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Working towards widening participation in nurse education

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Abstract

The widening participation agenda has particular significance for worldwide nursing since it is a profession which is under increasing scrutiny in its recruitment and retention practices. Debate about this agenda within nurse education is strengthened by careful scrutiny of the research within the wider context of Higher Education, some of which challenges commonly held assumptions. This paper examines 4 areas of relevance to the UK widening participation agenda: disability, ethnicity, socioeconomic status and family responsibilities. Taken together, they indicate that nurse education operates within a particularly complex context with some important implications for the future design of pre-registration programmes. These complexities should be debated in depth by educational commissioners and providers, in tandem with regulatory bodies.

Key Phrases:

Widening participation is a policy adopted internationally which seeks to include students from diverse backgrounds who are under-represented within the student body at universities (Hinton-Smith, 2012).

UK nursing has a reasonably good tradition of social inclusion although evidence exists that improvements towards this goal is challenging as layers of disadvantage exist within the student body (NMC,2014; RCN,2008).

The research evidence about recruitment and retention for students from non-traditional backgrounds indicates that there are complex considerations to be made by those who contribute to nursing programmes.

Mode of prior preparation for pre-registration nursing, length of study, and contextual teaching practices for students from widening participation backgrounds are areas which are under-debated in the profession.

These deliberations should include students, practitioners, commissioning bodies, educators and regulatory bodies.

Key words:

Nursing, Education, Widening participation, Disability, Ethnic Group, Socio-economic Group,

Conflict of Interest:

None

Background.

The widening participation agenda is an international phenomenon which aims to ensure that university education is inclusive, and targets those who are educationally disadvantaged (Dawson et al, 2013; Graham, 2013). Students with disability, those from ethnically diverse backgrounds and students from socio-economic IV and V are less likely to attend university than their peers, and (when taking prior achievements into account) are less likely to do well than their peers (National Equality Panel/ NEP, 2010; Equality Challenge Unit /ECU, 2014)¹. Nursing and Midwifery Council / NMC (2014)¹ and RCN (2008) figures suggest that this is likely to be a significant population of the nursing workforce and represent a large challenge for nurse education. The current emphasis on widening participation (WP), value for money and retention in nursing (and other health care professions) means that it is particularly important to understand the needs of these students and to engage in practices and structures that are found to be useful (Kaehne et al., 2014). Discourse analysis of university prospectuses show that the WP agenda and its impact on nurse education is also likely to be increasingly challenging as there is now greater emphases on academic attainment in the university sector as a whole (Graham, 2013).

Widening Participation Issues in Nurse Education.

Disability

Nationally, HEIs currently have only 6.7% students with disability, indicating large problems in access and participation arrangements (Rickinson,2010), given that 16% of working age adults have a disability (DWP, 2014). In the professions, students with disability are subject to further constraints to access: medicine, dentistry and veterinary science include only 4% students with disability and subjects allied to medicine 6%, whereas Engineering and Technical have 6%, Law 4% and Education 6.4% (HESA, 2014). It is interesting that the profile is slightly different in registered nurses: NMC (2014) shows 16% of registrants who disclosed their status said that they had a disability (equivalent to 10% all registrants), which is closer to the proportion of working age adults with disability. Interestingly, figures of between 3-14% have been cited as estimates of the prevalence of dyslexia in nursing (RCN,2007; RCN, 2010), as compared with 15% prevalence in the general population (BDA, 2014). Since dyslexia only represents 66% of those with specific learning disability, nursing appears to be successful in attracting these students, particularly as under-diagnosis of specific learning difficulties is thought to be an important issue in the profession (Singleton, 1999; Morris and Turnbull, 2007).

Disclosure of disability is known to be problematic in the workplace due to stigma and fear of discrimination (ECU, 2014). Crowther and Sayce (2013) identified myriad problems for people with disability in gaining appropriate levels of employment support, concluding that government policies in the UK have so far proved to be unsuccessful in enabling successful integration into the workplace. This is a theme which is repeated in the research in clinical practice learning in nursing for people with dyslexia (Millward et al, 2005; Tee et al, 2010; Sanderson-Mann et al, 2012), with additional layers of complexity added by the need to preserve patient safety and assess practice competence in ways which do not reinforce disadvantage to this group of students. Many of these authors discuss the real and positive impacts that individuals with SpLD² may bring to the profession, citing creativity in problem solving, comprehension, oral skills, self-awareness and ability

¹ It is important to acknowledge that all statistics about disability, socio-economic background and ethnicity are subject to methodological problems. For example, NMC (2014) reports that over half of registrants declined to answer questions on ethnicity and disability, whilst The NEP (2010) measures social groupings in several different ways to try and overcome expert disagreement about how to measure socio-economic status.

² Specific Learning Difference

to develop compensatory strategies, work hard and show determination. Further, RCN (2010) argues that students with SpLD often have a particularly caring and compassionate nature, although they often do not discuss their disability in a positive way (Morris and Turnbull, 2006).

Despite these positive trends, a systematic review of students with disability in Higher Education Institutions (HEIs) in the UK discovered that student experience, continuation rates, final degree classification and postgraduate registration is lower for these students in comparison with the overall population (Rickinson, 2010), and this is an area for future working (Health Education England, 2014). Given the shift to degree level education (NMC, 2010), funding changes in the UK (Health Education Funding Council for England (HEFCE), student loans, Disabled Student Allowance) and legislative changes (The Equality Act, 2010) achieving a high quality of nurse education for those with disability is likely to be an increasing challenge.

Ethnicity

In the NMC (2014) report, 22% of registrants who gave information on ethnicity declared a BME³ backgrounds (7% total registrants) as compared with 14% population in England and Wales (Runnymede Trust, 2012) and 20% student population (Devas, 2011). Prymachuk et al (2009) use data obtained in one university nursing department over 4 years, showing that recruitment practices remained stable and were largely representative for ethnicity. Although this gives helpful context about recruitment practices in pre-registration nursing in England and Wales, evidence is incomplete about whether there is representative recruitment in the sector.

What is known is that there is an attainment issue for BME students when compared with their other students. Undergraduate academic performance is around 16% lower, although the gap is decreasing (ECU, 2014). Current BME population trends (Runnymede Trust, 2012) show that ethnicity in nursing is also likely to increase, and this, together with the ongoing need to address differential attainment levels, is likely to further increase diversity and the need for inclusive teaching within nurse education.

Harris et al (2012) also found that BME nurses also had less employment opportunities immediately after qualification, and raised the possibility that this may be linked to lower knowledge and skills, including ability at interview. This raises further challenges to nurse educators seeking to promote equality in their programmes.

Socio-economic Considerations

There are major challenges for recruitment from lower socio-economic groups in the university population as a whole, with fewer students accessing university programmes (National Equality Panel, 2010; Sutton Trust, 2010; Business, Information and Skills, 2012). However, nursing has a better history of recruiting higher proportions from this population to its student body (Meerabeau, 2006). There are likely to be complex underlying reasons for this, but one reason may be the widespread acceptance of non-traditional educational routes (Watson et al, 2005). Rising recruitment difficulties to nursing (Lynn and Redman, 2005; Delucas, 2014), and the influence of NHS bursaries in a sector in which student debt is a major feature (RCN, 2008) is also likely to have an effect on the overall profile of student nursing today.

Differential costs to universities of the WP agenda remain largely unacknowledged (Boxall et al, 2002; Harrison and Hatt, 2012), with universities created post 1992 thought to experience higher costs as they tend to be less selective than their older counterparts and recruit from disadvantaged student groups. This is despite the introduction of incentives to all universities to reduce social inequality (Ross, 2013). Nursing is likely to be subject to higher expenses as it is heavily represented in the post 1992 universities and draws more from lower socio-economic groups than most professions (Meerabeau, 2006).

³ Black and Minority Ethnicity

The RCN (2008) conducted an online survey for nursing students (n=4500) and found that 2% respondents were receiving benefits in 2008, whilst 62% had considered leaving their courses for financial reasons. The presence of an NHS bursary and absence of student tuition fees in nursing means that it is harder to reach the threshold for university student hardship funds which support the WP agenda. A large majority of student nurses (88%) say that they would find financial advisory services useful in universities, with large proportions taking part-time employment to supplement incomes (RCN, 2008). This is known to decrease performance at university (Salamonson et al, 2006).

Family Responsibilities

Further layers of disadvantage exist: nursing has more students with family responsibilities (7% have caring responsibilities) which is also associated with a decreased attainment in HEIs (RCN, 2008). Family responsibilities tend to have a negative impact on student retention particularly if flexibility and support mechanisms are not in place, and differentials in provision of support exists across the HEI sector (Thomas 2002; Wray et al, 2012). These reports show there is an inequality in university applications from those with family or caring responsibilities: fewer apply than their peers. Counterbalancing this is evidence that students from non-traditional backgrounds who enter nursing and complete their studies report that support from family and friends is an important factor contributing to their success (McEndry et al, 2014).

Discussion.

Ross (2013) argues that it is vital that the nursing profession reflects the social and cultural diversity in the UK in order to benefit the wider health economy. The Department of Health (2010) argued that this improves patients safety, respect within the workforce for diversity and service design. Despite this, studies indicate that educational disadvantage is difficult to ameliorate, although some progress has been made in terms of retention, academic performance, and reduction in student financial anxiety levels (Harrison and Hatt, 2012).

Glasper (2010) argues that widening access routes to nursing through foundation degrees and access courses, though well established, have the potential to create retention issues on undergraduate degree programmes. The research evidence about this assertion is not yet clear. Reddy and Moores (2008) compared students recruited via 1 year foundation courses⁴ with those from access courses for health related professions. They discovered that the progression and retention rates for those from access courses, rather than foundation courses were better preparation for undergraduate study, ensuring better rates of completion. Wintrup et al (2012) studied one foundation degree in health and social care in England and showed that students with disability, those who had non-A level entry and those from ethnic minority groups completed these degrees more frequently and had better subsequent progression to full undergraduate study. However, disappointingly, only 30% of successful students chose to commence undergraduate or diploma level studies in the health professions.

Pathways into undergraduate study are often varied, but Wintrup et al (2012) found that diverse grade requirements were also unevenly applied in the transition from foundation degrees into undergraduate study. In this study, different points of entry onto undergraduate programmes (Years 2 or 3) were also offered. Student interviews also showed some tensions existed between employer workforce planning and career aspirations, resulting in unpredictable trajectories through higher education which often did not involve future careers in health care.

⁴ Foundation courses are less circumscribed than foundation degrees, which usually require 2 years full time study, equivalent to 2/3rds of an undergraduate degree programme. Access courses are not usually run from Higher Education Institutions, but by other providers, and are vocational qualifications studied as alternatives to A levels /Scottish Highers.

This evidence about foundation degrees and access courses is still too partial to be sure about the success of these models and their ability to offer students maximum opportunity for success. Early signs are that they have potential to address inequality in opportunity for those who have disability, are of ethnic minority, and who have non-A level entry qualifications when they operate in tandem with traditional 3 year undergraduate study.

Accelerated study routes were first created in 1960 in the USA for graduates who enter undergraduate nursing programmes (Zeihm et al, 2011), and have gradually spread throughout Europe, North America and Australia. Relatively little research exists about accelerated study options in nursing (Neill, 2012), although there is some evidence that graduate entrants have been able to attain professional knowledge and understanding more quickly (Everett et al, 2013). There is, however, evidence that their clinical reasoning and skills at qualification may be less advanced than their peers (Weitzel and McCahon, 2008), although this is thought to be overcome within the first year (Zeihm et al, 2011). Accelerated nursing accessed via bachelor's degrees are said to result in student experience of elevated stress levels coupled with high workload intensity (Neill, 2012). However, little is known about whether accreditation of prior learning to those with foundation degrees provokes similar stress and workload issues if accelerated routes are subsequently adopted by students studying pre-registration nursing. Evidence does exist that WP students are more likely to drop out of their first year of study on foundation degrees (Wintrup et al, 2012). Those with lower qualifications on entry into standard length bachelor's degrees on health care programmes also have higher rates of initial failure at first year examinations, but they did recover in subsequent attempts and ultimately performed as well as other students (Hammond et al, 2011). Perhaps inevitably, there is concern that accelerated routes within nursing for foundation degree graduates will result in increased retention problems and decreased student experience, although this may not necessarily be the case as many of these students have already overcome significant disadvantage and developed greater resilience. Taken together, this research evidence indicates that entry and progression to a variety of programmes for nursing students may be best considered on a case by case basis, with commissioning which flexibly accommodates diversity.

Macleod Clarke (2008) raised the prospect of nurse education returning to a tiered provision of registered and "assistant nurses" which may address concerns about academic standards, academic staff time, student experience and workforce demands. However, the evidence about widened participation demonstrates that other alternatives, such as part time study, or lessened emphasis on accelerated routes, may offer additional potential to address issues which may be raised by the widening participation agenda.

Implications for Research.

Research studies demonstrate that nursing has a good history of recruitment to the WP agenda, but also retention problems in the profession which are sometimes linked to this (Wray et al, 2012). Thomas (2002) challenges this commonly held assumption, since the highest levels of withdrawals from university in England took place before expansion in the student population with wider recruitment practices. It is possible that there are different recruitment practices across the HEI sector (Graham, 2013), increased emphasis on retention within the profession (Crombie et al, 2013), good inclusive practice in placements (Crombie et al, 2013) or other unknown factors. These are areas for future research.

Nurse educators who seek to provide for all students are experiencing recruitment issues to the profession (Jinks et al, 2014). Population trends, together with the global nursing shortage (Delucas, 2014), form a picture of a profession which will be particularly challenged now and in future. Increased diversity in the classroom, wider access to vocational training & more diverse entry routes are all areas which will act as drivers to promote innovative teaching practice (Allan et al, 2013). However, nurse educators and other HEI staff do not commonly know which students are from WP backgrounds, nor did that knowledge tailor their learning and teaching practices (Allan et al, 2013). This suggests that nurse educators may need better infrastructure to support development towards strategic WP goals. An exploration of what works best in

which circumstance is a complex area for educational practice and research, but nonetheless vital in securing progress towards the WP agenda.

The length of nursing programmes across the UK and beyond varies considerably and is thought to be related to different commissioning patterns (Neill, 2012; Young et al, 2014). The research reviewed in this paper suggests that WP students who study on foundation degrees may be additionally challenged by accelerated study routes into nursing. Four year part-time pre-registration nursing programmes which combine employment as a health care assistant with study have been successfully demonstrated as fit for purpose (Draper et al, 2014). These may offer an attractive option for those who experience socio-economic disadvantage or who may be concerned about maximising future employment opportunity. Further research is needed to determine what effects length of study and part-time routes have on recruitment, retention and student experience for WP students.

Conclusions

WP poses many challenges to nurse educators, although data from the nursing register suggests that some of these hurdles may have been overcome (NMC, 2014). It is difficult to isolate particular educational practice as contributing to this positive history because there is little evidence available about what activity improves retention, recruitment and subsequent employment opportunities for students who are identified as disadvantaged. National research is currently underway to discover this (Health Education North West, 2015). Existing patterns of commissioning are based on a paucity of research about the influence of different modes of study prior to becoming a student nurse or subsequent student experience. Decisions about how to optimise successful completion for non-traditional entrants and minimise resource expenditure are likely to remain debatable whilst this persists.

It is vital to engage in further debate about widening participation with reference to the available research. This will achieve a secure future for a more diverse profession, capable of offering maximum benefit for patient care.

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