



Review

Mind the gap: The relationship between liminality, learning and leaving in pre-registration nurse education

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ABSTRACT

Attrition refers to students leaving programmes of study before completion. This is an important topic area; there is a current global shortage of nurses, and it is widely reported that nursing is in crisis. Nurse education in the United Kingdom has changed substantially in the past fifty years, gradually moving from work-based apprentice style training to an 'all graduate entry' profession. There is a plethora of literature reporting attrition both in the UK and worldwide. It is clear that regardless of the education model, attrition from pre-registration programmes is a long-standing problem which has attracted much attention. The educative process of learning to be a nurse can be likened to a 'rite of passage', or perhaps a series of rites of passage. Rites of passage were first articulated by anthropologists, van Gennepe and Turner. Van Gennepe and Turner argued that as people make 'transitions', often via 'rites of passage' they pass through an in-between phase described as 'liminal'. This paper explores aspects of liminality in nurse education and examines the potential relationship with attrition. The paper concludes by suggesting that although liminality could be considered a risk factor for attrition, exploitation of the concept may offer opportunities to enhance learning.

1. Introduction

This paper argues that the concept of liminality offers a useful theoretical perspective to re-examine some of the complexities of pre-registration nurse education with a particular focus upon attrition, an important contemporary problem. In addition, the positive potential of liminality, as applied to nurse education is explored. Attrition from pre-registration nursing programmes is a worldwide problem (Eick et al., 2012; Hamshire et al., 2012; Ten Hoeve et al., 2017) and is costly (Lovegrove, 2018; Ten Hoeve et al., 2017). A recent Health Foundation report suggests that one in four nursing students in the United Kingdom (UK) do not complete their programme of study (The Health Foundation, 2018). Within nursing, much of the evidence regarding attrition is from relatively small scale empirical studies (Crombie et al., 2013; Hamshire et al., 2012, 2017; Prymachuk et al., 2009; Stott, 2007) and a number of comprehensive literature reviews (Eick et al., 2012; Mooring, 2016; Pitt et al., 2012). A large UK Department of Health (DH) commissioned empirical study 'Reducing Pre-registration Attrition and Improving Retention' (RePAIR) has recently been reported (Lovegrove, 2018) and it is clear from the findings that the problem of attrition from nursing

programmes remains unresolved (Lovegrove, 2018; Buchan et al., 2019; Mills et al., 2020).

Discussion of potential theoretical explanations for attrition is limited within nursing literature and usually restricted to brief acknowledgement of Vincent Tinto's theory of integration (Tinto, 1975). Tinto drew upon the work of van Gennepe (1960) and Durkheim and Simpson (2002) in developing his model of integration. Whilst there is support for Tinto's argument that students who feel they do not 'belong' are more likely to leave a course (Tinto, 1975) it is acknowledged that Tinto's work focuses on the college leaver entering university and living on campus (Davidson and Wilson, 2013) and thus Tinto's respondents are not necessarily representative of nursing students (Buchan et al., 2019). This paper will re-visit the work of van Gennepe (1960) and also Turner (1969), who further developed van Gennepe's ideas about liminality (ibid) and will explore how understanding liminality might help educators to re-evaluate aspects of pre-registration nursing programmes with a view to reducing attrition and enhancing learning opportunities. Liminality as an anthropological concept was first described by van Gennepe following his observations of 'rites of passage' in various cultures. The concept will be explained in full later in

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the paper, but in essence, 'liminality' refers to the uncomfortable space through which one passes when making a life transition.

2. Nursing and nurse education

It is globally recognised that nursing is in crisis (Britnell, 2019) and there is a worldwide shortage of nurses (Britnell, 2019). Wider discussion of the problems facing healthcare are beyond the scope of this paper, but it is clear that recruitment and retention of new students is an international priority. There have been important developments in nurse education in the last half decade which have affected recruitment and retention, and in the next paragraph these changes will be briefly outlined.

Worldwide, nursing has sought to increase its standing as a 'profession' (Gibson, 2019). In Australia, nurses have entered the profession at degree level since 1994 (Lusk et al., 2001). In the UK, whilst it has been possible to gain a degree in Nursing since the 1960s, until 1990 nurse training was predominantly hospital based (Starkey, 1994). Students were employed by the hospital and were part of the staffing establishment. As part of a move to drive forward the evidence base for nursing and build research capacity within the profession, educational reforms in 1990 relocated nurse education from hospitals to Higher Education (HE) (Starkey, 1994). Initially both Diploma and Degree programmes were offered; however, in 2015 the route to academisation was extended when the professional and regulatory body, (Nursing and Midwifery Council (NMC)) stipulated that there would be an 'all graduate entry' requirement for new applicants to the professional register (NMC, 2010).

Whilst it has been argued that there are patient safety benefits of graduate education (Aiken et al., 2003; RCN, 2017), this development means that nurse education is a complex combination of an apprentice style placement programme and a degree programme (Mills et al., 2020). As such, nursing students need to integrate with both the university community and the wider health and social care communities. Additionally, to comply with stringent regulatory standards, requiring that pre-registration nursing programmes are 4600 h in duration, with 50% of this being in the practice environment, programmes cannot be delivered within the standard university calendar meaning that students are often on clinical placement during the usual summer vacation period. It could be argued that this identity ambiguity makes the transition difficult for nursing students and might be a confounding factor for attrition.

3. Attrition in nurse education

Attrition is reported to be between 10 and 50% worldwide (Mooring, 2016). Some attrition is necessary; it is the role of nurse educationalists to be gatekeepers to the profession, therefore it is right that some students do not complete their programme (Lovegrove, 2018). The challenge is to ensure that those who do have the potential to succeed do not slip through gaps that might appear throughout their complex programme of study. Whilst individual factors such as financial difficulties, family complexities, unpleasant placement experiences, unexpected academic requirements and unmet expectations are commonly cited as reasons for non-completion, in reality attrition is due to a multiplicity of reasons (Bowden, 2008; Hamshire et al., 2012; Mills et al., 2020).

Nursing research which explores attrition tends to draw upon the work of Vincent Tinto as a theoretical basis (Crombie et al., 2013) and his theory of integration has achieved "near paradigmatic status" (Davidson and Wilson, 2013p330). However as previously noted, Tinto's participants do not reflect the nursing student demographic. Although an increasing number of nursing students are 'school leavers' (Buchan et al., 2019) the average age of a nursing student in the UK is twenty-nine years (Royal College of Nursing, 2016; Buchan et al., 2019). Additionally, not all nursing students live on campus and even for

those who do, a considerable amount of time is necessarily spent off site to enable them to complete the required clinical experience (Keighley, 2009). In later work (1982 and 1998) Tinto acknowledged that his model was less applicable to institutions where students predominantly commute and suggested that academic integration was more important in these situations (Tinto, 1998).

Davidson and Wilson (2013) suggest that whilst there is extensive research about student attrition and retention, the findings from Tinto's work are often mis-applied. They call for further research which makes clear the context and 'type' of student being explored (ibid). This paper intends to address this and rather than applying Tinto's theoretical concepts and then acknowledging the limitations of the relevance to nursing attrition, the 'roots' of Tinto's theory will be re-considered. Therefore, in the following section van Genneep (1960) and later Turner's (1969) ideas about liminality will be explicated.

4. Liminality

Liminality was first described by anthropologist Arnold van Genneep (1960); having observed different communities he recognised that within society, social transitions comprised a universal form which incorporated various rites. He sought to explain the purpose of rites and concluded that for individuals to change status they need to participate in a rite of passage (van Genneep, 2004p14). He developed a classification of 'rites' and noted the 'rites of passage' to be a special categorisation of 'rite' which could be further sub-divided to: rites of separation, transition and rites of incorporation. He also termed these as pre-liminal, liminal and post-liminal respectively. The word 'liminal' is derived from the Latin *limen* meaning 'threshold'.

Victor Turner (anthropologist) also explored 'rites of passage' and recognised similarities between his own findings and those of van Genneep. Turner further explored the concept of liminality and described the liminal entity as being "neither here nor there" (1969p81), frequently using the phrase "betwixt and between" (1969). Turner suggests that individuals who are in this state of liminality often develop strong comradeship, and a sense of 'communitas'. Turner argues that the term 'communitas' is preferable to 'community' as it emphasises the social relationship aspect, rather than the geographical aspect of community.

With regards to existing literature, health related 'liminal' literature tends to focus upon experiences of patients who are adjusting to life changing illnesses (Molzahn et al., 2008; Strickland et al., 2017). When liminality is discussed with respect to nurse education, it is not usually the main focus of the paper although there are a couple of notable exceptions to this. Holland (1999) reported an empirical study which explored the transition experiences of nursing students and revealed a number of what are described as "in limbo" states (p.229), however reference to attrition is not made. There is also a review by Evans and Kevern (2015) who discuss liminality with respect to mental health focused nurse education; in this, the potential link between liminality and attrition is acknowledged, but not explored. Furthermore, Meyer and Land (2005) who introduced the notion of threshold concepts to describe 'troublesome learning' (learning concepts that students find difficult to grasp) suggest that successful navigation of liminal spaces leads to deeper learning; this will be explored later in the paper.

It could be argued that a re-evaluation of van Genneep (1960) and Turner's (1969) discussion of liminality can provide insight into the transition challenges faced by pre-registration nursing students. In addition to considering the 'risks' associated with liminality (students might fall through the gap and leave programmes prematurely) the work of Meyer and Land (2005) will be drawn upon to consider the opportunities that learning in a liminal space might offer. In the next section links will be made between van Genneep/Turner's work and nursing with regards to 'rites of passage'.

4.1. Rites of passage in nursing

Van Gennepe (1960) observed that the purpose of rites was to symbolically mark a transition. As examples, van Gennepe referred to pregnancy (transition rites), marriage (incorporation rites) and funeral ceremonies (separation rites). Nurse educationalists have also made connections between nurse education and rites of passage (Andrew et al., 2009; Holland, 1999). Holland (1999) argues that nursing students undergo a process of transition to becoming a qualified nurse as they gain experience in various different clinical settings and in doing so, she makes clear links with rites of passage. Andrew et al. (2009 p15) in a study of first year undergraduate nurses' highlights that "the move into nursing is akin to a rite of passage". Andrew et al. also note the importance of the development of professional identity early in the transition process; referring to Turner's (1969) explanation of liminality, they acknowledge that in addition to learning 'skills', nurses need to move to a new way of life and "behave like a nurse" (p15). The next section builds upon this with further exploration of 'rites' in nursing.

4.1.1. Separation rites

Pre-registration Nursing programmes are recognised as being demanding (Lovegrove, 2018) and the majority are delivered on a fulltime basis. It is therefore reasonable to assume that for all students there will be some element of 'separation' from their previous lifestyle. This is likely to affect some students more than others: those moving away from home experience a clear physical separation, and for students who commence nursing as a second career, there is the professional and potentially emotional separation from their previous area of expertise. Mills et al. (2020) report that nursing students spend time 'juggling' many life transitions during this time. For some students, commencement of the programme will coincide with the need to shop, cook and manage budgets independently for the first time thus adding to the complexity of the transition process.

4.1.2. Transition rites

With regards to transition rites, as well as drawing upon the literature, reflections of personal experience as a nurse educationalist will be explored and various 'rituals' associated with the commencement of a programme considered. Firstly, there is the ritual of induction. During this time, there is a plethora of administrative processes; in addition to the usual university requirements, health students are also required to consent to participate in practical teaching sessions and consent to the sharing details of placement assessment records with future practice educators. Students are required to provide documentation in support of their Disclosure and Barring Service (DBS) application and are required to disclose health concerns to Occupational Health (OH). Additionally, an important 'ritual' that many nursing students experience is the requirement to be measured for their uniform. This takes place early in the 'welcome' process to ensure that uniforms are available before the first clinical placement. Eventually, at some point (hopefully) prior to the planned commencement date of the first practice placement experience, students are notified that they have received OH and DBS clearance, that their uniforms are ready for collection; they are thus ready to commence the transition to clinical practice. Whilst this is clearly a necessary 'process', upon reflection, when one considers that students are required to have their health, criminal records and their body measurements scrutinised, and that once they have 'passed', they are given a uniform, it could be argued that the process is akin to a "ceremony of incorporation" (van Gennepe, 1960).

If it is accepted that nursing students will cross various thresholds as part of their transition to becoming a registered nurse, it should be expected that they will spend time in liminal spaces. The extract below is from Turner (1969 p81)

"Liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention and ceremonial ...

... Liminal entities such as neophytes ... have nothing to distinguish them from their fellow neophytes ... their behaviour is normally passive or humble, they must obey their instructors implicitly and accept arbitrary punishment without complaint. It is as though they are being ground down to a uniform condition to be fashioned anew and endowed with additional powers to cope with their new station in life. Amongst themselves, neophytes tend to develop an intense comradeship and egalitarianism".

Whilst this might seem rather extreme to apply to nursing, the following quotes from nursing students illustrate these points all too clearly. The quotes are taken from empirical studies which sought to explore factors influencing attrition or reasons for staying on nursing programmes:

"I got so fed up with the nurses on the ward addressing me as 'student' all the time, it's as if I didn't have a name, 'student' come over here ... 'student' go to lunch, 'student' can you run this over to ... It was as if I wasn't a person, I am not sure that the sister ever asked my name" (Crombie et al., 2013p1284).

"This patient needs escorting, where's the student? They can do it" (Lovegrove, 2018 p42 p42)

The next quote was the view of a male student who was reflecting upon his change of status

"I felt like I didn't have a job. I'd lost the status of an adult and, although it sounds very old fashioned, as a provider" (Bowden, 2008 p52 p52)

These quotes suggest that some nursing students feel they lose their identity as a person, and in the words of Turner (1969 p81) "as liminal beings they have no status". Students do have a status – 'student', however, the views presented in the first two examples suggest that this 'status' has limited currency in clinical practice. It could be argued that this is indicative of nursing's difficult transition to Higher Education. Despite strong evidence for the benefits of graduate nurses (Gkantaras et al., 2016) nursing is divided with regards to value of graduate status (Mitchell, 2019). Last and Fulbrook (2003) reported that some qualified nurses no longer felt a sense of duty towards students, because nursing students are 'university students' rather than 'student nurses' within the hospital. One might assume that this discourse may exacerbate students' feelings of being 'betwixt and between'.

If this disconnect with staff occurs, it is likely that where possible, students will turn to peers for support. Indeed, this has been noted in a number of studies which have reported that students gain the most support from other students who share the same characteristics.

"our group are very good at supporting each other and I think a lot of students have stayed because of that" (Glogowska et al., 2007p69).

"They were really supportive and said 'come on, don't be so stupid, you've got this far, you can do this'" (Bowden, 2008p55).

This is in keeping with Turner's (1969) notion of 'intense comradeship'. To summarise, there are clearly aspects of nurse education which accord with van Gennepe's and Turner's ideas about liminality.

4.1.3. Incorporation rites

There are multiple incorporation 'rites' which a student is required to navigate in order to become a registered nurse, it could be argued that this is akin to 'professional socialisation'. It has long been recognised that in addition to skills and knowledge, nursing students

need to acquire a sense of identity with the profession which includes an internalisation of the norms, values and expectations of nurses (Cohen, 1981; Curtis et al., 2012). Research into nursing culture is relatively limited (Holland, 1993, 2020; Brown et al., 2012), but it is acknowledged that there are a variety of rituals and routines that nursing students need to negotiate (Brown et al., 2012; Holland, 2020). Much of this navigation occurs in the placement area (Brown et al., 2012) and thus professional socialisation is acquired in both the academic and practice settings (Melia, 1987). It is noted that a theory/practice gap exists in nursing (Greenaway et al., 2019): care witnessed in the clinical environment (as part of the professional socialisation process) is not always in accordance with the evidence-based practice taught in university (Greenaway et al., 2019). This dissonance offers a further betwixt and between place for a student to navigate.

With regards to learning, the literature on threshold concepts and the link with liminality will be considered. Identification of threshold concepts as applied to nursing is relatively limited in the literature, but drawing upon medical and allied health professions research, the following concepts have been identified as ‘troublesome’ for healthcare students: person centred care, holism, the development of therapeutic relationships, professionalism and evidence based practice (Neve, 2019). To complement these theoretical concepts, Fredholm et al. (2019) offer an interesting perspective with regards to what the authors term as ‘practical threshold concepts’, and this will be explored later in the paper.

In general terms, Meyer and Land (2005) argue that in navigating complex concepts (which are profession bound), students are required to cross ‘thresholds’. In doing so, they will experience a degree of liminality: they leave behind their old position of ‘not knowing’ without fully grasping the knowledge required to feel confident with the new concept. A key characteristic of a threshold concept is that it is transformative, meaning that once the concept has been learned, one cannot return to one’s previous position of not knowing. If a learner is unable to grasp the concept fully, or ‘cross the threshold’, this can lead to mimicry, where the student acts as though they understand. This can be positive, as mimicry can lead to full understanding, but if the process is rushed, the student might not move from being at the ‘mimic’ stage. There is thus an argument that whilst we might not want to leave students too long, lingering in the liminal space; experiencing (and learning through) liminality might promote deeper understanding of troublesome concepts. The subjectivity and lack of clarity with regards to threshold concepts has led to criticism (Baillie et al., 2013; Nicola-Richmond et al., 2018), however where it has relevance for this argument, is in support of the liminal experience of nursing students; both as further evidence that students experience liminality, and also to raise awareness of the potential learning opportunity offered by experiencing a liminal phase.

4.2. Liminality and attrition

Having made a case that nursing students experience liminality, the next section offers a review of the key findings of the studies on attrition and highlights where liminality might underpin reasons for leaving programmes prematurely. An analysis of key findings is presented, supported where relevant with illustration from empirical studies.

4.2.1. Age as a predictor of attrition

Quantitative studies have predicted that older students are more likely to complete programmes than younger students (Prymachuk et al., 2009; Rankin, 2009). From a liminality perspective; younger students have many transitions to make: moving to university (and possibly leaving home for the first time) and then also to the workplace, again, possibly for the first time (Eick et al., 2012). This is illustrated in a poignant quote by a final year nursing student reflecting on her role as ‘buddy’ to first year nursing students. In this example, the year one student had been homesick and had decided to leave the programme, staff at the university had suggested she meet with a year three student for support:

“I support an 18 year old first year student nurse who is training a long way from home ... She is very homesick and doesn’t fit in, she is a ‘fish out of water’ ... It is the first time she has been away from home and she doesn’t have any confidence. It is also the first time she has ever had a job, there are some many firsts for her, she is overwhelmed” (Lovegrove, 2018 p75).

This student later reports that the first year did continue with her studies, suggesting that this ‘buddy support’ is helpful.

4.2.2. Gender as a predictor of attrition

Prymachuk et al. (2009) and McLaughlin et al. (2010) both identified that males were more likely than females to leave nursing programmes. A qualitative study conducted in Australia explored potential reasons for this (Stott, 2007). Participants reported a ‘limbo’ space of wanting to care but recognised that caring was more ‘natural’ for women, this dissonance raised doubt about whether they could perform the role and thus these males found themselves in an uncomfortable liminal space. The issues raised are reflective of longstanding societal views, and whilst educationalists should try to influence change, it is unlikely to happen quickly. One finding from this study which could be actioned more promptly is for educationalists to be aware of any unintended sexism in the classroom. The males in Stott’s (2007) study shared an example about being asked to remove their shirt (in order to act as a model for teaching about electrocardiogram monitoring). The study is thirteen years old and is not claiming to be representative of all male experiences, however it is relevant as an example of how outdated and inappropriate practices might aggravate feelings of liminality: male students cross a threshold to gain entry into a profession and then may experience additional struggles within the transition phase due to thoughtless stereotypical actions.

4.2.3. Lack of preparedness for the academic elements of the programme

Students with lower entry qualifications reported programmes to be academically challenging (Prymachuk et al., 2009) and some students are surprised at the academic requirements for nursing programmes (McDonald et al., 2018). Nursing is portrayed as a profession which is not academically demanding (O’Donnell, 2009; 2011) and this is not the case (Cameron et al., 2011). From a liminality perspective, it could be argued that students who struggle academically have crossed the threshold to start the course, but for them the end point may seem distant and with many thresholds to be navigated, they might feel overwhelmed. This will be compounded if what is experienced does not match anticipation of the programme, and thus students feel ‘betwixt and between’ both in their academic development and also their expectations:

“I tried to overcome the gap but I failed miserably but I felt a sense of failure ... I kept going but I felt it was just wearing me down ... and I just said ‘no’, I can’t take any more” (O’Donnell, 2009p751)

This emotive quote is particularly poignant when one considers that O’Donnell’s participant had voluntarily left the programme, rather than being required to leave due to academic failure. This suggests that Faculty considered the student as having potential to achieve, but this was not recognised by the student. This analysis offers a ‘think point’ for educationalists to consider: the impact of failure when a student is already in a liminal space. This might be a time when students need pro-active emotional support as well as practical guidance with regards to re-sit expectations.

4.2.4. Placement related issues

Attendance at placement requires that students navigate the transition from ‘university student’ to ‘student nurse’, and a number of placement related issues are cited as contributing factors to attrition (Eick et al., 2012). ‘Lack of support’ by placement and university staff is one such theme (Eick et al., 2012). Glogowska et al. (2007) highlighted a

situation where a student reported that there were 'too many students', and this impacted upon the opportunity to form relationships with staff. Whilst slightly tangential, this observation leads back to van Gennepe's idea of 'eating and drinking together' as being a 'rite of incorporation'. Healthcare workers are expected to take refreshment breaks. This 'break time' is an ideal opportunity for qualified nurses and nursing students to spend time together. With the current high pressure in the clinical environment it is questionable the extent to which that this happens. This is unfortunate, 'break time' is an ideal time for students to start to feel more part of the team.

With regards to liminality, in the placement area, students are faced with numerous threshold concepts to navigate. As previously identified, threshold concepts as applied to nursing are largely theoretical in nature. Fredholm et al. (2019) however, offer an interesting practical perspective. The findings from their small-scale empirical study were illuminating. In particular they describe Anna, a nursing student, who experiences difficulty in performing a clinical skill. Anna's success in mastering the skill is inconsistent and oscillating; the authors note that this uncertainty causes the student to spend a long time in a liminal space leading her to feel overwhelmed and questioning her fitness for the profession. Eventually, a 'new' tutor re-explains the process to Anna, and suddenly she appreciates what is required. In addition to understanding the skill, the authors report that Anna sees herself differently and no longer questions her ability to belong to the profession. Accomplishment of this (and other) skills could be likened to passing through rites of incorporation. These findings indicate that 'placement' offers opportunities for nursing students to experience liminality and the associated positive and negative outcomes. This example also highlights the importance of Faculty support whilst students complete placement.

This analysis has demonstrated that it is possible to view attrition through the lens of liminality. There are also other important factors, which are not so easily explained by liminality (financial issues for example). Despite this, exploring 'liminality' in the context of nurse education, and specifically in consideration of attrition provides illuminating insight which takes us beyond Tinto's notion of 'belonging' as an explanation. Whilst it could be argued that a feeling of 'belonging' might superficially minimise feelings of liminality (and thus the risk of attrition), to gain full entry to the profession, nursing students need to master specific knowledge and skills. If it is accepted that key underpinning concepts (patient centred care, holism, development of therapeutic relationships, professionalism and evidence based practice) and many of the skills associated with nursing might be considered to be 'threshold concepts', and that mastery of these might be likened to 'rites of incorporation', the link with and importance of, liminality is strengthened. In light of this, consideration of how this new understanding might be used to exploit liminality and offer guidance for supportive interventions to reduce attrition will be explored.

5. Support through the liminal phase

Whilst increasing 'support' might be helpful in reducing attrition, what is meant by support is often not defined (Cameron et al., 2011). Peer group reflection, reflective writing and support from academic tutors and clinical mentors are often cited as 'support mechanisms' (Lovegrove, 2018). It is also useful to recognise that an understanding of liminality might be useful in determining what type of support might be appropriate for students at different time points within the programme, for example, recognising the importance of 'communitas' (Turner, 1969) reinforces the importance of encouraging students to form bonds at the start of the programme-identified by Mills et al. (2020) as being important. In this next section, alternative examples of how 'support' might be enacted will be discussed. Firstly, health related liminal research will be considered with links made to Clouder's (2005) observations of suggested support during the liminal phase.

In the health literature, liminality refers to the unsettling period of time when life is disrupted by illness (Molzahn et al., 2008).

Molzahn et al. (2008) advise that if nurses are aware of the concept of 'liminal spaces' they may be able to communicate more effectively with patients who are experiencing 'in-betweenness'. Additionally, they suggest that support might take the form of encouraging patients to accept 'in-betweenness' rather than rushing through it. This insight has implications for nurse educationalists both in academic and practice settings. Given the overloaded nature of Nursing programmes due to the requirement to satisfy both professional body and university requirements (NMC, 2018), it could be argued that those who teach nursing students (either in academia or the clinical environment) perceive little benefit in allowing students to linger in liminal spaces. Certainly, in the UK, nursing programmes are assessment driven; students are required to complete numerous competencies in order to pass through the different stages of the programme (NMC, 2018). Without an understanding of liminality, it could be argued that there is a tendency to move students through this phase too quickly, in an attempt to 'support' them through their feelings of discomfort. However with awareness of liminality, this 'support' might actually have the effect of rendering the student to feel even more betwixt and between, as they may not have truly crossed a threshold, even though a box on an assessment form has been ticked to suggest this has occurred.

A further health related study of liminality in patients with multiple sclerosis (Strickland et al., 2017) highlighted the uncertainty associated with liminality as being a subjective, uncomfortable phenomenon; the authors suggested that awareness of this can be beneficial for healthcare professionals. Again, this is a helpful reminder for educationalists; students' experiences of being in a liminal space will vary and this is normal. Clouder (2005) reinforces these points suggesting that listening to students and legitimising uncertainty can help students to move through learning thresholds. Perhaps an important message to students might be that feelings of discomfort and uncertainty are not necessarily indicators that the student needs to leave the programme; in fact, they are potentially a sign that students are moving through the necessary thresholds and are therefore closer to the end point of incorporation.

6. Recommendations and conclusion

Feelings of being 'betwixt and between' might underpin some students' decisions to leave pre-registration nursing programmes early. As nurse educationalists, there is a duty to raise awareness about the concept of liminality. From a practical perspective, it could be argued that those responsible for nurse education should be explicit about liminality and recognise that students are likely to experience feelings of discomfort. Staff need to be available to listen to students; Birks et al. (2013 p32) advocated the importance of approachable academics. Drawing upon Neve's work (2019), more overt teaching about aspects of professional socialisation may be beneficial. Teaching should incorporate acknowledgement of professional identity, and students should be informed that whilst they might feel as though they are losing personal identity, this is a normal part of the transitional experience with which they should engage. Nurse educationalists should try to recognise the benefits of the learning potential of liminal spaces and reassure students that this discomfort might actually indicate deeper learning.

This paper argues that *all* students will experience some sense of liminality and acknowledges that certain students might be more at risk of falling through the gaps than others. Particular attention should be paid to those students with multiple 'risk factors' and it should be ensured that there is pro-active support for these individuals, both in university and in placement. Lovegrove's (2018) recommendation that nursing programmes should look to formally implement buddy schemes that last the duration of the programme seems entirely reasonable. In addition, pro-active support from academic tutors is also key and that those responsible for nurse education should acknowledge the liminal space and exploit the learning that can be gained from encouraging students to linger longer in liminality. The analysis in this paper has provided a theoretical basis for this change.

It is recognised that finding oneself in a liminal space is a discomforting experience (Garsten, 1999). The lack of identity, unfamiliar structure and routine is disorientating, but this 'liminal' time offers creative possibilities (Garsten, 1999). If this can be recognised in nurse education, the liminal space might be able to be viewed as advantageous, as opposed to risky. Raising awareness of the concept amongst nurse educationalists and ensuring students are appropriately supported through the programme might go some way to ameliorating attrition. Finally, there should be a clear message to students that feeling betwixt and between does not necessarily mean that a student will not succeed, it might in fact indicate that significant learning is occurring.

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