

Diversity, recruitment and retention in nurse education programmes: Catalyst Event Report

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CONTEXT

The nursing profession faces a double dilemma of both recruiting and retaining sufficient nurses from diverse backgrounds to meet the health needs of the population. This challenge has become more complex with the introduction of tuition fees and the UK's imminent departure from the European Union, especially as the current nurse force is aging and there are many unfilled vacancies. Data from the Universities and Colleges Admissions Service (UCAS) showed that by the 15th January deadline for the 2017 cycle there were 23% fewer applicants to nursing from England, and 25% fewer applicants from the EU (excluding the UK) compared to the same time the previous year. Figures released by UCAS in August 2017 that there was a drop of about 8% in the number of students taking up nursing places. These declines in applicants and enrolments follow changes to the funding of nurse education, particularly the ending of bursaries, to be replaced by student loans, and the introduction of tuition fees. At the time of these changes the government promised an additional 10,000 healthcare professionals over the following five years; at the moment it is difficult to see how these numbers will be achieved. Increasing the recruitment and retention of nurses is essential to fill the large number of vacancies for nurses and healthcare professionals more generally.

Aim of the day

Edge Hill University and Bournemouth University organised a 'Catalyst Event' in London on the 19th September 2017 to bring together a range of stakeholders to examine diversity, recruitment and retention in nurse education. We shared our research findings about widening participation in nurse education, and explored the challenges in maintaining the supply of qualified nurses to the health and social care sectors, including the additional evidence that is required to ensure a high-quality nursing profession to meet the needs and safety of patients.

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THE ISSUES

Research to date

We have undertaken:

- A review of literature which found that there is a lack of conceptualisation and focus regarding mechanisms to encourage and support wider diversity of entrant to the profession.
- Interviews with 70 students and recent graduates from NHS-funded programmes.
- A review of institutional strategies to widen participation in health.
- A survey of 806 registered nurses responded to the online survey which sought to explore attitudes towards diversity.

In summary our research has discovered:

- A lack of clarity about what diversity and WP mean in nurse education context, including identification of target groups, recognition of intersectionality, and looking beyond access across the student lifecycle. Tendency to address at a generic level or to focus on a single aspect of diversity, such as race or age.
- A stronger focus on access, and less focus on retention and success in higher education, and progression into and retention in the workplace.
- Limited evidence base about how to expand participation and increase diversity and success, and existing research and interventions focus on what students lack, rather than the richness of what they bring to nurse education.
- Concern amongst existing students and workforce that funding changes will reduce diversity, and particular concern with regards to some WP groups.
- The importance of staff diversity for patient care and wellbeing.

Stakeholder contributors

- Nursing students from Bournemouth University shared with participants their experiences, including what attracted them to study nursing, the challenges experiences, and the factors that have enabled them to be successful. Their stories were engaging and powerful, and reinforced the research findings demonstrating the importance of a passion for nursing, nurtured by exposure to healthcare professionals, the importance of financial support, and the role of family, friends and staff in supporting students to be successful.
- Heather Caudle, Director of Nursing Improvement talked about the focus on ethnicity in nursing, and the need for a wider understanding of diversity, and apply learning and interventions to other aspects of disadvantage. For example, in response to the lack of senior nurses from BME backgrounds, the NHS Leadership Academy has developed a BME leadership programme. Heather Caudle, Director of Nursing Improvement
- Stuart Moore, Health Education England, reiterated that widening participation is a key priority for HEE in order to safeguard the future workforce which should better reflect the communities it serves. He drew attention to the needs of disabled students and staff, and in particular the challenges of accessing and developing a career in health. A workforce disability standard will be launched in 2018, and HEE is looking at supported internships for young people with disabilities. The new WP framework being developed by HEE will focus on the next steps, and in particular longer term, sustainable engagement.

- Helene Fouquet, HEFCE, is responsible for nursing, midwifery and other health programmes funded by HEFCE (under the new financial regime); 5.5% of HEFCE-funded students are in these subjects. These courses are identified as ‘high cost’ and therefore supplementary funding is allocated for healthcare courses to higher education institutions. In addition, as part of the overall £32 million funding HEFCE allocated to Nursing, Midwifery and Allied Health for 2017-18, £8 million was allocated under the Student Premium which is designed to contribute to the work within HEIs which supports retention and success of disadvantaged students. The introduction of fees from £3000 to £9000 resulted in a sharper decline in applications from mature students, and so this raises concerns about mature students applying to and entering nursing, midwifery and health subjects. This has implications for the health professions and also for social mobility, especially as having a degree makes a more positive impact for women than men on earnings. The Student Opportunity team focuses on young participation, in line with the Government’s priorities, but clearly mature students need to be part of the HEFCE strategy.
- Chris Scrase, Office for Fair Access noted that now nursing programmes are included within Access Agreements, so activities, financial support and targets must be included for nursing programmes for access, retention and success and progression to employment. OFFA plans to offer guidance on widening access and success in nursing and healthcare programmes.
- Graeme Atherton, NEON, undertaken a research project ‘Mainstreaming widening participation work in the healthcare sector’, which aims to move from WP initiatives to embedding WP to become sustainable. This consultation found that WP is understood and operationalised differently by stakeholders; there is low indicators of a strategic approach in NHS trusts; and there is strong interest in widening participation amongst professional bodies.
- Val Johnston, Health team, UNISON suggested we do not yet know the full impact of the removal of the bursary in England and the introduction of tuition fees beyond the 6% drop in students registering to study nursing, but anecdotal evidence tells us that the impact will be mainly on students from lower income groups, and black students and mature students are disproportionately represented within this group. UNISON campaigns for a living bursary so that studying for nursing can be truly inclusive. The Workforce Race Equality Standard², introduced in 2015 aims to increase awareness of the difference in experience for Black employees in the NHS, impacting on the efficient and effective running of the NHS, on the health and wellbeing of all staff, and on the care and safety of all patients. The King’s Fund Report, *Making the Difference* notes that there is also evidence of discrimination experienced by many other groups including women, lesbian, gay, bisexual and transgender (LGBT) staff, people with disabilities and religious groups.

² https://www.england.nhs.uk/wp-content/uploads/2017/03/workforce-race-equality-standard-data-report-2016.pdf?tr=true&cdosyl=IWzwBrsq4GXpHsAIPVP34AEZ89W1TM0L1aOzNCmKdiQ1JPdFvj5YIRrijCIIuBf-Ad8RwA4YhYUK_1TrCEi50_26m6mjD_Aw_7gIKv98LxJPNtLiZyDvKHRx7q-4n9Si

GROUP DISCUSSION

During the afternoon those attending the day were asked to identify the strategies that will sustain the nursing workforce, and consider what evidence would be needed to implement these. A world café approach was adopted, and attendees moved around the room and asked to discuss:

- Initiatives for widening **access** to nursing courses
- Initiatives to improve diverse student **retention and completion**
- Initiatives to support diverse student **progression into professional practice**

Finally, the attendees were asked to consider what evidence would be needed to implement these initiatives.

Access

With regards to access to nursing courses the discussion focused on improving an awareness of the career opportunities for nurses and promoting this to a more diverse workforce.

Incentives for mature students such as financial support was highlighted. It was felt that this should start with children at primary school age. They thought that Trusts should provide clearer career pathways for HCA's that would include apprenticeships, and associate nursing roles. There was a recommendation for stronger relationships between universities and NHS Trusts.

There was no mention for incentives for other groups to improve access to nurse education, such as those with disabilities, or men. Or career guidance in Secondary schools.

In response to the evidence required to support these initiatives, it was felt that there should be more information around the costs and benefits of the different funding streams for student nurses. Perhaps consideration of whether an HCA who converts to a nursing degree programme has a long term financial deficit. They also suggested that HCA's should be directed to access nurse education for the apprenticeship route, since this group would already have 'environmental connections'. Recruitment from other care providers such as HCA's from residential settings should also be considered.

Retention and Success

Comments were made around supporting students whilst in practice, from supportive mentors, practice educators and clinical supervision. The competing demands of academic assignments and placement cause additional pressure for students. Peer support from students in the year above in addition to managing student's expectations were suggested as additional factors that could support retention.

In response to the evidence required to support these initiatives it was felt that there was a need to identify the number of hours student work, particularly in placement and including travel time to different placements. With students now paying for their degrees the implications of them working long anti-social hours in a variety of locations may impact upon their ability to do this and undertake part-time work to supplement their incomes.

Unlike other non-health care students, nursing students only have limited holidays which again reduces their ability to supplement their income during the summer.

Other evidence that needs to be collected is the impact of disability on students learning time.

Progression to Professional Practice

Under this theme the subject of the image of nursing as a professional career was discussed. The impact of negative media coverage may prevent students from choosing to work in the NHS when they complete their course. A focus of the discussion was around encouraging

students to see working in the NHS as desirable and possibly the use of incentives to encourage applications was discussed. Highlighting the variety of specialist nursing roles available and the breadth of career opportunities needs to be advertised more widely. The possibility of offering students incentives to work in the NHS was noted, especially in light of the increased student debt that they will incur during the course.

Preparing students for the complexity of working in the NHS was considered, for example encouraging reflexion and developing resilience in the workplace. Also ensuring they have better support, better leaderships and clinical supervision in the workplace.

Stakeholder Priorities

In addition to the group discussion those attending the day were asked to note on post cards 'What needs to be achieved with respect to diversity in recruitment and retention (widening participation) in nurse education programmes?', and then 'Explain why this is a priority'. There was a general consensus that there needs to be unified understanding of the definitions of widening participation, including shared definitions between the NHS and HEI's. This would then help the move towards a more inclusive culture in the workplace, which would recognise the talent of those from a WP background and not the perceived deficits. It was recognised that the workforce should reflect the population that they are caring for, and reflect that diversity. Senior level staff should include diversity and be representative of WP target groups. For this to be achieved the barriers that impact upon the recruitment and retention and career progression of nurses from a WP background needs to be understood. In addition, an understanding of low participation neighbourhoods within organisations could be explored, which can inform local WP strategy.

From recruitment to nurse education perspective some expressed the need of multiple entry routes. This needs to be accompanied by additional support to underpin student success.

NEXT STEPS

Interestingly the discussions during the day very much related to what has been noted in the literature and discovered in our empirical research. Those attending the day recognised that there was a lack of understanding of what WP means, and the potential implications for an individual level, for education providers and for practice. The lack of mutual understanding of WP has resulted in a fragmented and underdeveloped field, in which stakeholders have a narrow understanding of WP, and implement it unilaterally within their own unique context. This points to the need for further research and of how we secure a diverse workforce to mirror and care for a diverse population, in the context of the changes to students funding, an aging population and fewer nurses from Europe.

Moving forward the research team aim to explore how we can secure a diverse nursing workforce that mirrors and cares for a diverse population. Our emergent thinking has identified the following areas of inquiry:

- i. Who is going to look after the ageing population?
- ii. How do we make the nursing workforce reflect the communities they care for?
- iii. What is the impact of changes in student funding on who enters nurse education?
- iv. How can completion rates in nursing be maximised to secure a sufficiently large and diverse workforce to care for a diverse population?
- v. How can nurses from disadvantaged and diverse backgrounds be enabled to be successful in the workplace?
- vi. What is the contribution of nurse education social mobility and social justice in the UK?
- vii. How can we promote better collaboration between the health and education sectors to secure a diverse nursing workforce?

CONCLUDING COMMENTS

We are grateful to everyone who participated in the Catalyst Event. We feel the day brought together individuals and groups who have a shared interest in the diversity of nurse education, but who do not frequently have opportunities to get together. The day resulted in interesting conversations and learning which go well beyond what we have captured and summarised here. If you have any additional comments and feedback do please get in touch with us.

Further details about the project and outputs available to date can be found at <http://www.lizthomasassociates.co.uk/wp-nursing.html>.