similar demographic characteristics to those of past advanced diploma cohorts. It appears that the profession continues to attract a wide age range and students with different levels of academic achievement. A good proportion (in this case, almost half) come from access courses and some (a fifth in this cohort) already hold a diploma or first degree. Though not a driver for the study, it is reassuring that there is still evidence of “widening participation” in higher education as this shows the change in academic requirements has not deterred students coming from the access route, older students or those who are the first in their family to come into higher education.

The majority of the study cohort came into the profession with caring experience; almost two-thirds had worked as a paid healthcare assistant or support worker. The values-based selection process at Derby, which involves service users, carers and clinicians as well as academic staff, requires candidates to show not only qualities of care and compassion, but also evidence of an understanding of healthcare. The government call for all student nurses to have up to a year’s care experience is therefore already being fulfilled for the majority of student nurses. The current pilot programmes offering pre-registration degree work experience may be of value to applicants who do not have significant healthcare or support work experience. It will be interesting to see the outcomes of these pilot schemes in terms of what they contribute to student nurse development.

It is apparent from the students’ reasons for entering the profession that most would be considered to have the caring and compassionate qualities expected of a nurse (Box 1).

Participants’ motivations to become nurses were largely vocational; the primary motivator for these student nurses to enter the profession was given as a desire to care for others. Many described their motivation as coming from having experienced or witnessed positive examples of nursing care, with some influenced by working alongside nurses, or having a nurse in the family. It is heartening that within a media climate that seems to consistently highlight poor care and lack of compassion, the vast majority of new student nurses have been influenced by good care and positive role models. Indeed, only a small percentage were influenced by an experience of poor care.

Some students stated they wanted to progress or change their career. As many are older students, career change and progression was an inevitable factor. The focus on “care” was evident in this group’s account of what they saw the role of a nurse to be; examples are presented in Box 2.

The scope of definitions offered appears rather narrow, focusing on care, support and communication, with little mention of the medical, technical and administrative parts of the nurse role. This could be due to recent media stories accusing nurses of not caring, or not having time to care because
of administrative and technical tasks. This perception of care being at the core of nursing, and being the predominant motivator for individuals to enter the profession has been found in other studies. O’Brien et al (2008) also acknowledged the role of the media in shaping perceptions of what nursing is. It could be argued that these views are idealised, but the consistency of this finding suggests that it is part of student nurses’ vocation, despite changes to the nursing role over recent years.

Conclusion

This cohort of student nurses entered the profession with a strong desire to care to them at that time – to communicate and advocate for people and their families – to be compassionate, understanding, practical, non-judgemental and genuinely want to help people help themselves.”

“Caring for and treating the sick and vulnerable. The role of a nurse is to treat individuals with dignity and respect at all times, to remain professional and treat everyone to the best of your abilities.”

“Helping to care for people in their times of need. Communicating with people well, including colleagues, doctors and most importantly patients, and being able to listen to them. Giving medication to patients. Working as part of a team.”

“To be caring, compassionate, treat people with dignity and respect and having time to ‘listen’ to the patient’s needs or requirements.”

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