

## NET2021 Conference

### Live session full abstracts

#### Theme Session 3B

#### Key challenges in healthcare education

3Bi, 14:00 - 15:20, 1 September 2021

Innovation paper

**Maximising the potential of early career healthcare educators**

Dr Richelle Duffy, Northumbria University

**Promotional abstract:** This session will explore a number of interrelated educational innovations to support early career academics transitioning into higher education. Drawing on extensive networks including human resources, student union and wider support services, the strategies validate a positive impact on individual academic development and the quality of education delivered to students. Co-construction of the innovations with students has effectively aligned early career academics' teaching, learning, and assessment with students' expectations. The reciprocal working practice further promotes critical reflectivity, fosters research partnerships and promotes meaningful dialogue.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** The challenges of recruiting and educating the future workforce within Nursing, Midwifery and Allied Health have been well documented within the literature (Council of Deans, 2019). Shortages in highly experienced clinical staff; competition with NHS salaries and a finite recruitment pool mean that the future sustainability of health education is at risk as a number of staff approach retirement. In response, creative and innovation approaches are required so that we can secure a workforce capable of providing high-quality education to the next generation of healthcare workers. Strategies that also need to encompass the continuous professional development of the existing workforce.

**Aim/focus of the innovation:** This presentation will explore a number of interrelated but distinct strategies to support early career academics when making the transition to higher education. Specifically, it will examine how staff can be supported to meet the multiple demands of research, teaching and enterprise by drawing upon their professional expertise, identifying new professional networks and the importance of co-creation with students. The impact of the interventions will be examined through the reflective lenses of the new academic, peers, students and pedagogical literature (Brookfield, 1998). Implications for institutions will also be explored and how academic contracts and wider institutional support can play a key feature in the formation of academic identity (Duffy, 2013).

**Implementation of the innovation:** The implementation of the innovation will be examined and how it has been embedded across the department, faculty and institution. The importance of partnership working will be debated and strategies to elicit 'buy-in' explored. Detail on how to work creatively will be included in the session and key stages in the implementation process. Finally, impact measures will be presented both anticipated and unexpected and the next steps explored.

**Methods used to assess the innovation:** A variety of methods have been used to assess the impact of the innovation and formal ethical approval was obtained. This includes the application of a number of theoretical frameworks to underpin the design and facilitate

feedback including the use of coaching techniques (Devine, *et al.*, 2013). Also, Brookfield's (1995) reflective module which was used to frame and capture early academics' critical reflections. Qualitative and quantitative data have also been obtained gathered through in-depth interviews, programme and module evaluations, staff and student feedback and wider institutional metrics.

**Key findings:** Key to the success of supporting early career health academics is the need to adopt a multi-layered institutional-wide support network. At a local level this involves establishing protected time and creating a safe space for critical reflection on their development alongside other academics in the same position. Facilitated by an experienced academic, it enables them to work through commonly faced tensions and identify pragmatic and creative solutions. The 'community socialisation processes' facilitate a shared repertoire, mutual engagement and joint enterprise (Wenger, 1998). When aligned with wider support strategies across the institution it provides an effective environment to promote identity actualisation and maximise teacher potential.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

- The findings validate the link between early career academic support and high quality education. By creating space to reflect on the dynamic academic and organisational socialisation processes encountered, staff are able to identify creative ways of working and construct innovative teaching and learning strategies.
- The work presents a number of practical suggestions for addressing some of the key challenges faced in the recruitment and development of staff to healthcare education.
- The approaches used demonstrate how our learners can be more involved in the initial education of academic staff, shape their professional identity and promote a student-focussed personal philosophy from the outset.

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**Keywords:** Innovation, Healthcare Workforce, Support, Develop.

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Research paper

### Underrepresentation of men on Pre-Registration Nursing programmes in Scotland: How can we improve recruitment and minimise attrition?

Dr Heather Whitford, University of Dundee

**Promotional abstract:** Men are underrepresented on Pre-Registration programmes of Nursing and have higher attrition rates. Two mixed-methods studies investigated the reasons. We found that in spite of Nursing being perceived as worthwhile, it was not felt to be a career for men. Male Nursing students can feel isolated and vulnerable on programme and some have difficulty accessing learning opportunities. The findings suggest that gendered assumptions about Nursing need to be challenged, and proactive support measures for male students are required.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** The number of current nurse registrants in the UK who note their gender as male has remained relatively static over the last few years at around 11% (NMC, 2019). This pattern is similar to many other countries worldwide. In Scotland male Pre-Registration Nursing students are slower to complete and are more likely to take time out of their course than females (Whitford, *et al.*, 2018).

**Aim(s) and/or research question(s)/research hypothesis(es):** The aim of this study is to explore the influences and causes of under-representation of men in Pre-Registration Nursing in Scotland, the reasons for higher attrition of men and ways of improving retention.

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** Two mixed-method studies were undertaken in Scotland; the first, using focus groups and an online survey, explored the views of male Pre-Registration Nursing students, university and college Nursing lecturers and school guidance teachers about reasons for this imbalance while the second explored reasons for higher attrition and ways of improving retention by conducting 1:1 telephone interviews with men who had withdrawn from Pre-Registration Nursing programmes and focus groups with current male and female students and Nursing lecturers.

**Key findings and recommendations:** Findings from the first study indicate that although Nursing was considered a worthwhile career offering stability and many opportunities, it was also viewed as not being a job for men. Encouragement from others, positive role models or an insight into nursing from significant others could all be helpful in negating this. Being mature and having resilience were important factors helping men to cope with being a male Nursing student in a predominantly female workplace.

The second study found that male students feel isolated and vulnerable on programme, faced challenges gaining access to learning opportunities, are stereotyped in terms of their masculinity and physical attributes and feel they stand out as different in both the classroom setting and on clinical placements.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

- Nursing is viewed as a worthwhile career choice for men.
- The continuing gendered assumptions need to be challenged if more men are to be attracted to Pre-Registration Nursing programmes.
- Positive measures are required to support male students to complete their Nursing education.

## References:

NMC (2019) The NMC register: 31 March 2019. NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-data-march-19.pdf>.

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**Keywords:** Recruitment, Education, Male Nurses, Pre-registration, Retention.

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### Innovation paper

#### "They share their stories, so we should share ours." Humanising student recruitment through collaboration with experts by experience

Wouter Jansen and Jeremy Sowter, Birmingham City University

**Promotional abstract:** Within this session we will explore what it means to humanise healthcare within our own practice as admissions tutors and as a result, from the very beginning of a students' journey. We will share how we have worked with Experts by Experience to develop a recruitment process that focuses on the unique value of stories and how we invite students to reflect on the meaning for their practice as future healthcare professionals.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** Experts by experience (EbEs) are essential partners in the design and development of healthcare courses (HCPC, 2017) but there is limited literature which explores their contribution to the recruitment of prospective students (Heaslip, *et al.*, 2018). Fitzsimmons (2018) argues that humanising healthcare requires "building stronger relationships between people using services and those delivering them and paying attention to staff experiences too". Duffy (2014) similarly emphasises the importance of relationships, going further in saying that "the patient experience is directly related to the staff experience". We argue that this experience should begin not in training but earlier, during the recruitment phase.

**Aim/focus of the innovation:** We worked with Experts by Experience (EbEs) to work towards developing a positive and meaningful recruitment process, using a collaborative approach as defined by Tew *et al.* (2004) and Rhodes (2012). We focused on the power of stories to facilitate learning and humanise healthcare (Fitzsimmons, 2018), with EbEs sharing their lived experience of communication/swallowing difficulties and Speech and Language Therapy. Applicants were given the opportunity to converse freely with EbEs, thereby redefining their role (Tomlinson, 2014) and positioning them as partners in the interaction at the same time as increasing awareness and understanding of disability (WHO, 2011).

### Implementation of the innovation:

- Regular planning meetings were scheduled with Expert by Experience (EbE) partners throughout 2018-2019, informed by feedback from students, colleagues and practice partners.
- Interviews were designed to provide a balanced experience for applicants. The morning session provided opportunities to learn about the course/University and

listen to the stories of three EbEs, before discussing learning with their peers and asking questions to the 'expert panel'. The afternoon session comprised a face-to-face interview task (with a panel including an EbE, practice partner and University tutor) and a written task based on a videoed conversation with an EbE.

### Methods used to assess the innovation:

Feedback was gathered from:

- University tutors;
- Experts by Experience (EbEs);
- Applicants;
- Practice partners;
- Conversion data (number of applicants who accepted a place that was offered).

\* Due to the nature of our programme (Speech and Language Therapy), many of our EbEs are living with communication difficulties that negatively impact on their participation and wellbeing in many, if not all aspects of life (Worral *et al.*, 2007; Dalemans *et al.*, 2008; WHO, 2011; Brady *et al.*, 2013). Feedback from EbEs was therefore particularly valuable in our evaluation and for future planning.

### Key findings:

- Designing and delivering student recruitment events in collaboration with Experts by Experience led to positive experiences for staff, applicants and internal/external partners.
- 100% conversion rate (all students who were offered a place on the programme accepted this).
- Additional time was required at all stages in the process in order to ensure true collaboration and positive outcomes.

### Three key points to indicate how your work contributes to knowledge development:

We hope that our presentation will provoke discussion and debate about the following issues:

- the extent to which the application process is humanising or dehumanising for applicants and what this might mean for health professionals of the future;
- the responsibility of HEIs to provide positive learning opportunities for all applicants – including those who are unsuccessful in their application;
- how people with communication difficulties can and should be supported to be partners within the design and delivery of new provision (with a particular focus on student recruitment).

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**Keywords:** Recruitment, Student experience, Service users.