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Title: A phenomenological exploration of Registered Nurse Degree Apprentices lived experiences

Introduction and background

Mental health challenges are prevalent among university students, and nursing students face additional emotional and physical demands that increase their risk of burnout (Campbell et al., 2022; Babapour et al., 2022). Although UK nursing graduates have strong employment prospects, with nearly 94% employed within six months (Swain, 2022), recruitment and retention issues remain globally, prompting initiatives like the UK's Registered Nurse Degree Apprenticeship (RNDA) programme. Introduced in 2015, RNDA combines academic study with clinical placements and healthcare roles (Department of Health and Social Care, 2016; Health Education England, 2018), offering students financial benefits but posing unique scheduling and curriculum demands that can impact well-being (Cushen-Brewster et al., 2022).

Current research on RNDA student mental health is limited, often focusing on broader nursing populations or on apprenticeships more generally (Cottam et al., 2023). This study fills this gap, employing Interpretative Phenomenological Analysis (IPA) to examine the lived experiences of RNDA students and explore their mental health and well-being. The research aims to reveal key stressors, coping mechanisms, and support needs specific to RNDA students, motivated by an observed performance gap between RNDA and traditional BSc nursing students, who showed resilience but achieved lower average module grades. By addressing these experiences, this study aims to identify specific supports that could enhance RNDA students' educational and personal outcomes.

Literature Review

2.1 Mental Health and Well-being in Higher Education

A significant body of research highlights the prevalence of mental health challenges, including anxiety, depression, and stress, among university students (Campbell et al., 2022). These mental health issues are commonly attributed to academic pressures, financial concerns, social isolation, and insufficient mental health support (Campbell et al., 2022). Nursing students are exposed to these stressors at heightened levels due to the demanding nature of

their course and clinical placements, where emotional resilience is essential for managing stress (Babapour et al., 2022).

Despite the growing recognition of mental health needs among nursing students, research specifically focusing on RNDA students is limited. Cottam et al. (2023) identified the need to explore this unique group, noting that their experience differs considerably from traditional nursing students due to the dual responsibilities of studying and professional work. While Derbyshire et al. (2024) examined accelerated nursing courses, their mixed-methods approach targeted a different population and did not exclusively focus on the unique mental health experiences of RNDA students.

The broader research available suggests that nursing apprenticeships, in general, are underrepresented in mental health literature, even as they gain popularity as an alternative pathway to qualification (Baker, 2019; Cushen-Brewster et al., 2022). Studies by Rosser (2017) and BJNS (2019) discuss the benefits of RNDA programmes in terms of recruitment and accessibility, yet there is a scarcity of research addressing the mental health implications specific to these students (Nawaz et al., 2022). This study, therefore, aims to fill this gap by examining the factors contributing to the mental health and well-being of RNDA students through their lived experiences, providing insights that could support academic and policy changes.

2.2 The RNDA Student Experience

RNDA programmes present a distinct educational pathway, combining academic study with ongoing employment in healthcare roles. While these students benefit from earning a salary and avoiding the debt typical of traditional degree routes, they also encounter unique stressors. RNDA students must navigate academic requirements, clinical placements, and work obligations, which places additional demands on their time and emotional resources (HASO, no date). Unlike traditional nursing students, who may have more consistent schedules, RNDA students experience academic blocks interspersed with clinical placements, creating a potentially fragmented educational experience.

Research by Cushen-Brewster et al. (2022) suggests that RNDA students often feel overwhelmed by the constant switch between academic and professional responsibilities, which may impede their mental well-being. In addition, the students' dual roles can create confusion regarding their status within healthcare settings, as they are neither full-time

students nor solely healthcare workers. This ambiguity can lead to role-related stress, impacting the students' sense of belonging and well-being. Exploring these unique experiences of RNDA students will offer a more nuanced understanding of the challenges faced by this group, thereby informing tailored support strategies.

2.3 Interpretative Phenomenological Analysis (IPA)

The methodological approach selected for this study, Interpretative Phenomenological Analysis (IPA), integrates three theoretical frameworks: phenomenology, hermeneutics, and idiography. Phenomenology focuses on understanding individuals' lived experiences, making it particularly appropriate for exploring RNDA students' perceptions of mental health (Smith, 2015; Willig, 2017; Noon, 2018). Hermeneutics involves the interpretative process, allowing researchers to delve deeper into participants' accounts to uncover layers of meaning (Gyolli, 2020). Finally, idiography emphasises the uniqueness of each participant's experience, preventing overgeneralisation and ensuring that the analysis respects individual nuances (Noon, 2018).

IPA is especially suited for exploring RNDA students' experiences, given its ability to capture the personal and subjective aspects of their academic and professional challenges. By prioritising the in-depth exploration of a small number of participants, IPA allows researchers to extract detailed insights into their lived experiences (Smith & Osborn, 2015). This approach also supports iterative analysis, where data collection and analysis occur concurrently, allowing for a refined understanding of emergent themes. Furthermore, IPA's reliance on bracketing helps researchers set aside personal preconceptions, promoting objectivity in the interpretation of the data (Pietkiewicz & Smith, 2014).

In the context of this study, IPA enables a comprehensive analysis of RNDA students' experiences with mental health and well-being, uncovering specific stressors, coping mechanisms, and support structures. This approach builds on existing research in the field, such as that of Smith et al. (2022), who emphasised IPA's efficacy in exploring mental health experiences within educational contexts. Using IPA to understand RNDA students' unique perspectives may provide actionable insights for designing supportive academic environments that address their mental health needs.

Methodology

3.1 Research Design

This study employs a qualitative approach, using Interpretative Phenomenological Analysis (IPA) to explore the mental health and well-being experiences of RNDA students. IPA is particularly suited for this research as it allows for in-depth analysis of subjective experiences, enabling a nuanced understanding of how RNDA students interpret and manage their mental health (Smith et al., 2022). By focusing on individual narratives, IPA offers insights into the students' personal interpretations of their challenges and coping strategies, a process essential for addressing mental health in an educational context.

Given the limited existing research on the mental health of RNDA students, a qualitative, exploratory method was deemed the most appropriate for this study. Qualitative methods are valuable in revealing the complexities of human experience, particularly when examining emotionally charged topics such as mental health and well-being (Busetto et al., 2020). Moreover, qualitative research leverages the researcher as a tool for data collection, facilitating a deeper exploration of participants' perspectives and the "why" behind their thoughts and feelings (Naeem et al., 2023).

3.2 Participants

A purposive sampling method was used to select participants, specifically targeting third-year RNDA students who had substantial experience with both academic study and clinical placements. This sample included three students from a small RNDA cohort, each bringing diverse backgrounds and perspectives to the study. The participants, anonymised under the pseudonyms Amy, Mike, and Holly, represented a balanced mix of demographics, including gender, ethnicity, and socioeconomic background. Two of the students had prior experience in higher education, while one was the first in their family to attend university. This diversity added valuable depth to the data, capturing a range of perspectives within the RNDA experience.

Inclusion criteria specified that participants must be over 18 years old, enrolled in the final year of their RNDA programme, and willing to participate in semi-structured interviews. This selection ensured that participants had substantial experience of the RNDA course, providing a meaningful basis for discussing their mental health and well-being. The decision to use a small, homogenous sample aligns with IPA guidelines, as the method prioritises depth over breadth in exploring lived experiences (Noon, 2018).

3.3 Data Collection

Data collection was conducted through semi-structured interviews, each lasting approximately one hour, allowing participants to share their experiences in detail. Semi-structured interviews provided a balance between guided questioning and open-ended responses, encouraging participants to articulate their experiences fully while enabling the researcher to probe for further insights where needed (Smith & Osborn, 2015). The interview questions were designed to address core themes such as the students' experiences of mental health challenges, coping strategies, and perceptions of support within the RNDA programme (see Appendix iii for the interview schedule).

All interviews took place in private, ensuring confidentiality and allowing participants to speak openly about potentially sensitive topics. To enhance data accuracy, the interviews were audio-recorded with participants' consent and transcribed verbatim. Data management practices adhered to Buckinghamshire New University's data security guidelines, with all recordings and transcripts stored on a password-protected device accessible only to the researcher and the supervisor.

3.4 Data Analysis

Data were analysed using the IPA framework, following the six-step heuristic method outlined by Smith et al. (2022). This method involves familiarisation with the data, initial coding, and the identification of emergent themes. Each transcript was scrutinised for significant statements and personal experiential themes (PET), allowing the researcher to detect patterns in the participants' narratives without overgeneralising findings (Tuffour, 2017). Bracketing was employed to minimise researcher bias, helping the researcher to set aside personal assumptions and focus on participants' perspectives (Pietkiewicz & Smith, 2014).

The IPA approach facilitated a reflective, iterative analysis of the interview data, providing insights into how RNDA students experience and interpret their mental health challenges within the context of their dual roles. A seven-step analysis framework further guided the process, ensuring a structured approach to data interpretation (O'Neill & Kenny, 2023). Finally, to enhance the credibility of the findings, member-checking was conducted, allowing participants to review and verify the interpretations of their statements.

3.5 Ethical Considerations

Ethical approval for this study was granted by the Research Ethics Panel at Buckinghamshire New University. To address potential power imbalances, the researcher did not recruit students currently under their supervision, and participants were assured of confidentiality and that their involvement would not impact academic standing (Kaaristo, 2022). An information sheet outlining study details and risks was provided, and informed consent was obtained prior to interviews.

Pseudonyms were used for confidentiality, and identifying information was removed from transcripts. The researcher also maintained a reflexive journal to acknowledge potential biases, enhancing objectivity throughout data analysis (Cairns-Lee et al., 2022). University counselling services were available for participants should any distress arise during or after the study.

4 Findings

The analysis of interviews with RNDA students revealed four central themes: exhaustion from pressure, academic programme design, support networks, and the evolving role of the RNDA. These themes capture the unique challenges faced by students as they balance professional and academic responsibilities while navigating the mental health implications of their experiences.

4.1 Theme 1: Exhaustion Caused by Pressure

All three participants highlighted a sense of exhaustion, primarily attributed to the demands of managing academic work, clinical placements, and home-based employment responsibilities. This cumulative pressure manifested as mental and physical fatigue, affecting their focus and motivation. When asked about their general feelings during the course, participants consistently mentioned how tired they felt, particularly as they approached course completion.

Amy, for example, spoke of her response to receiving a low grade, expressing relief at simply passing:

“I felt a little bit disappointed that I got such a low grade, but at the same time, when I saw the mark, I was like, you know what, I’ll take it. I don’t care. I pass. I don’t have to redo it. I don’t have to restudy, I don’t have to do anything. I will take 48%.”

Participants frequently described the toll that constant academic and placement demands took on their energy and well-being. Holly elaborated on her experience of prolonged stress and burnout during her second year:

“I think stress is a part of every day of our lives... After Christmas, I had to have two weeks off because I ended up having a nasty panic attack, and they put it down to burnout.”

The term "burnout" was commonly used among participants, with descriptions aligning closely with symptoms such as emotional exhaustion, lack of motivation, and disengagement, as characterised in existing research on burnout (Maslach et al., 2018). While burnout is not exclusive to RNDA students, the combination of academic, clinical, and employment pressures appears to exacerbate these symptoms, leading to both mental and physical exhaustion.

4.2 Theme 2: Academic Programme Design

Participants expressed mixed feelings about the block structure of the RNDA programme. Designed to accommodate work and study, the programme alternated between intensive week-long theory blocks and placement shifts. While the intention was to support work-life balance, the structure sometimes had the opposite effect, leading to information overload and difficulties in retaining complex concepts. Amy described the academic blocks as overwhelming:

“With the RNDA program, you don’t get that time to absorb. It’s intensive... Halfway through the day, you pretty much shut down because it’s information overload.”

The block format also impacted participants’ learning efficacy, as they often found themselves fatigued and unable to absorb new information by the end of the week. Holly noted the exhaustion experienced after consecutive academic and placement blocks:

“I was really, really tired and I think the way that the RNDA was structured, I hadn’t had a proper break for nine months.”

In response to these concerns, the institution recently transitioned to a day-release format, where RNDA students attend university two days per week alongside traditional BSc students. While early indications suggest that this shift may reduce stress, participants still report that the volume of information remains high, potentially affecting their mental health and ability to learn effectively.

4.3 Theme 3: Support Networks

The availability and quality of support networks emerged as crucial factors in participants' experiences of mental health and well-being. Two participants, Holly and Amy, described strong support networks within their NHS trusts, while all three participants praised the support provided by their university. Participants mentioned that both academic and personal support were readily available when needed.

Mike spoke about the reliability of university staff, recounting:

"When it comes to lecturers, they were very supportive... I could email them whenever, and they'd give me advice or call me if needed."

Participants also highlighted the role of their personal and professional support networks outside the university. Amy, for instance, spoke about receiving valuable support when dealing with a family emergency, describing how her lecturer's quick response and consistent check-ins helped her cope during a challenging time.

At the same time, participants admitted to feeling reluctant to share their struggles with family and friends, often concealing the extent of their stress. Amy reflected on this difficulty:

"Even when you have got the time, you're just so tired. You don't want to socialise... I had to start lying just so I could take time for myself, and it didn't particularly make me feel good."

The participants' experiences emphasise the importance of support networks in managing mental health challenges. The RNDA students appreciated the university's efforts in offering academic and pastoral support but noted that greater engagement with family and friends was often hindered by the demands of their course and work.

4.4 Theme 4: The Role of an RNDA

Participants frequently noted the confusion surrounding their role within healthcare settings, with both their colleagues and themselves sometimes unclear about the boundaries and expectations of an RNDA. This ambiguity contributed to role-related stress, particularly in home-base placements, where participants held Healthcare Assistant (HCA) roles but had additional nursing skills and knowledge from their studies.

Mike reflected on the lack of clarity from colleagues, stating:

“I think this course has been going on for quite a while now, but a lot of nurses still don’t know what an RNDA is.”

The difficulty in defining their professional role within their workplace often led to frustration, as participants felt their skills were underutilised or misunderstood. Amy shared an example from her placement, where she had the knowledge to address a patient issue but was unsure about exercising that knowledge:

“As a nurse, you’d act one way; as an HCA, you’d act another... It’s just one of those things where I saw something, I would react, and then I would slide up to the nurse... but I really struggled with that separation.”

Participants also spoke about the social challenges of being “in-between” roles, feeling distanced from their peers in both their HCA roles and among traditional student nurses. Holly recalled an experience with a ward matron who treated her differently because they knew each other personally, leading to a confrontation. This sense of ambiguity and disconnection underscores the need for clearer role definitions and expectations within RNDA programmes to alleviate students' stress and improve their well-being.

5 Discussion

The findings from this study provide a nuanced understanding of the mental health and well-being challenges faced by RNDA students, revealing the complex interactions between academic, clinical, and personal factors that influence their experiences. This section discusses each theme in relation to the broader literature, emphasising the need for structural and policy changes within RNDA programmes to better support these students.

5.1 Exhaustion and Burnout

The pervasive sense of exhaustion among participants aligns with research identifying burnout as a critical issue in nursing education (Maslach et al., 2018). For RNDA students, however, the compounded pressures of academic study, full-time employment, and clinical placements exacerbate this issue, often leading to a sense of “burning out” before they even enter full professional practice. This echoes findings by Campbell et al. (2022), who found that nursing students are particularly susceptible to mental health challenges due to high stress and emotional demands, compounded by a lack of sufficient recovery time.

The experiences shared by Amy and Holly highlight the potential health risks associated with prolonged periods of work and study without adequate breaks. As noted in the Health and

Safety Executive's guidelines, extended exposure to high-stress environments without sufficient rest periods can lead to both mental and physical health deterioration (HSE, n.d). Within RNDA programmes, there may be an opportunity to address this by allowing more flexibility in the scheduling of academic and placement blocks, thus providing students with opportunities for rest and self-care, which are essential for their long-term mental well-being.

5.2 Academic Programme Design and Information Overload

Participants expressed mixed responses to the block structure of the RNDA programme, describing it as both beneficial and overwhelming. The intensity of information delivery within one-week academic blocks was often cited as a source of stress, leading to information overload and difficulty in retaining complex concepts. This aligns with Tuffour's (2017) findings on cognitive overload among healthcare students, where the combination of condensed learning schedules and high academic expectations led to mental fatigue.

Research suggests that alternative approaches, such as day-release formats, may help reduce cognitive overload by spreading out academic content over several weeks (Cushen-Brewster et al., 2022). The recent curriculum changes at Buckinghamshire New University, which integrates RNDA students into a day-release model alongside traditional BSc students, represents a promising shift toward a more balanced approach. Although early data is still emerging, this model may provide RNDA students with the chance to process and retain information more effectively while engaging more meaningfully with their studies. Continued evaluation of this structure will be essential to determine its effectiveness in reducing student stress and supporting mental well-being.

5.3 Support Networks

The importance of support networks in maintaining mental health was underscored in participants' narratives, with university staff and personal networks providing crucial assistance. The participants' appreciation of academic support aligns with findings by Cottam et al. (2023), who reported that nursing students often rely on faculty support to navigate academic pressures. Participants in this study valued the availability of university staff who could offer guidance and support, with one student mentioning that lecturers provided continuous, practical advice. This finding supports the notion that strong academic support networks play a protective role against stress and burnout in nursing education (Osika et al., 2022).

However, participants also indicated a reluctance to share their struggles with family or friends, reflecting findings by Galletta et al. (2017) on social support among nursing students. Participants were often hesitant to engage with their social circles, fearing judgment or misunderstanding, which may isolate them from vital support systems. Educational institutions can address this by providing mental health and counselling services tailored to RNDA students' needs, which could supplement academic support and encourage students to seek help beyond their immediate networks. Increased access to peer support groups and mentorship programmes could also foster a sense of community, mitigating feelings of isolation and reinforcing the value of social support for mental well-being.

5.4 Role Ambiguity and Professional Identity

A key theme emerging from this study was the sense of role ambiguity experienced by RNDA students, who felt “in-between” roles as both HCAs and nursing students. This lack of role clarity was linked to increased stress and frustration, with participants describing situations where they felt unsure of their professional responsibilities and limitations. Research by Nawaz et al. (2022) highlights the challenges of role ambiguity in nursing apprenticeships, noting that the unclear boundaries between learner and practitioner can impact students' confidence and well-being.

The ambiguity surrounding the RNDA role suggests a need for clearer communication within healthcare settings to ensure that RNDA students understand their responsibilities and are respected within their workplace. As suggested by Gyolli (2020), structured role definitions can support students in developing a strong professional identity, which in turn bolsters resilience and confidence. Providing RNDA students with clear job descriptions, along with training for colleagues to better understand the scope of their role, could alleviate some of the stress associated with role ambiguity and help students integrate more seamlessly into healthcare teams.

The participants' challenges with role ambiguity also raise questions about the integration of RNDA programmes within existing nursing education frameworks. Universities and NHS trusts could collaborate to improve awareness and understanding of the RNDA role, both within academic and clinical environments. A more consistent approach to defining and supporting this role would likely enhance students' sense of professional identity and decrease the role-related stress that can detract from their mental well-being.

5.5 Implications for Policy and Practice

This study highlights key improvements for RNDA programme design and support. First, RNDA scheduling should balance academic, clinical, and employment duties more sustainably. The shift to day-release formats is promising, but additional measures like flexible placements and designated rest periods would further reduce student burden. Second, institutions should strengthen support systems tailored to RNDA needs, offering mental health resources and peer mentoring. Training for staff and healthcare colleagues could reduce role-related stress, fostering understanding and support in clinical settings. Finally, enhancing role clarity and recognition within healthcare teams is essential. Clear guidelines aligned with NMC standards (NMC, 2018) would support students' transition from healthcare assistants to registered nurses, helping them feel valued and integrated into their professional environments.

Limitations

The findings record the lived experiences of 3 students, one male, one older female who had not been in higher education before, and one internationally educated student. Two participants had previously attended university and gained experience at an undergraduate level. It may have been pertinent to conduct pilot interviews for this research project as the researcher found that they were more comfortable in their final interview than in their first interview. Conducting pilot interviews could have helped to create a more relaxed atmosphere for all participants. As a qualitative research method, IPA encourages a small, relatively homogenous sample size, which is three to four for master's level research. Consequently, the emerging themes are not able to be, and should not be, universally applied to all the students studying on RNDA courses. IPA does not seek to reach generalised conclusions; rather it aims to enhance the data on the subject or research question (Smith et al, 2022). While efforts were made to maintain objectivity, researcher bias may have influenced the study. As the researcher holds a position within the field, a power imbalance could potentially exist. However, to mitigate this, the researcher ensured that participants were not current students and had not been supervised by them for their final-year research projects. There was no quantitative data used during this study as it was not a mixed-methods research project, however, in future studies, it may be pertinent to ask participants to complete some questionnaires to gauge their current mental health status.

6 Conclusion

This study examined the mental health and well-being of RNDA students, uncovering key themes—exhaustion from pressure, programme design, support networks, and role ambiguity—that affect their experiences. Findings indicate that exhaustion and burnout are common due to intensive teaching blocks and limited breaks, suggesting that day-release formats and accessible academic support may alleviate some stress. Clearer role definitions and stronger integration within healthcare teams could help RNDA students establish a sense of belonging, mitigating professional stress.

These insights suggest practical changes for educational and healthcare institutions, such as programme adjustments that allow flexible scheduling, robust support systems, and increased role clarity. Further research with larger and more varied RNDA cohorts could deepen understanding, and ongoing evaluation could inform support strategies tailored to their needs, helping to prepare RNDA students for resilient and effective careers in nursing.

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