Widening participation in pre-registration education in the United Kingdom - alumni and employer accounts of a unique part-time supported open learning route

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Introduction
This study explored the impact of The Open University’s (OU) pre-registration nursing programme (PRNP) on students’ employability, career progression and its contribution to developing the nursing workforce across the United Kingdom (UK). The PRNP is the only part-time supported open learning programme in the UK leading to registration as a nurse. It was first approved by the Nursing and Midwifery Council (the UK regulatory body for nursing and midwifery) in 2002 and at the time of writing 942 students have successfully completed the four year programme and registered as either adult or mental health nurses. Purposefully designed for healthcare support workers (HCSWs) who are sponsored by their employers, the programme promotes widening participation in higher education (HE) and enables employers to invest in and develop their healthcare support workforce. Partnership working between the university, employers and education commissioners is crucial to its success.

A number of previous projects have explored particular aspects of the OU’s PRNP including the transition from student to staff nurse (Draper et al., 2010), the role of the practice tutor (McDonagh et al., 2010) and the development of emotional resilience (Brigham and Smith, 2008). There has been no investigation however of students who have completed the OU PRNP, their rate of career progression or their fitness for purpose and practise at the point of registration.

There is an expanding literature base exploring transition from student to newly qualified nurse (NQN). However, this literature contains few studies that specifically investigate the experiences of student nurses who were also employed HCSWs. Relatively little is therefore known about the impact of previous experience as a HCSW on the experience of transition, employability skills and career progression.

The project is also timely in relation to UK policy across both the HE and health sectors. In HE, there is current emphasis on widening participation (HEFCE, 2010), employability and adopting more flexible approaches to learning, including eLearning (JISC, 2008) and open supported learning. In the health sector, the considerable investment in nurse education, particularly at a time of
financial austerity, means that pre-registration nursing programmes are subject to intense scrutiny with regard to their impact (RCN, 2012). Recent high profile cases in England of poor standards of nursing care (Francis, 2013) have fuelled further debate concerning the extent to which nurse education produces nurses who are fit for practise at the point of registration (Clark and Holmes, 2007; Francis, 2013).

Given the OU’s unique approach to practice-based professional learning (PBPL) in nursing – reflective of its institutional mission ‘to be open to people, places, methods and ideas’ (OU, 2012) – the overarching aim of this project was to identify the perceived impact of the PRNP with reference to employability, career progression and workforce development. Funded internally by the Pro-Vice Chancellor for Teaching and Learning, the objectives of the project were to:

- Examine alumni and employer experiences of the programme
- Investigate perspectives on how the programme prepares students to be fit for practise at the point of registration
- Identify career progression trajectories following completion of the programme
- Examine employer views on the contribution of the PRNP to their workforce development plans
- Feedback project findings into future developments of the programme to the benefit of all stakeholders involved
- Provide scholarship development opportunities for colleagues in order to grow capacity and capability.

**Methods**

*Recruitment and selection*

The intention was to identify a sample of approximately 50 interviewees (two thirds ex-students/alumni and one third employers). Criteria for inclusion for alumni were that they were previous nursing students of the OU PRNP with a minimum of 2 years’ post-qualification experience. Inclusion criteria for employers were those who had taken responsibility for sponsoring OU PRNP students and employing them as newly qualified nurses.
Three geographical areas were identified for the selection of potential participants (South West of England, Yorkshire and the Humber and Northern Ireland). All alumni who had commenced the PRNP in 2003, 2004 and 2005 received a letter of invitation to participate (n=142), including an information sheet and a statement of informed consent. A poor initial response from alumni prompted distribution of a reminder letter in an attempt to increase recruitment. On receipt of completed consent forms (n=25), participants were contacted to arrange a convenient time for the interview. A number of alumni did not respond to these requests and a total of 17 alumni was finally recruited, across both fields of adult and mental health practice. A similar process was adopted to recruit employers (n=23), with nine responses received and seven employers eventually recruited.

**Data collection**

Individual telephone interviews were undertaken by two of the team (RB and JR) to assure consistency of interview approach. RB, based in the South West of England, undertook interviews of participants located in Yorkshire and Ireland.

JR, based in Yorkshire, undertook interviews of participants in the South West. ‘Swapping’ regions in this way eliminated the potential of either interviewer having past knowledge of either alumni or employers in their region.

The interview questions were informed by initial findings from the literature, the tacit knowledge of the project team and consultation with the advisory group. Aspects of inquiry included:

- the programme’s ‘grow your own’ contribution to workforce development
- career progression trajectories following completion of the programme
- the perceived opportunities for career progression following completion of the programme and how these compare with more traditional approaches to nurse education
- employer views on the contribution of the programme to their workforce development plans.

Interviews took place over the telephone, were digitally recorded and then transcribed verbatim prior to undertaking content data analysis. Four overarching themes were identified: *Transition, Expectations, Learning for and in practice* and *Flexibility.*
Findings

Transition
The transition to NQN status featured strongly across all the alumni accounts. Within these accounts a number of different transitions were identified – HCSW to student, student to NQN and then beyond the immediate transition to NQN.

HCSW to student
The model of the programme means that the student’s place of employment as a HCSW is most often their ‘hub’ practice base as a student. This means that orientation is not needed as the student is familiar with the environment. The student is also already known to their mentor so that learning needs are more readily identified. The knowledge and experience the students brought to their programme, as a result of being HCSWs, were highly valued by those in the workplace and were regarded as an excellent foundation for developing greater depths of understanding and skilled practice. However their dual roles as students and HCSWs also posed challenges in that sometimes their student status was not always acknowledged. This generated role dissonance in some students as they strived to be a student whilst also maintaining effective working relationships with peers and managers.

Student to NQN
As a result of the support provided to students through the employer and university partnerships, student achievement was very positively reported by both alumni and employers. The final part of the programme was particularly valued for how it enabled students to ‘hit the ground running’ and employers felt the students very successfully achieved the attributes of a confident and competent registered practitioner.

However, there were also some challenges associated with this transition, including their acceptance as a NQN by colleagues and the jealousy of peers:

‘... it can be hard for people to accept you as a staff nurse, they sometimes treated me as an HCA [health care assistant] and it took me a while to prove that I was a staff nurse now and to be treated that way.’
This sometimes meant that participants felt in a state of limbo, having neither a sense of belonging as a HCSW or as a registered nurse.

**Consolidating qualified practice**

Although preceptorship\(^1\) is known to support the transition to qualified practitioner (see for example, Robinson and Griffiths, 2009), alumni reported that the experience of preceptorship during the first months after qualifying was extremely variable. Despite this, the transition was successfully achieved with one manager reporting:

‘... and so I’ve seen her go from admin assistant to qualified nurse, it’s so nice to see’

Beyond the immediate transition to NQN, most of the alumni were able to describe their career aspirations and the actions they had taken to realise these including completing further study (clinical courses, mentor preparation, degrees) and changing work location to gain different clinical experience. Some alumni had already achieved promotion.

**Expectations**

Alumni knew at the outset of their studies that the distance learning approach to the programme was different. However, although they all commented on the high quality of their learning experience, many initially expected more face-to-face contact with tutors and other students. They also expressed surprise at the workload which was far greater than initially anticipated. Whilst they identified the greater flexibility of the programme as a key factor in their decision to embark on pre-registration nurse education, it was certainly not regarded by either alumni or employers as a less demanding route to registered practice. Indeed, alumni perceived the OU PRNP to be harder than traditional programmes as it required a greater degree of self-direction and self-management. In turn, employers highlighted these skills as particular strengths of the programme as they promoted the development of alumni leadership skills.

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\(^1\) In some countries preceptorship means the mentorship of student nurses but in the UK it refers to the support of newly qualified practitioners.
Alumni also reported that more was expected of them than students with no previous healthcare experience. Furthermore, some alumni reported that their expectations of being accepted as students (and then eventually NQNs) were on occasions challenged by the perceived hostile reaction of other HCSWs who had previously been their peers. For other alumni this was not the case and they reported receiving support as both students and registered nurses. Employers acknowledged there could be challenges associated with role transition but they were clear about the requirements of the programme and felt that students were very well prepared for professional practice.

**Learning for and in practice**

Within this theme, alumni spoke of the importance of having a good mentor, who understood the programme and who could provide them with an appropriate range of learning opportunities. Many of them had since become mentors themselves and were now committed to passing on their knowledge and skills to the next generation of nurses. The unique model of the programme and the dual role that students occupy sometimes meant that alumni felt they were treated differently than other students, with clinical areas expecting more of them. A particular example was one student who, in her HCSW role, was able to perform phlebotomy but was not able to do so as a student or indeed as a NQN.

Employers recognised that students were largely familiar with the areas in which they worked which reduced the need for induction and orientation and maximised the opportunities for learning in practice. But some of the alumni reported that working in their ‘home’ environment, particularly if this occurred on the final management module, created challenges amongst their peers as working relationships changed. Most of them were able to work through these changes and establish new relationships with colleagues.

Both alumni and employers spoke of the rigorous nature of the OU programme and the way in which HCSWs are valued and developed across the programme. Of particular mention from employers was the rigorous application of biology to practice. This was of interest as throughout the life of the programme students have consistently evaluated the biology component as difficult. With respect to clinical skill development, the alumni reported that staff often assumed they had a high level of skill development due to their previous HCSW experience. Despite
this, some of the alumni reported they would have liked a more systematic approach to practical skills training, rather than assume that the practice environments would be teaching these skills.

**Flexibility**

The flexibility of this model of pre-registration nurse education featured significantly in both alumni and employer accounts.

In keeping with the OU’s commitment to widening participation, the OU admission criteria are set at the minimum required by the NMC. This means that HCSWs not eligible to enter traditional pre-registration nurse education are offered an alternative route to achieving their goal:

“Well, it gives people the opportunity to enter the nursing profession who wouldn’t normally have had that opportunity … people who may have gone to secondary modern schools in the 1960s or ’70s may not have had access to the school examinations … and so this is an opportunity to prove to themselves that they should have had that opportunity.’ (Employer)

There was significant value placed on this ‘open access’ and both alumni and employers reported how the pastoral, academic and practice support provided during the programme secured academic and professional success, leading to students being fit for employment and who are able to progress in their careers.

Alumni and employers also spoke about the financial flexibility afforded by the programme. Students are sponsored on the programme and remain employed as HCSWs for the duration of the four-year programme. Most applicants to the programme are older, with caring responsibilities and can be the sole wage-earner for the family. Continuing in employment whilst studying therefore provided both financial security whilst on the programme and job security on completion.

“It meant that I had a fulltime income coming in as well, which for a lot of people that makes a big difference. …I would have struggled to do it over four years with just a bursary.’ (Alumni)

Employer responses also identified the influence of the financial model on employees considering the OU programme as a viable option and that students could ‘earn as they learned’. One employer commented that with the changes in
funding of higher education, the OU route could become increasingly attractive to the younger generation:

‘...we are getting younger people who may have gone through school examinations but who have not gone to university ... it gives them the opportunity to go to university and not accrue debt and to learn whilst working and I think this is a wonderful opportunity for younger people.’

(Employer)

In addition to the financial flexibility, the open learning pedagogy meant that within the parameters of the programme and protected supernumerary learning in practice, students were free to study at a time, place and pace that suited their lifestyle, home and work commitments.

Conclusion

The data suggest that both employers and previous students of the PRNP were of the view that the programme equipped them well to meet the competencies and expectations of being a qualified practitioner. The flexibility of the programme provided the opportunity for individuals to become a qualified nurse when other more conventional approaches would not have done so. This was highly valued by both alumni and employers. Also of note was the level of confidence that the newly qualified practitioners brought to their role. With respect to career progression, some of the alumni had already achieved promotion and many articulated the plans they had to achieve further career aspirations. In the current political climate in the UK where nurse education is under scrutiny and with government proposals for students to have 12 months prior clinical experience as a HCSW (DH, 2013), the findings from this small scale study suggest that a widening participation model of pre-registration nurse education for employed HCSWs more than adequately prepares them for the realities of professional practice.
References


