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WEST, Richard and WARDELL, Freya

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Original research

‘It was like stepping into a void’: student experiences of taking a break in study in higher education

Richard West, Sheffield Hallam University, Sheffield, UK; Freya Wardell, University of Surrey, UK, Correspondence to: richard.west@shu.ac.uk

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Abstract

Background/Aims: Nursing education is associated with high attrition, yet little is known about students who temporarily take a break in study. This study explored the incidence, reasons for break in study, and students’ experiences of returning to higher education.

Methods: A mixed-methods design was used. An online survey was sent to 68 healthcare students who had returned from a break in study and semi-structured interviews were conducted with six nursing students. Quantitative data were analysed descriptively and interview data were analysed using reflexive thematic analysis.

Results: Health-related reasons, family responsibilities, academic pressures and life transitions were the main factors influencing students’ decision to take a break. Interview data identified three themes: difficulty reintegrating into the course, emotional wellbeing, and administrative challenges. Students commonly described taking a break in study as a last resort, and reported anxiety about returning and inconsistent communication as reasons that interfered with smooth reintegration.

Conclusions: This study found that taking a break in study is a significant but underexplored aspect of healthcare education, shaped by intersecting personal and institutional pressures.

Implications for practice: Structured, proactive support and clearer communication are needed to improve students’ experiences of returning from a break in study, which may also help reduce attrition.

Key words

Break in study; Healthcare education; Student nurses

Background

The NHS Long Term Workforce Plan 2023 appears to be failing, with the number of students starting on nursing courses declining by 6.7% over the past 4 years, and over half of student nurses considering quitting (Royal College of Nursing, 2024). Approximately 30% of nursing students leave their programme before graduating (Georgieva, 2024). One unreported factor potentially influencing student attrition is the decision to take a break in study, which is a voluntary decision to temporarily suspend studies. Importantly, mental health difficulties such as anxiety, depression and burnout are increasingly recognised as key contributors to both nursing student attrition and decisions to temporarily withdraw from study. Universities use various terms to describe this process, such as interruption of study or suspension of study (Royal College of Nursing, 2024).

Luckett (2024) found that mental health was the dominant factor influencing students' decision, and emphasised that higher education institution should introduce support packages for this population of students. While a break in study may function as a protective strategy to alleviate periods of acute stress and promote psychophysical wellbeing, when primarily driven by unresolved mental health difficulties, it may also increase the risk of permanent withdrawal, further exacerbating workforce shortages within mental health nursing (Latino et al, 2025). However, students who return after a break may bring valuable lived experience of vulnerability, support and recovery, potentially enhancing empathic, recovery-focused nursing practice (Thompson et al, 2025).

Anecdotal evidence suggests that choosing to take a break in study is difficult for students (West and Bond, 2024). Lecturers often support students through this decision, which has significant financial implications, as students cannot access grants during their break and will graduate later than expected. Moreover, situations that could lead to students taking a break, such as long-term health conditions, often do not resolve within the given timeframe, highlighting the importance of providing additional support (Universities and Colleges Admissions Service, 2023).

Reintegrating into the nursing programme after a break in studies can present challenges but also opportunities for good practice. Although little literature focuses on this demographic, existing research indicates that nursing students feel a sense of belonging when staff builds and maintains a relationship when they are on a break (LeBlanc, 2021 and Levett-Jones et al, 2009). This sense of belonging, which includes feelings of being valued, included and accepted at the university, leads to higher academic engagement and achievement. On the other hand, a deterioration of staff-student relationships during a break in study can negatively impact nursing students' sense of belonging. Health Education England (2020) found that interventions aimed at improving student retention, such as buddy schemes and preceptorship support, can significantly enhance student experiences and reduce attrition. The benefit of targeted interventions was demonstrated in a recent study evaluating a returners' programme at Northumbria University, which included resilience workshops, creative activities and academic skills development. Of the 135 students who had taken a break in studies, 67 returned successfully to their programmes, highlighting the potential impact of structured and personalised support (Hill et al, 2024).

For students returning from a break in study, one of the challenges they face is the potential 'knowledge gap' that develops during their time away (Luckett, 2024). A study of mathematics students at the Open University in the UK found that students who took a break

were ‘rusty’ in foundational areas needed for subsequent modules (Kawasaki, 2022). Similarly, nursing students build their knowledge progressively, and a break may undermine essential skills and understanding. Implementing a structured, self-led revision programme could help students refresh their knowledge and ease their reintegration into the course.

This study aimed to explore the experiences of students in the school of health and social care at Sheffield Hallam University who have taken a break in study. The research questions the study aimed to answer are:

- What is the incidence of students taking a break in study?
- What are the reasons for taking a break in study?
- What are the experiences of students returning to study following a break?

Methods

Study design

This study used a mixed-methods design to explore the factors contributing to students taking a break in study, and their experiences on returning to university. Data were collected between September 2023 and July 2025. A combination of quantitative and qualitative data collection techniques were used to ensure a comprehensive understanding of students’ perspectives on taking a break. By integrating these methods, the study aimed to uncover not only the reasons behind taking a break in study but also how students experienced and navigated their return to education.

Ethical approval

Ethical approval for this study was granted by Sheffield Hallam University (ER60554152 and ER62020491). All participants received a detailed participant information sheet outlining the purpose of the research, what participation involved, how their data would be used, and their right to withdraw at any point without consequence. Informed consent was obtained before data collection and participants were reminded that their responses would remain confidential and anonymised in any report. However, for the purposes of the voucher participants were asked to email a specific email address. Participants were given a £15 Amazon voucher as a reward for their time. All data were securely stored in line with data protection regulations and the university’s research governance policies.

Participants

Purposive sampling was used to recruit participants who had taken a break in study in the academic year 2023-24 and returned to the university in the year 2024–25. Email addresses were obtained through the university’s student records. From a total student population of 8000 students, 843 students had taken a break in study, and of this population, 313 were identified as having returned from their break and were invited to participate in study.

Data collection

Quantitative data was collected through an online survey designed using Qualtrics and was designed with input from students at the university. The survey included multiple choice and open-ended questions to gather information on the incidence of break in study, reasons for taking a break and students' initial experiences upon their return (Appendix A). The survey link was distributed via email to the 313 students from the school of health and social care.

Subsequently, six nursing students volunteered for semi-structured interviews to explore their perspectives in greater depth. The interview focused on students' reasons for taking a break in study, challenges during their time away, and their transition back into study. An interview guide was used to ensure consistency across participants while allowing for flexibility. Interviews were conducted either face-to-face or via video conferencing based on participant preferences. A total of six nursing students participated in the interviews.

Attention was paid to the potentially sensitive nature of discussing personal academic challenges and experiences of returning to study. Therefore, the interview process was designed to be supportive, with participants given the option to pause or stop at any time. There was an option of either in person or online interviews to ensure flexibility.

Data analysis

Survey data were analysed using Statistical Package for Social Science version 31 to identify patterns and trends in student responses. Reflexive thematic analysis as outlined by [Braun and Clarke \(2022\)](#) was used for qualitative data.

Results

A total of 90 responses were received in the survey, which were then subjected to data cleaning. Following the removal of 22 incomplete responses from an initial sample of 90, the final sample comprised 68 participants. Among these, nursing students emerged as the largest subgroup in the survey dataset (24 out of 68). [Table 1](#) shows participants' demographic characteristics.

Table 1. Participant demographics

Characteristic	Category	Number of Students <i>n</i> =68 (%)
Gender	Female	58 (85.3)
	Male	9 (13.2)
	Prefer not to say/Other	1 (1.5)
Age	18-24	34 (50.0)
	25-34	25 (36.8)
	35 and over	9 (13.2)
Ethnicity	White	52 (76.5)
	Pakistani	1(1.5)
	Indian	1 (1.5)

	African	7(10.3)
	Mixed/Multiple ethnicities	7 (10.3)
Disability	Yes	25 (36.8)
	No	24 (61.6)
Learning Contract	Yes	27 (39.7)
	No	40 (58.8)

Survey data revealed four main reasons for taking a break in study: health-related reasons, family and maternity leave, academic factors and life transitions ([Table 2](#)).

Table 2. Reported reasons for taking a break in study among students

Reported reason for break in study	Number of Students <i>n</i>=68 (%)	Percentage %
Health related reasons (including mental and physical health)	22	32.3
Family and maternity leave (caregiving, parental leave)	23	33.8
Academic factors (workload, lack of support)	12	17.6
Life transitions (relationship breakdowns, relocations, financial difficulties)	10	14.7

Experiences around returning were explored in the semi-structured interviews with nursing students from all fields, with three themes interpreted: difficulty reintegrating into the course, emotional wellbeing and administrative challenges.

Difficulty reintegrating into the course

Difficulty reintegrating into the course was a prominent experience for students returning from a break in study. Many felt that academic content had progressed rapidly in their absence, leaving them struggling to catch up and regain confidence in their learning:

“It was hard to get back to the rhythm of things ...” (Student in adult nursing).

Adjusting to the academic pace was further described as overwhelming, particularly where previous study routines had been disrupted:

“I’d lost my study routine when I was off, so coming back into such a fast-paced environment felt overwhelming and hard to manage.” (Student paramedic).

A student felt there was a gap in communication, which contributed to feelings of uncertainty about where to seek support:

“It felt like stepping into a void — I had no connection with lecturers or peers.” (Student mental health nurse 1).

These sample quotes highlight how reintegration was not just an academic challenge but also a relational one. The students may have relied on asking questions to their peers but having taken a break didn't have the connections from their previous cohort.

Emotional wellbeing

Emotional wellbeing strongly influenced students' experiences of taking a break in study and their experiences returning to the course. Many participants described a reluctance to interrupt their studies, viewing a break not as a supportive choice but as a last resort when emotional wellbeing became unmanageable:

“I didn't want to take a break in study, but it felt like my only choice. I didn't know what other options I had to keep going with my studies.” (Student mental health nurse 1).

Alongside this, anxiety about returning was pervasive, with concerns around academic performance and the possibility of further setbacks:

“I was worried that I wouldn't be able to keep up and that I'd fail again.” (Student mental health nurse 2).

Concerns about academic performance were also closely linked to health difficulties that prompted the break in study:

“I had severe health problems at the time (the break in study), and my anxiety needed space to stabilise before I could even think about returning to my studies.” (Student mental health nurse 3).

Administrative challenges

Participants frequently described administrative processes as unclear and time consuming, reporting that they spent significant time pursuing responses to queries rather than focusing on returning to their course:

“I spent time chasing emails than studying, no one seemed to have the answers” (Student mental health nurse 1).

“Simple things like getting access to the module site took weeks, and I didn't know who to chase” (Student in adult nurse)

However, some felt that communication was timely and coherent:

“After a few queries, I got clear instructions and more consistent updates, this helped in September when I came back to the course.” (Student adult nurse).

Some students reported feeling supported, noting that clear instructions and regular updates helped them navigate processes more confidently and re-engage with their learning. Taken together, these accounts suggest that administrative processes were experienced as barriers while effective support enabled a seamless return to study,

Discussion

The key finding of this study is that healthcare students take breaks in study in significant numbers. Students took breaks from studying for various reasons including health issues, academic factors and familial concerns. These findings align with Heublein's (2014) drop-out theory, which proposes that student disengagement is influenced by pre-entry factors such as educational background, and situational factors such as finances during study (Chan et al, 2024). Mental health was also a recurring theme, with students stating that issues such as anxiety and depression needed time to stabilise and manage. This response is reflected in literature recording the rise of mental health disorders among university students ([Office for Students, 2023](#)).

There appears to be a tension within nursing education, with the pressure to have robust assessment methods vs the health service needing more nurses to graduate to fill vacancies (Sheikoleslami et al, 2025). This rigour seems to result in a high rate of students needing to take a break in study, with several students discussing academic or placement work as the reason for making this decision. The qualitative interviews revealed that students often framed their break in study as a last resort but felt it was the only option available at that time. Thus it is important to understand how to support students who wish to continue studying. Recent calls to reduce required placement hours for student nurses from 2300 to 1800 have highlighted concerns about the intensity of current training demands (Hunter, 2023). If these changes are implemented, they have the potential to alleviate pressure on students and may contribute to a reduction in the number of breaks in study.

Students' experiences of returning to the course varied. While some participants described the return process as clearly communicated, others encountered practical difficulties, particularly in being assigned the appropriate module sites. These challenges were especially pronounced for students studying online. In their study of online nurse education, Suliman et al (2021) examined factors influencing student engagement and satisfaction and found that unclear communication, limited academic accessibility and technological barriers were associated with increased stress and reduced sense of connection. The difficulties reported in the present study mirror these findings, suggesting that administrative and communication processes may disproportionately affect distance learners. This is significant given that many online advanced care practice routes are undertaken online to enable access to those who may be working full time. Thus, if administrative challenges are unaddressed, they could potentially compound pressures related to workload and wellbeing.

Implications for practice

To support students to better integrate and re-engage after returning from a break in study, the authors recommend more proactive and structured support systems, including outreach from academic tutors, reintegration meetings and access to peer support networks. Flexibility in programme delivery, such as part-time options or hybrid learning formats can also help students with different needs.

Currently, Sheffield Hallam is developing a resource that would act as a decision aid for students returning to study. The return-to-study resource is designed to normalise reintegration difficulties, identify unhelpful beliefs and promote positive help-seeking

behaviours. It is being co-produced with students who have returned from a break, aiming to address the challenges identified in this study.

Future studies could also examine the attainment of students following their break in study, and whether specific demographic factors such as age or ethnicity plays a role in their likelihood of taking a break. Universities should record reliable data to aid with these studies. Education institutions should also assess course demands in the second and final year if there is a high rate of break in study and conduct re-entry interviews to ensure that students have the right support to continue their education. Targeted wellbeing interventions for returning students who may be experiencing challenges can also aid with better re-engagement with their courses.

Limitations

The study was conducted at one university in the UK, thus findings may not be transferable, and further research is needed to replicate the results in different contexts. Additionally, the university does not routinely collect detailed information about breaks in study, such as the duration of time away, which may be a factor influencing students' experiences on return. The time spent away from study could affect reintegration, and this lack of data limits the ability to explore such relationships.

The survey also achieved a low response rate of 18%, which introduces the possibility of non-response bias. Students with particularly strong or atypical experiences may have been more likely to respond, which could limit the representativeness of the findings. Furthermore, only six interviews were conducted, restricting the transferability of the results (Stalmeijer et al, 2024). However, the study generated rich and meaningful data that offers valuable insight into the experiences of returning students. Moreover, the first author, who was the primary researcher, is a lecturer in mental health nursing within the university, which could have influenced the interviews and introduced bias. To mitigate this, the researcher did not interview students known to them, ensuring there was no academic authority over participants.

Conclusions

Breaks in study are often overlooked transitions in a healthcare student's academic journey. This mixed-methods study highlights that there is a need for relational support for returning students, which has the potential to improve their experience. As the nursing profession faces growing pressures, rethinking the ways of supporting and communicating with students taking a break in study could be a positive step in reducing the attrition rate.

Key points

- Students taking a break in study is a significant issue but there is currently limited literature about this group. One recommendation is that University's begin to collect data on this student group.
- Many returning students are reluctant to take a break in study but do so for a variety of reasons including health, family responsibility and life transitions.

- Early, proactive interventions from higher education institutes would be beneficial for returning students

Reflective questions

- When is a student who needs to take a break in study identified?
- Who maintains contact with students on a break in study? Is this proactive or purely administrative?
- How does your higher education institution currently assess readiness to return beyond paperwork?
- What information would be supportive for a returning student to have and how can this be communicated effectively?

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Appendix A. Survey questions

Awareness and decision-making

1. How did you find out about the option to take a BIS?
2. How did you find the process of applying to take a BIS?
3. What was your reason for taking a BIS?

During the break

6. Where was your main residence during your time away from university?
8. Was this the same or different as your main residence while at university?
9. What did you do during your time away from the university?
10. Were you contacted by the university during your BIS?
11. . Do you feel as though the contact you received from the university during your BIS met your needs?
12. Would you have liked guidance and support during your BIS?
13. What guidance and support would you have liked?

Returning to study

14. How useful has a BIS been for you?
15. Please let us know the reason for your answer.
16. Did you feel prepared for your return to university?
17. How did you find it socially coming back onto the course?
18. How did you find it academically returning to your course?
19. What support did you receive on your return to study?
20. How satisfied were you with the support you received?
21. Is there anything that the university could have done differently to improve the experience?
22. What did you wish you had known before you had taken a BIS?
23. Do you have any additional comments related to your BIS?

Demographic information

24. What gender do you identify as?
26. What is your age?
27. What is your ethnicity?
29. What is your highest level of education before your current course at Sheffield Hallam University?
31. Do you consider yourself to have a disability?
32. Do you have a learning contract?
33. What year of university are you in?
34. What course are you on?