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# Cadets and nursing students: same destination – different route

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## **ABSTRACT**

**Background:** In response to the policy initiatives in England to secure recruitment and retention in the nursing and midwifery professions, strategies to improve and extend access to pre-registration education and training in England have been developed. The relatively recent development of modern cadet schemes is an example of such a strategy. Despite the increasing interest in and proliferation of cadet schemes, there is as yet little evidence for their effectiveness. Reporting on an evaluation of a scheme in England, this paper makes some contribution to this evidence.

**Aims and objectives:** The project explored former nurse cadets' experiences of the cadet scheme nine months after their transition to nurse education. The aims of the project were to evaluate the extent to which former cadets and university staff considered the scheme to prepare students effectively for access to university nurse education.

**Methods:** The first cohort of former cadets entered nurse education in September 2000. After nine months they were invited to contribute to an evaluation of the cadet scheme and their present experience. The evaluation consisted of a structured questionnaire sent to all the former cadets, a focus group interview with the former cadets, informal discussion with university staff and brief documentary analysis.

**Conclusion:** Tensions were apparent between the worlds of education and clinical practice: the cadets felt better prepared clinically than academically and found an element of repetition in the nursing programme. The cadets valued their

preparation which they felt put them at an advantage over other nursing students. However, some of the cadets experienced difficulties in the transition to higher education and further review is therefore required to establish the success of cadet schemes.

**Key words:** cadets, nursing, student nurses, widening access.

## **INTRODUCTION**

Combining theoretical instruction and practice placements, cadet schemes are designed to provide a widened access route into the health care professions (predominantly nursing) for those without the necessary traditional entry qualifications. Despite a resurgence in the popularity of nurse cadet schemes in England, there is as yet sparse information concerning the effectiveness of these schemes in preparing candidates for nurse education. This paper reports on an exploration of the experience of a cohort of former nurse cadets, following their transition to Higher Education in England. The paper first discusses the development of these modern nurse cadet schemes, prior to describing the method for the evaluation. The former cadets' experience is then discussed and recommendations identified. Whilst the findings of the research reported here are not necessarily generalisable, the paper concludes by suggesting some principles which other cadet schemes and their partner universities may find helpful.

### **History**

Cadet entry to nursing is not a new concept in the United Kingdom (UK). From the 1950s to the 1970s cadet courses were common in the UK, often managed locally by hospital management committees with no official approval or monitoring from a national body (Hulme 1989). Reporting on one of the early cadet schemes Hulme (1989) reports that attrition was generally very low with the vast majority of cadets entering nurse education or other courses allied to nursing. Despite the apparent success of these schemes, during the late 1970s they were discontinued.

However in the late 1990s the rebirth of cadet schemes in England occurred with Sandwell Healthcare NHS Trust starting the first ‘modern’ scheme in 1997 (Clifford and Wildman 1999). With the policy initiatives around securing recruitment and retention, strengthening the health professions and the *NHS Plan* (DoH 1998, 1999, 2000a, 2000b), cadet schemes - predominantly in nursing - have proliferated. Early in 2001 there were 50 schemes across the country (DoH 2001, Genders and Lockley 2001) with approximately 800 students. The *NHS Plan* has made a commitment to increase this number to 2000 over the next 3 years (DoH 2000a) and it is in this context therefore that the modern cadet schemes have developed.

### **Modern Cadet Schemes**

As a response to continuing shortages of nurses in the UK, the recent drive to promote the development of cadet schemes forms part of the strategy to improve and extend access to pre-registration education and training (DoH 1999, UKCC 1999) and the retention of nurses in the workforce (DoH 2000c). In the context of a global shortage of nurses (Kingma 2001, Wickett and McCutcheon 2002) these are issues also challenging other countries (Chan and Morrison 2000, Kyrkebo *et al* 2002, Wickett and McCutcheon 2002). *Making a Difference* (DoH 1999) outlined the strategy to recruit more nurses, midwives and health visitors. Part of this strategy included a commitment to introducing more flexible pathways into (and through) nurse education, thereby encouraging wider recruitment into the profession from groups including those without traditional qualifications and those under-represented in the UK National Health Service (NHS).

This widening participation initiative has continued to occupy a central part

of recent Higher Education policy in England (HEFCE 2001). Health Service Circular (*HSC*) 1999/219 required the NHS Education Purchasing Consortia to ‘facilitate the development and potential expansion of such schemes’ (HSC 1999/219: p10) and identified a framework for this development and expansion. This framework proposed that each locally developed scheme should:

- Ensure the scheme clearly links with local workforce development plans and future commissioning
- Have strong links with local schools, job centres, career centres
- Have clear selection criteria
- Have a structured induction
- Be a training programme of up to 2 years in length
- Lead to achievement of entry qualifications required for entry to pre-registration nursing, midwifery or other health professional programmes
- Take into account individuals' existing skills
- Offer exit points for those unable/unwilling to enter pre-registration programmes
- Have a range of placements within the host organisation
- Have preferential places for cadets on pre-registration programmes at local partner Higher Education Institutions (HEIs)
- Continue links with ‘old’ cadets once they have begun their pre-registration education

The majority of schemes prepare cadets for entry into nurse education, although a small number are multidisciplinary. Most of the new schemes

are up to 2 years in length and lead to the achievement of a recognised qualification for entry into a pre-registration programme. Most commonly this is a National Vocational Qualification (NVQ). NVQs are common within the further education sector and reflect a vocational and competence based approach, designed 'to make education and training more responsive to employer needs' (Grundy 2001: 261). NVQ level 3 is a recognised entry qualification for pre-registration nurse education. The schemes combine theoretical learning and clinical experience within the host NHS Trust. Accreditation of the schemes is most commonly provided by a local Further Education College, a local University or, if the Trust is an NVQ accredited centre, by the Training Department within the Trust.

The schemes contribute to recruitment and retention initiatives in a number of ways. First, their local nature forms part of a recruitment strategy designed to reflect local cultural diversity and to widen access to other under-represented groups. Second, schemes provide opportunities for prospective entrants to pre-registration education to learn about working in the NHS and provide insight into future career opportunities whilst receiving remuneration. Third, cadet schemes are seen as part of the fast track route to pre-registration education.

The cadets receive a salary or training allowance, depending on the type of scheme. The funding sources vary but include Modern Apprenticeship and New Deal programmes, Learning and Skills Councils (previously Training and Enterprise Councils), the Further Education Funding Council, NHS Workforce Confederations and NHS Trusts themselves.

## **Characteristics of cadet schemes**

As schemes have predominantly developed in response to local needs there is therefore considerable variation across the country. Data about the schemes are currently collected through NHS Regional Offices, although there does not appear to be a complete and detailed national picture. In the context of establishing the feasibility of a local nurse cadet scheme in Suffolk and in the absence of a national picture, Taylor *et al.* (2001:17) conducted a national survey to scope the cadet schemes in England and concluded that:

‘the term 'nurse cadet' does not indicate any particular standard. There are differing entry criteria, age criteria, outcomes, funding, amounts of theory and practice...there are clearly a number of areas where some national standards would be appropriate, whilst allowing for local needs. The diversity is apparent in several domains.’

## **Recruitment and entry qualifications**

There is a range of entry qualifications (DoH 2001, Taylor *et al.* 2001), ranging from no minimum entry requirements to 5 General Certificates of Secondary Education (GCSE) or above (already an accepted entry qualification into pre-registration programmes). Most schemes target younger people although this is not exclusive. Eighty two percent (n=28) of the Trusts responding to Taylor *et al.*'s (2001) national survey indicated an age requirement, ranging from 16-24, and 18% (n=6) indicated no age specification.

### **Duration and qualification outcomes**

The majority of schemes are up to 2 years in length and lead to an NVQ level 3 in Care. Some schemes award NVQ in Customer Care and others combine multiple awards (Taylor *et al.* 2001). A small number of schemes do not work toward NVQ but consider value in students attaining a more rigorous academic award. For example Edwards *et al.* (2000) have developed a scheme in Norfolk where cadets achieve a Business and Technology Education Council (BTEC) national diploma in health studies (considered equivalent to two “A” levels: the standard English school leaving qualification after 7 years of secondary school).

Some schemes also provide ‘stepping off’ points for those who do not complete the scheme which can include lower level NVQs, with some Trusts providing employment for these individuals as health care assistants.

### **Structure of the scheme**

Although there is great variation in the exact configuration of theory and practice, all the schemes combine theoretical ‘classroom’ learning and clinical experience gained across a range of placements within the NHS Trust. The majority of schemes have an induction programme followed by a rolling programme of clinical placements and study days. NVQ Assessors working in the clinical areas support, mentor and assess the cadets. For example, the scheme familiar to the present authors consists of a two week induction followed by a 16 week ‘term’ of 4 days clinical placement and 1 theoretical study day per week. This pattern is then repeated over the duration of the course, with students gaining clinical experience in a range

of settings. This model was also the model most frequently identified by Taylor *et al.* (2001). With respect to the respective balance between theory and practice, evaluation of the Sandwell scheme indicated that cadets report clinical placements as the most rewarding aspect of the programme (Clifford and Wildman 1999).

### **Transition to Higher Education**

*HSC 1999/219* requires that there should be ‘preferential status for places, or interviews for a place, on a pre-registration nursing or midwifery education programme at the local HEI on successful completion of the initial training programme’ (p18). Practice with respect to this currently varies. Some schemes have arrangements whereby places are automatically reserved for successful cadets, others have guaranteed interviews with local HEIs whilst some appear to have no arrangements (Taylor *et al.* 2001). Similar diversity was identified in an audit of cadet schemes within the Northern and Yorkshire Region (NHSE 2000). Of the 10 schemes identified within the Region at that time, 4 had reserved places on pre-registration programmes (2 of which included possible advanced standing into a Branch Programme: the final two years of the nursing programme), 3 had guaranteed interviews at local HEIs, 2 were currently in discussion about access to HEIs and one had no preferential status. Additionally some of the cadets may be seconded by their ‘home’ Trust, an approach adopted in England whereby local Trusts recruit and retain students as qualified nurses.

In the context of ensuring an increased number of qualified nurses, midwives and health visitors and the emphasis on greater flexibility in pre-registration programmes (DoH 1999), many HEIs have recently redeveloped pre-registration programmes capable of enabling Accreditation of Prior Learning (APL), either experiential or certificated. The development of competency based outcomes for entry to Branch (UKCC 1999) and the continued development of competency based NVQs in the Further Education sector has led to the mapping of these competencies within many of the new pre-registration programmes. Through the process of APL it is therefore possible for students entering pre-registration courses to gain exemption from some or all of the Common Foundation Programme (the first year of the nursing programme), thereby 'fast tracking' directly into the Branch programme. Those institutions currently operating this significant fast track route frequently provide bridging courses or 'enrichment programmes' (Genders and Lockley 2001) to fill the 'gaps in between'.

## **Conclusion**

What is clear from the above is that there is considerable variation across the country in the types of schemes in operation. In the conclusion to the report of their national survey Taylor *et al.* (2001: 19) write:

'At a national level there is clearly a need to standardise some of the many variations in cadet schemes so that the public at least has some understanding of what a nurse cadet is and what cadetship means. The diversity at the current time is of concern particularly as the legal issue, funding issues, entry requirements and outcomes are so diverse.'

Despite the increasing interest in and proliferation of cadet schemes, there is a dearth of published literature on the topic. Furthermore, although the recent survey by Taylor *et al.* (2001) has made a significant contribution to the knowledge of cadet schemes across the country, there is as yet no rigorous empirical and generalisable national evaluation. However, the Department of Health has recently commissioned such an evaluation which began in April 2002. It is in this context that the present evaluation was conducted.

## **METHOD**

### **The evaluation**

The purpose of the evaluation was to determine the extent to which the students and university staff considered that a cadet scheme effectively prepared the students for access to nurse education at the university.

Out of the 12 cadets who began the cadet course in April 1999, 11 entered nurse education at the university in September 2000. The evaluation was conducted in the summer of 2001 and it was therefore considered that almost one year into their Diploma Programme, this first cohort were in an ideal position to make an assessment of the extent to which the cadet scheme had prepared them for entry to nurse education. After an early departure the sample size for this study was 10. The evaluation consisted of a number of components: a). a structured questionnaire sent to all the former cadets, b). a focus group interview with the former cadets, c). informal discussion with academic staff in the university School of Nursing directly involved in the student's programme and d). brief documentary analysis of

the student's records. Approval to undertake the evaluation was granted by the University Ethic's Committee. The former cadets completed the questionnaires voluntarily and they all gave their consent to take part in the focus group interview.

### **The questionnaire**

A questionnaire was developed to inquire of the former cadets their experience in the university, how it compared with their expectations and how their previous experience as a cadet prepared them for academic study and clinical experience. These domains were set out under 11 questions each accompanied by a 4 point Likert response scale: 'A lot', 'A little', 'Not much' and 'Not at all'. The questions are shown in Table 1. This questionnaire was sent to each of the former cadets (n=10) accompanied by a covering letter inviting them to take part in the study and ensuring confidentiality and anonymity. Seven questionnaires were returned (70% response rate) and descriptive analysis was undertaken by hand.

### **Focus group interview**

All the former cadets were invited to attend a focus group the purpose of which was to explore in more detail the domains on the questionnaire. All ten of the students attended and with their permission the interview was tape recorded and subsequently transcribed verbatim. Analysis of these data was undertaken by hand.

## **RESULTS**

### **Questionnaire analysis**

From these responses it can be seen that more of the students felt clinically as opposed to academically prepared for the transition to Higher Education, with slightly more perceived clinical repetition than academic (Table 1).

Their lack of academic preparedness was also a major element of discussion in the focus group interview. Despite already having an identity as a group when they entered nurse training, all of the former cadets felt completely accepted by their peers, although their enjoyment of the course was quite low. Acceptance by clinical staff was also rated highly although acceptance by academic staff was rated much lower. All of them felt settled in the clinical environment and all of them intended to remain in nursing once they were qualified. Many of these issues were also discussed by the students in the focus group.

### **Focus Group analysis**

Following verbatim transcription, the transcript was analysed and a number of key themes identified:

- Sense of being special
- Clinical 'hands'
- Repetition
- Academic skills

Each of these themes is discussed below and where appropriate illustrated with examples from the focus group interview transcript.

### *Sense of being special*

In talking about their experience as cadets, the students frequently mentioned how they felt a sense of being special within the Trust. The cadet scheme was seen as an innovative project within the Trust, initiated and supported by members of the Trust Board. At the onset of the project, funding was secure for one intake only and so those involved in the scheme were keen to ensure its success and therefore its continued funding. As the first cohort of cadets on this scheme, the students felt they were treated in a special way, in both the clinical and academic arenas. When on placement in acute wards within the Trust, the former cadets felt clinical staff acting as their mentors were extremely supportive and attentive to their needs. The students contrasted this with their experience of mentoring as student nurses, which on the whole was not positive. In the classroom setting the students reported that they enjoyed the small group learning that was afforded by such a small cohort. Again this was frequently contrasted with the different approach they were now experiencing within the university. All of these issues transpired to make the students feel they were receiving considerable attention and subsequently they felt that as cadets they were extremely well supported. Once again they distinguished between this 'high level support' received as cadets and the perceived inadequate support they were now receiving. One cadet described it thus:

It was different when we were cadets. There was fewer of us and I seem to have absorbed it a lot better than I have on this course. Yes I did. As a cadet I got more support.

### *Clinical 'hands'*

Many of the students talked about the development of their clinical skills. Gaining possession of clinical skills was highly valued and was seen as integral to their progression and standing as a cadet nurse. The configuration of theory and practice meant that the cadets were on clinical placement for considerable periods of time, which therefore enabled this acquisition of clinical skills as did the competency based nature of the NVQ. The cadets reported that possession of clinical skills made them feel more confident in the clinical environment. One cadet commented on how, sometimes, they had been shown things that more senior student nurses had not been shown:

When we were on clinical placements, I think there is something wrong somewhere, because I can remember as a cadet I was being shown how to catheterise somebody and there was a second year student on the ward that had never come across it and stuff like that...you are definitely more confident when you go onto the wards.

The former cadets seemed to regard clinical skills as a form of currency, which provided them with a demonstrable contribution to the nursing work within the clinical environment. The students sought to increase their acquisition and competence of these clinical skills in order to gain a form of stature within the nursing team:

I think when you go on the ward now we are classed as first year students and they say 'Oh what year are you in?' and you say 'First' but really...we

could say we are in our third year because we have had a lot of experience. They say 'Oh, you're only in your first year' and they expect you not to be able to do anything and then they are surprised when we just get on.

It is clear from their discussions within the focus group that the scheme provided the students with a raft of skills and an appreciation of the wider clinical environment that made them more confident on clinical placement as student nurses. The former cadets had a deeper appreciation therefore of the realities of clinical nursing and the impact this might have on a neophyte student. One cadet said:

I mean there are some students who have never done care work before and they are just put on the ward and they have not got a clue.

### *Repetition*

A strong theme emerging from the cadets' discussion was the perceived clinical and theoretical repetition, now they were undertaking their nurse education. Many of them reported that they were repeating material they had already covered within the cadet scheme. One cadet said:

I think when they were planning the cadet course they should have compared it to the Common Foundation Programme so that there was not all this repetition and once we have completed the cadetship we should be able to go straight into Branch and I think we would have been able to make more progress from then, instead of taking a step backwards and repeating all this.

However, this view was not shared by all the cadets:

No, I don't think we should have gone straight into Branch because some of our NVQs were...rushed by people at the College to get us here and some people didn't do as much work on their NVQs as others.

The apparent repetition, particularly the learning of clinical skills, resulted in general low morale amongst the students, as they felt disappointed with their first year of nurse education:

It's like the skills we learnt on the wards we have to put to the back of our minds until it comes along in this part of the course.

Another student also expressed how she felt she was not 'progressing':

I am just doing what I was doing as a cadet which is just mucking in with the other nurses. I feel as if I am not progressing as a student. You end up just doing the same thing and I think all of a sudden I will get to be in the third year and I'm not going to know what I'm doing.

However, although most of the former cadets complained that there was significant repetition in the Common Foundation Programme, discussion with the academic staff and brief analysis of the students' files indicated that a significant number of them were struggling with the academic requirements of the course. So despite feeling that repetition was a concern

it was clear that many were challenged by the academic rigour of the Diploma.

### *Academic skills*

Many of the cadets were challenged by the assignments they were now required to complete as student nurses and found essays and examinations extremely difficult. One student said:

Half these assignments I don't know why we do them. There must be some reason for us to do them but they don't teach us to be nurses. Yes, there is a lot that should be optional.

One of the cadets described how she felt the marking standards on the cadet scheme and the Diploma were very different:

We've just got one that has to be in in August and its just like gone over my head...but them essays that X did, I don't think she marked them to the standard that they do here. I got higher marks as a cadet than I do here.

Although a member of staff from the School of Nursing had led a session on academic writing towards the end of their cadetship, all the former cadets called for more preparation concerning academic writing prior to cadets entering Higher Education. Brief analysis of the students' files indicated a higher than average academic failure at the first attempt indicating that the students were indeed finding the transition to first year university study extremely challenging. So despite some of the former cadets expressing a

desire to enter directly into the Branch Programme, their difficulty with academic work raises many concerns.

## **DISCUSSION**

This informal exploration of the former cadets' experience of the cadet scheme indicated that all of them had enjoyed the course. On the whole they felt it was well planned and provided them with invaluable skills and insights into the realities of clinical nursing. They felt their experience as cadets placed them at an advantage to other students, especially those who had no previous caring experience.

However, approximately half of the cohort had experienced difficulties with the transition to higher education, in particular with the expectations of academic performance. The pre-registration programme was more challenging than they had anticipated and there were a higher number of academic failures and sickness days within this group compared to the rest of the cohort. There were also a significant number of the former cadets who had received university warnings for unsuitable behaviour.

Therefore, although the students reported satisfaction with their experience on the cadet scheme, it would appear that significant additional preparation is required in order to enable the cadets' effective transition to Higher Education, a point also identified in the Sandwell evaluation (Clifford and Wildman 1999). It is therefore recommended that the close working between the School of Nursing and the cadet scheme continues, with respect to School of Nursing involvement in:

- The short listing of cadet candidates
- The pre-selection event
- The interviewing of cadet candidates
- Quarterly progress reports
- Formal review on completion of the cadet scheme

It is clear that the students valued the clinical preparation the cadetship afforded but required more academic preparation. In addition to preparing 'cadet practitioners' the cadet scheme should also prepare 'cadet academics', an approach inherent within Access to Higher Education (AHEAD) Programmes provided by local colleges of Further Education. It is therefore recommended that a stronger element of academic preparation be incorporated into the cadet scheme. The School of Nursing should work more closely with the Trust to provide a significant systematic and detailed programme of preparation for transition to Higher Education in the last six months of the cadet scheme. This programme should include information not only on academic writing (see for example Whitehead 2002) but expectations of the students' professional behaviour.

In contrast to their struggles with academic work, the students placed great emphasis on their acquisition of clinical skills and the increased confidence this created. This is a major function of the modern nurse cadet schemes, therefore it is not surprising that this emphasis on clinical skills in order to 'get the job done' was a significant theme. However, whilst their cadetship is designed to provide them with a 'taster' of clinical experience it is not designed to equip them with competence in nursing skills. Some of the

former cadets lacked insight in this respect and appeared not to appreciate the value of the additional theoretical learning they were undertaking within higher education to underpin their previous knowledge. Whilst they undoubtedly did experience some degree of repetition the higher level theoretical foundations they were receiving as student nurses were clearly not recognised by some. It is recommended that this principle be strongly reinforced to future nurse cadets prior to them entering higher education.

If these students experience difficulties adjusting to the demands of academic scholarship within Common Foundation Programme, it can be suggested that these difficulties are likely to be compounded if cadets are accelerated directly into Branch Programmes. Although some of them expressed the desire for direct entry to Branch, the evidence from this evaluation questions this practice. Providing these students with advanced standing in the programme would not only place undue pressure on them but is also likely to lead to higher attrition rates, which is the antithesis of cadet schemes. It is therefore recommended that cadets regard the cadet scheme as a preparation for rather than a 'fast track' route into nurse education.

The clinical skills learned as cadets were highly valued not only by the former cadets themselves but also by the clinical staff. It can be suggested that these apparent skills provided the cadets with immediate 'currency' in the clinical areas: possession of the skills meant that they themselves felt useful and part of the clinical team and the apparent endorsement by clinical staff underscored this further. This discussion of clinical skill development

and their desire to be seen as a valued member of the ward team, presents the potential for tension between their roles as learners and 'workers'. The formative work of Melia (1987) offers considerable insight into this occupational socialisation of nurses and the implications this might have for cadet nurses. Melia described how student nurses experience a tension between education and service:

'An idealised version is promoted by the college, whereas the staff providing the service on the hospital wards practise a rather more pragmatic form of nursing. The college presents what we might call the 'professional' version of nursing, whereas on the wards more of a 'workload' approach was taken.' (Melia 1987: p162)

Students therefore have to negotiate the different worlds of service and education and develop strategies to 'come to terms with the two versions of nursing, each with its own rationality and its own structural constraints' (Melia 1987: p164). These strategies revolved around 'fitting in' and 'getting the work done'. Despite two major changes in the organisation of nurse education in England since Melia's work (Project 2000 and *Making a Difference*) students in the 21<sup>st</sup> century remain exposed to the often different worlds of education and service. However, of interest is whether the increasing emphasis on partnership working, widening access and earlier and longer practice experience (espoused in *Making a Difference*) will alter the nature of the tensions between the two aspects of education and service thereby exerting influence on the occupational socialisation process. It is therefore recommended that former cadets, clinical colleagues and academic

staff are informed of the potential challenges facing students as a result of the tensions between the education and service segments.

## **CONCLUSION**

This exploration has provided a useful insight into the experiences of the first cohort of students completing the cadet scheme. It has identified a number of recommendations, which if implemented would enhance the experience of future cadets. By its very nature the evaluation has been small and it is therefore recommended that a further and more detailed evaluation take place to more rigorously evaluate the impact of the scheme. This subsequent evaluation with a different cohort of cadets should involve:

- matched comparison with nursing students who have not participated in a cadet scheme
- a longer time frame to explore progress and resilience of cadets
- the structured contributions of clinical and academic colleagues

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## **CONTRIBUTIONS**

Study design JD & RW; data collection and analysis JD; preparation of manuscript JD & RW.

## REFERENCES

Chan E-Y., Morrison P. (2000) Factors influencing the retention and turnover intentions of registered nurses in a Singapore hospital. *Nursing and Health Sciences* 2 (2), 113-121.

Clifford C., Wildman S. (1999) *Evaluation of Nursing Cadet Scheme at Sandwell Healthcare NHS Trust Interim Report (1)*. NHSE, London

DoH (1998) *Working Together: securing a quality workforce for the NHS* Department of Health, London.

DoH (1999) *Making a Difference* Department of Health, London.

DoH (2000a) *The NHS Plan* Department of Health, London.

DoH (2000b) *Meeting the Challenge: A Strategy for the Allied Health Professions* Department of Health, London.

DoH (2000c) *Recruiting and Retaining Nurses, Midwives and Health Visitors in the NHS: A progress report* Department of Health, London.

DoH (2001) *National Seminar on Cadet Schemes: Discussion paper* National Seminar on Cadet Schemes, Richmond House, London, 22<sup>nd</sup> March.

Edwards C., Stamp M., Boyle, A., Coomber M., Guyon K. (2000) Make the grade. *Nursing Standard* **14** (46), 14-15.

Genders, N. Lockley, K. (2001) Nursing cadet courses *Nursing Standard* **16** (9) 40-42

Higher Education Funding Council for England (HEFCE) (2001) *Strategies for Widening Participation in Higher Education A Guide to Practice*. Report 01/36. HEFCE, London.

Hulme, M. (1989) A peep into the past. *Nursing Times* **85**(21), 60-61.

Kingma M. (2001) Nursing migration: global treasure hunt or disaster-in-the-making? *Nursing Inquiry* **8** (4), 205-212.

Kyrkjebo JM., Mekki TE., Hanestad BR. (2002) Nursing education in Norway. *Journal of Advanced Nursing* **38** (3), 296-302.

Melia, K. (1987) *Learning and working: the occupational socialisation of nurses* Tavistock, London.

Taylor J., Fell C., Day N. (2001) *A study to explore the feasibility of a nurse cadet scheme in West Suffolk* West Suffolk Hospitals NHS Trust, Bury St Edmunds.

UKCC (1999) *Fitness for Practice* United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London.

Wickett D., McCutcheon H. (2002) Issues of qualification assessment for nurses in a global market. *Nurse Education Today* **22**, 44-52.

Whitehead D. (2002) The academic writing experiences of a group of student nurses: a phenomenological study. *Journal of Advanced Nursing* **38** (5), 498-506.

Table 1

Students' responses to the questionnaire developed for the present study

		A lot	A little	Not much	Not at all
1	When you began the Diploma in Nursing course, how well prepared academically were you?	3	4		
2	When you began the Diploma in Nursing course, how well prepared clinically were you?	6	1		
3	How well are you enjoying the course?	2	3	2	
4	How have you settled into your cohort group in the University?	6	1		
5	How well accepted by your peers do you feel?	7			
6	How well accepted by academic staff do you feel?	2	4	1	
7	How much theoretical repetition have you found since starting the course?	4	3		
8	How well have you settled into the wards?	7			
9	How well accepted by clinical staff do you feel?	6	1		
10	How much clinical repetition have you found since starting the course?	5	2		
11	How keen are you to remain in nursing when you have completed the course?	7			