

Field-Richards, S.E., Andrews, S., Callaghan, P., Keeley, P., Redsell, S., Spiby, H., Stacey, G., Lymn, J. (2016). **The impact of care experience prior to commencing nursing education on students' academic competence.** NET Conference. Cambridge.

Background, including underpinning literature and, wherever possible, the international relevance of the research

Identification of failings in nursing care quality in the UK led Francis (2013) to recommend that prior care experience (PCE) should form a prerequisite for entry into nurse training. Echoing this, the Department of Health (DH) (2013) introduced a pilot programme, providing individuals with care experience prior to commencing nurse training. There is however little evidence regarding the impact of PCE (pilot-derived or otherwise), on the subsequent development of nursing students' compassionate values and behaviours. The appropriateness and effectiveness of the Government's response, as a means of addressing concerns raised by Francis (2013), is therefore unknown.

Compassionate values and behaviours can be articulated as the summation of the 6Cs of nursing - compassion, care, communication, commitment, courage and competence (DH, 2012). This paper focuses on one of these aspects, competence, and explores student nurses' perceptions of the impact of PCE upon academic competence in early nursing education. Academic competence is conceptualised as the cognitive skills, attitudes and behaviours (enablers) which contribute to achievement in the academic environment (DiPerna and Elliott, 2002, DiPerna, 2006).

Compassion, to which competence is a contributing value, is considered to be a characteristic of importance to nursing internationally (Flynn and Mercer, 2013). In exploring the impact of PCE on the development of competence as a component of compassion, this research holds relevance internationally for educational policy debates surrounding the potential place of PCE in nurse training entry requirements, as a means of fostering compassion in nursing. Further, higher academic competence has been associated with lower patient mortality rates (e.g. Aiken, Sloane, Bruyneel et al, 2014).

Aim(s) and/or research question(s)/research hypothesis(es)

The aim of this research was to explore DH pilot participants' perceptions of the impact of PCE, on aspects of academic competence.

Research methodology/research design, any ethical issues, and methods of data collection and analysis

Methodologically, this research was approached from an interpretivist perspective. It was undertaken as part of a wider DH-funded, mixed-methods longitudinal study, exploring the impact of PCE upon student nurses' caring and compassionate attributes.

Semi-structured telephone interviews were conducted with eight purposively sampled DH pilot participants between October and December 2015. Broadly, interviews explored participants' perceptions and experiences of undertaking the pilot. An interview guide was used flexibly and developed iteratively, to facilitate discussions. Interviews typically lasted for one hour, were audio-recorded, transcribed verbatim and thematically analysed (Braun and Clarke, 2006). The values and behaviours defining the 6Cs were employed as an analytical framework. This paper reports findings relating to aspects of academic competence.

Key findings and recommendations

Preliminary analysis suggests that participants perceived the impact of PCE upon academic competence to be multi-faceted and largely beneficial. Themes identified include impact upon readiness, preparedness and motivation for learning, cognitive skills such as critical, reflective analysis, the development of social support networks conducive to learning, fostering confidence for competence, and influence upon negotiations and values relevant to the theory-practice nexus in nursing.

This research makes an early, evidence-based contribution to political, educational and academic debates, surrounding the issue of the impact of PCE, and its potential as a prerequisite for pre-registration nursing education, as a means of fostering safe and compassionate nursing care. In considering the implications of this study for healthcare education, critical issues are however highlighted, including the need for further research exploring the relationship between perceptions of impact and clinical academic assessment outcome measures, the longevity of impact in terms of influence throughout the course of study and beyond, and consideration of the comparability of outcomes between students who have, and who have not, undertaken PCE. This research also indicates that there is a need to further consider the relative influence of the specific *nature* of PCE and the context in which it is undertaken, beyond that of undertaking PCE *per se*.

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Keywords:

- Francis Report, policy, education, 6Cs, competence

3 key points to indicate how your work contributes to knowledge development within the selected theme

- Contributes to knowledge surrounding the role of PCE in the development of academic competence as a means of fostering compassion.
- Contributes to educational policy debates surrounding PCE as a potential entry requirement for nursing education and training.
- Contributes to knowledge surrounding potential means of fostering academic competence in order to improve patient safety.

Field-Richards, S.E., Andrews, S., Callaghan, P., Keeley, P., Redsell, S., Spiby, H., Stacey, G., Lymn, J. (2016). **Care experience prior to entry into undergraduate nursing degrees: the recommendation, rhetoric and reality.** Royal College of Nursing International Research Conference. Edinburgh.

Background

In response to the Francis Report (2013), the Department of Health (DH) (2013) recommended that individuals complete up to a year of care experience before commencing nurse training, as a potential means of fostering values conducive to compassionate care.

Implicit within this recommendation, is the assumption that most individuals have not had care experience prior to nurse training, and this is problematised within the context of concerns surrounding care quality. Prior care experience (PCE) is presented as a change to current pre-training practices, and as a novel means of addressing issues surrounding compassionate care. Leaving aside the question of whether PCE fosters the development of students' caring and compassionate attributes, the potential effectiveness of the recommendation is dependent upon the extent to which the assumption of PCE paucity, is an accurate reflection of reality.

Aims

To determine the prevalence and characteristics of PCE undertaken by students entering nursing degrees in September 2015.

Methods

All first-year student nurses attending three UK Universities were invited to complete an online survey, to ascertain whether they had undertaken PCE and if so, its characteristics. Descriptive statistics generated in Bristol Online Surveys are reported.

Results

Early data (n=95) shows that 85% of entrants to nursing reported having had PCE. The majority of these students had PCE of more than 12-months duration (69.9%) and worked at least 24 hours/week (65.2%).

Discussion and conclusion

These data challenge the assumption implicit within the DH recommendation regarding the paucity of PCE, since the majority of nursing students had undertaken PCE. Further, a substantial proportion of participants' PCE exceeded the recommended duration. These findings suggest a disparity between the rhetoric and reality surrounding PCE, and that its implementation as a prerequisite for

entry into nurse training may not represent a change to current pre-training practices, of the scale envisaged by the DH.

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Field-Richards, S.E., Andrews, S., Callaghan, P., Keeley, P., Redsell, S., Spiby, H., Stacey, G., Lymn, J. (2016). Help, hindrance or indifference? The impact of care experience prior to commencing nurse training, on caring and compassionate practice. Royal College of Nursing International Research Conference. Edinburgh.

Background

Identification of failings in nursing care quality led Francis (2013) to recommend that care experience should form a prerequisite for entry into nurse training. Reiterating this as a potential means of fostering values conducive to compassionate care, the Department of Health (DH) (2013) introduced a pilot programme, providing individuals with NHS care experience prior to commencing nurse training. There is however little evidence regarding the impact of prior care experience (PCE) (pilot-derived or otherwise), on the subsequent development of students' caring and compassionate values and behaviours. The appropriateness and effectiveness of the Government's response, as a means of addressing concerns raised by Francis (2013), is therefore unknown.

Aim

To explore perceptions and experiences of the impact of PCE, on aspects of caring and compassionate practice.

Methods

Semi-structured telephone interviews with eight purposively sampled DH pilot participants (October 2015). Interviews were audio-recorded, transcribed verbatim and thematically analysed. The values and behaviours defining the 6Cs (DH, 2012) were employed *a posteriori* as an analytical framework.

Results

Preliminary analysis has identified positive, negative, actual and potential impacts of PCE on care, compassion, competence, communication, courage and commitment. The nature and discrete characteristics of PCE appear influential in determining perceptions of impact.

Discussion and conclusions

Early insights of this research suggest that PCE can be understood as both a help and hindrance, in the context of fostering aspects of compassionate care. The study identifies critical implications for future research, including, that caution should be exercised in approaching and evaluating PCE as a

homogenous phenomenon. The extent to which benefits can be ascribed uniquely to PCE *per se*, or whether they materialise equally during nursing students' clinical placements, is unclear. The study will make an early, evidence-based contribution to political, educational and academic debates, surrounding the issue and impact of PCE, upon caring and compassion in nursing.

References

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