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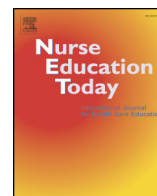
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## 'Ready to hit the ground running': Alumni and employer accounts of a unique part-time distance learning pre-registration nurse education programme

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### SUMMARY

*Background:* This study explored the impact of The Open University's (OU) preregistration nursing programme on students' employability, career progression and its contribution to developing the nursing workforce across the United Kingdom. Designed for healthcare support workers who are sponsored by their employers, the programme is the only part-time supported open/distance learning programme in the UK leading to registration as a nurse. The international literature reveals that relatively little is known about the impact of previous experience as a healthcare support worker on the experience of transition, employability skills and career progression. *Objectives:* To identify alumni and employer views of the perceived impact of the programme on employability, career progression and workforce development.

*Design/method:* A qualitative design using telephone interviews which were digitally recorded, and transcribed verbatim prior to content analysis to identify recurrent themes.

*Settings:* Three geographical areas across the UK.

*Participants:* Alumni (n = 17) and employers (n = 7). Inclusion criterion for alumni was a minimum of two years' post-qualifying experience. Inclusion criteria for employers were those that had responsibility for sponsoring students on the programme and employing them as newly qualified nurses.

*Results:* Four overarching themes were identified: transition, expectations, learning for and in practice, and flexibility.

*Conclusions:* Alumni and employers were of the view that the programme equipped them well to meet the competencies and expectations of being a newly qualified nurse. It provided employers with a flexible route to growing their own workforce and alumni the opportunity to achieve their ambition of becoming a qualified nurse when other more conventional routes would not have been open to them. Some of them had already demonstrated career progression. Generalising results requires caution due to the small, self-selecting sample but findings suggest that a widening participation model of pre-registration nurse education for employed healthcare support workers more than adequately prepares them for the realities of professional practice.

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### Introduction

This study explored the impact of The Open University's<sup>1</sup> (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/distance learning programme in the UK leading to registration as a nurse. First approved by the Nursing and Midwifery

Council (NMC) (the UK regulatory body for nursing and midwifery) in 2002, over 1000 students have successfully completed the four year programme and registered as either adult or mental health nurses. Purposefully designed for healthcare support workers (HCSWs) sponsored by their employers, the programme promotes widening participation in higher education (HE) and enables employers to invest in and develop their support workforce. Partnership working between the university, employers and education commissioners is crucial to its success.

The project is timely in relation to UK policy across both the HE and health sectors. In HE, there is emphasis on widening participation (HEFCE, 2010), employability and flexible approaches to learning, including eLearning (JISC, 2008) and open supported learning. In the health sector, and following the publication in England of a number of reports into poor standards of nursing care (Francis, 2013; Keogh,

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<sup>1</sup> The Open University is a UK-wide university with an international reputation for supported open/distance learning and is founded on a commitment to widening access to higher education.

2013), the education of nurses (RCN, 2012) and support workers (Cavendish, 2013) has come under increasing scrutiny. This has led to a range of initiatives such as national minimum training for HCSWs (Skills for Care/Health, 2013) and pilots of exposure to clinical practice for aspiring pre-registration nursing students (DH, 2103).

In this context the project explored the perceived impact of the OU's unique approach to pre-registration nurse education with particular reference to employability, career progression and workforce development, issues that also have wider international relevance.

## Background/literature

A literature search identified relevant international research. Databases searched were ASSIA, CINAHL and Medline supplemented by searches of a number of journals including *Nurse Education Today*, *Nurse Education in Practice*, *International Journal of Nursing Studies*, *Journal of Advanced Nursing* and the *Journal of Clinical Nursing*. Search terms included 'practice readiness', 'fitness to practise', 'employ nurse qualification', 'promotion' and 'grow staff'. The search identified 37 relevant papers although few studies specifically investigated the experiences of student nurses who were also employed and sponsored HCSWs. Although relatively little is therefore known about the impact of previous experience as a HCSW on the experience of transition, employability skills and career progression, it was possible to identify a number of more general themes.

### Transition to Newly Qualified Nurse

The first theme refers to the experience of the transition to newly qualified nurse (NQN) (Brennan and McSherry, 2007; Mooney, 2007; Newton and McKenna, 2007; Draper et al., 2010; Phillips et al., 2012). Reference was frequently made to 'the reality shock' (Kramer, 1974) or being 'in at the deep end' (Draper et al., 2010) where participants reported increasing anxiety associated with the recognition of their accountability as NQNs. They expressed feeling overwhelmed and, in many instances, ill-prepared to move to NQN roles. Increasing research interest in this transition to NQN in general has led to the development of theoretical frameworks to better understand the nature of the transition (see for example, Duchscher, 2008, 2009). However, there is comparatively little evidence concerning the impact of previous employment as a HCSW on this transition. The limited research available indicates that familiarity with the practice setting (Hasson et al., 2013) eases the transition to NQN (Kenny et al., 2012), enhances decision-making skills and team working (Phillips et al., 2012) and promotes the development of emotional resilience (Brigham and Smith, 2008).

### Fitness to Practise

A second theme concerns the competence of practitioners at the point of registration and there are conflicting views regarding the impact of previous employment experience on students' fitness to practise.

Drawing on another practice-based discipline, an evaluative case study of 36 employment-based social work students (Dunworth, 2007) found that these students had improved knowledge, better social worker skills and demonstrated more reflective practice than traditional social work students. Dunworth (2007) suggests that practice-based learning means practitioners are aware of the complexities of practice and are able to understand and demonstrate confidence in their professional roles.

These findings resonate with those of Phillips et al. (2012) who reviewed students engaged in paid employment in the final year of their undergraduate nursing studies in Australia. Their findings illustrate that, apart from the financial independence associated with employment, participants demonstrated increasing autonomy,

confidence and ease of transition to their registered nurse role. In contrast, Rochford et al. (2009) highlighted the challenges faced by full-time nursing students also engaged in part-time employment, including the negative impact on achievement and performance.

### Practitioner Expectations

The final theme addresses 'practice readiness' and highlights concerns of potential gaps in the readiness of new graduates (Romyn et al., 2009; Wolff et al., 2010). The tension between the urgent needs of service and the time necessary for graduates to make the transition to the role of NQN is widely acknowledged. Wolff et al. (2010) argue that this is a 'key concern of nurses in education, practice and regulatory sectors' and that 'a rapidly changing, ever more complex, healthcare system has contributed to ongoing tensions about the preparation of registered nurses' (p. 187).

The expectation of nurses being 'fit for practise' and able to practise independently and competently is a key theme in the literature (Clark and Holmes, 2007; Danbjorg and Birkelund, 2011; Holland et al., 2010). Although findings differ in the extent to which programmes prepare students to be fit for practise, each identify the importance of support in the period immediately following registration to aid transition and enable growth into the role.

For example, Swallow et al. (2007) reported that students (n = 20) who were both HCSWs and pre-registration nursing students used their familiarity with the workplace to effectively explore practice issues and implement change. These students reflected that they 'had become more assertive and questioning, more disciplined in relation to time management, increasingly independent as learners and very proud of their own development' (p. 144). These attributes are valued by employers and the recognition that such students understand the pressures of practice and their employment setting could easily result in employers believing that such students add extra value to the workforce. However, being both a HCSW and student can present challenges including role confusion (Thomas et al., 2012), replication of learning (Hasson et al., 2013) and lack of recognition of their learning needs (Hasson et al., 2013).

## Methods

Given the OU's unique approach to practice-based professional learning in nursing, 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, 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
- Examine employer views on the contribution of the PRNP to workforce development
- Feedback findings into future programme developments to benefit all stakeholders.

### Recruitment and Selection

Ethical approval was granted by the university and the ethical principles of confidentiality, anonymity and informed consent were upheld throughout the study. Signed consent was obtained and participants reassured that they could withdraw from the study at any stage. The intention was to identify a sample of approximately 50 interviewees (two thirds alumni and one third employers). Inclusion criteria for alumni were a) previous nursing students of the OU PRNP with b) a minimum of two years' post-qualification experience. Inclusion criteria

for employers were those who had taken responsibility for sponsoring OU PRNP students and employing them as NQNs.

Three geographical areas were identified for the selection of potential participants (South West of England, Yorkshire and the Humber and Northern Ireland). All alumni in these regions 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. These cohorts were selected in order to accommodate the length of the programme (four years) and a minimum of two years' qualification. A poor initial response prompted distribution of a reminder letter 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 were finally recruited (16 female and one male), across both fields of adult ( $n = 14$ ) and mental health ( $n = 3$ ) practice; eight students from South West, seven from Yorkshire and the Humber and two from Northern Ireland (age range 32–54, mean = 45.2 years). A similar process was adopted to recruit employers ( $n = 23$ ), with nine responses received and seven employers eventually recruited (two from the South West, four from Yorkshire and the Humber and one from Northern Ireland).

#### Data Collection and Analysis

Individual semi-structured 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 Northern 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 alumni or employers in their region.

Interview questions were informed by the literature, the tacit knowledge of the project team and consultation with the advisory group. Both interviewers used the same interview questions which covered:

- experiences of the programme and the transition to NQN
- career progression trajectories following completion of the programme
- the contribution of the programme to workforce development.

Interviews were digitally recorded and transcribed verbatim prior to undertaking content data analysis. Transcripts were individually read by all members of the project team to identify initial organising categories prior to undertaking a data analysis 'workshop' to agree a collective consensus of recurrent themes. Through this process four overarching themes were identified: *transition, expectations, learning for and in practice and flexibility*.

## Findings and Discussion

### Transition

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

#### HCSW to Student

HCSWs have a recognised role as members of the healthcare team. Adopting a student nurse role requires the HCSW to give up this 'known' role for one which is relatively unknown and, on occasion, it took time for this transition to occur:

*You were working with maybe with one set of skills as a nursing assistant and now you were working as a student nurse.*

[Alumni]

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. Their familiarity with this environment meant that orientation was not needed. Furthermore, as the student is frequently already known to their mentor their learning needs could be more readily identified. However, this also posed challenges as sometimes their student status was not always acknowledged:

*Especially when I was doing my placement in my own clinical area, it was very easy for them to use me as a support worker rather than a student nurse.*

[Alumni]

Conversely, the knowledge and experience 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. One employer said that *'these students are much more ready to question and challenge things in practice'* and another reported that even when the student was working in their HCSW role, they *'are now questioning everything and they are looking at things from a totally different perspective.'*

#### Student to NQN

As a result of the support provided through the employer and university partnerships, student achievement was positively reported by both alumni and employers. Employers felt that all students successfully achieved the attributes of a confident and competent registered practitioner with one employer saying that *'they are fit for purpose, fit for practice and ready to hit the ground running.'*

However, there were also some challenges associated with this transition as a result of their previous status as a HCSW, 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 a HCSW and it took me a while to prove that I was a staff nurse now and to be treated that way.*

[Alumni]

Another alumni said:

*There was quite a lot of resentment from some of the nursing assistants...I had to prove myself and gain respect from people that I had worked with for like 30 years, so it was very difficult.*

[Alumni]

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<sup>2</sup> is known to support the transition to qualified practitioner (see for example, Robinson and Griffiths, 2009), alumni reported that their experience of preceptorship was extremely variable, although this did not appear to impact on their reported confidence and ability.

All were excited at qualifying and spoke of being confident to practise, yet most acknowledged it as a 'scary' time, especially when given the responsibility of being in charge for the first time. One alumnus described this transition as the 'next step on the ladder' and another said that other staff believed that she had been qualified for much longer than she had. An employer said:

*They were very, very prepared...they just seemed to be 'there' much quicker. That four months where you usually have that wobbly bit in the middle, we didn't have that with any of them.*

[Employer]

<sup>2</sup> In some countries preceptorship means the mentorship of student nurses but in the UK it refers to the support of newly qualified practitioners.



The alumni may have been advantaged in their transition to NQN by the wealth of experience associated with their previous and concurrent HCSW employment whilst a student. Although there were some challenges associated with the stages of transition from HCSW to student to registered practice, these transitions were all successfully achieved. Beyond this 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 (for example, clinical courses, mentor preparation, degrees) and changing work location to gain different clinical experiences. 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 the greater flexibility of the programme was 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.

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 regarded these skills as particular strengths of the programme as they promoted the development of alumni management skills:

*...because they had to be self-motivating to do the work and go through the open learning, they were much more focussed and able to gain those extra skills when it came to the management side.*

[Employer]

Alumni also reported that more was expected of them than students with no previous healthcare experience. Furthermore, some reported that their expectations of being accepted as students (and then eventually NQNs) were challenged on occasions 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 also acknowledged that 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

Both alumni and employers spoke of the rigour of the programme. Of particular mention was the application of biology to practice:

*I think the biggest thing I noticed between our training and other universities was the human biology module. We had quite an intense programme...it was a fascinating course which I think put us in quite good stead.*

[Alumni]

This was of interest to the project team as throughout the life of the programme students have reported they found the biology component challenging.

With respect to clinical skills, alumni felt that staff often assumed that they had a high level of skill development due to their previous HCSW experience. Despite this, some reported that they would have liked a more systematic 'hands on' approach to practical skills training, rather than assuming that the practice environments would teach these skills.

Alumni also spoke of the importance of having a good mentor who could facilitate an appropriate range of learning opportunities. Alumni

valued having a mentor who understood the programme, supported them throughout its length and understood practice assessment requirements. In addition because the student was often known to the mentor in their HCSW role, the mentor was well-placed to facilitate access to learning opportunities based on the student's strengths and limitations and their knowledge of the learning opportunities available. Many of the alumni had subsequently become mentors themselves and were keen to pass on their knowledge and skills to future generations of nurses.

The unique model of the programme and the dual role students occupy sometimes meant that alumni felt that they were treated differently than other students, with clinical areas expecting more of them. In many instances this opened up greater access to learning opportunities. However, some mentors did not always recognise their gatekeeping role in facilitating (or not) access to appropriate learning opportunities. Tensions emerged for some students, who found difficulty in achieving supernumerary status and therefore the ability to access learning opportunities in areas where they were known as HCSWs, either because the area was short of staff (and they were expected to work as a HCSW) or because their expertise in an extended role was required in the workplace. A particular example of this 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:

*My mentor was often very good and would fight my corner for me and say look 'she shouldn't be in your numbers'. I could see the unit's side of it sometimes as well as they were struggling for staff, but I did feel a bit torn because they had let me go to do my training so I felt obliged to them as well.*

[Alumni]

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.

#### Flexibility

The flexibility of the programme featured significantly in both alumni and employer accounts. In keeping with the university's commitment to widening participation, the admission criteria are set at the minimum required by the NMC. This means that HCSWs not eligible to enter traditional nurse education due to high entry requirements are offered an alternative route to achieving their ambition, something that was valued by both students and employers:

*It gives people the opportunity to enter the nursing profession who wouldn't normally have had that opportunity...and so this is a chance to prove to themselves that they should have had that opportunity.*

[Employer]

Significant value was placed on this widening access model and both alumni and employers reported how the pastoral, academic and practice support provided promoted their academic and professional success, leading to students being fit for employment and able to progress in their careers:

*I thought I'd never do my training, you know, I always thought I'd end up as a nursing assistant. I still have to pinch myself that I am a qualified nurse and to actually be a Sister is like, well, a dream come true really!*

[Alumni]

Alumni and employers also spoke about the programme's financial flexibility. Students are sponsored and remain employed as HCSWs for the duration of the four-year programme. Most students are older, with caring responsibilities and can often be the sole wage-earner for the family. Continuing in employment whilst studying provides both financial security whilst on the programme and job security on completion. Employers highlighted how this financial model enabled students to 'earn as they learned' and suggested that with changes in the funding of higher education in England this route could become increasingly attractive.

In addition to the financial flexibility, the open/distance 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 life style, home and work commitments.

### Summary

These findings suggest a number of issues relevant to educators and employers supporting employed HCSWs on pre-registration nurse education programmes. Firstly, it is important to actively prepare these students for the transition to qualified practice (McGrath et al., 2012) and forewarn them about the feelings and experiences they may face. Such preparation could be built into the final module on the programme. Secondly, findings reinforce the need for systematic preceptorship that is embedded in organisational structures (Currie and Watts, 2012) and for preceptors to be alert to the particular needs of NQNs who have also been HCSWs. Thirdly, pre-course information can alert students to the realistic demands of the programme, for example tuition models, time requirements, and the self-directive skills required. It could also prepare them for the reaction of other colleagues and suggest strategies for how they might respond. Of particular importance is the need to assist students to deal with the frustrations of pivoting between their student and HCSW roles. Fourthly, the findings highlight the crucial role of mentors in facilitating supportive learning environments in practice, not making assumptions about the level of students' clinical skills, and having a sound understanding of the programme. Positive experiences of mentorship not only have a direct impact on individual students but also encourage a new generation of mentors who are eager and enthusiastic to make a difference.

### Conclusion

The project had a number of limitations. First, it was a small scale with a self-selecting sample and caution must be exercised with respect to generalisation. Second, although telephone interviews enabled data collection across a wide geographical area, face-to-face interviews might have facilitated richer data. Finally, interviewers were internal to the university and it is possible that participants were measured in their responses, only telling us what they thought we wanted to hear.

In the context of these limitations, findings suggest that both employers and previous students of the PRNP felt that the programme well equipped them to meet the competencies and expectations of being a qualified practitioner. It provided the opportunity for individuals to achieve their ambition of becoming 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 NQNs brought to their role. With respect to career progression, some alumni had already achieved promotion and many articulated plans to achieve their career aspirations.

Combining the dual roles of both student and HCSW was not, however, without its challenges, confirming findings by Hasson et al. (2013). Pivoting between roles could cause role confusion (Thomas et al., 2012), leading to unrealistic expectations of other colleagues (Wood, 2006) and difficulties in assuming a student identity (Hasson et al., 2013). With respect to the transition to NQN, alumni's experience

of preceptorship was variable (Robinson and Griffiths, 2009; Higgins et al., 2010; Currie and Watts, 2012) and some reported taking time to adjust to the role of NQN (Duchscher, 2009; Romyn et al., 2009; Feng and Tsai, 2012).

In a political UK climate where there is an emphasis on 'recruiting to values' and government proposals for students to have 12 months' clinical experience as HCSWs (DH, 2013), as well as global concerns about shortages of nurses (Hinsliff-Smith et al., 2012) and retention of the NQN workforce (Urwin et al., 2010), 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.

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