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Diversity, Attrition and Transition into Nursing:

The DATING Project Final Report

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Foreword by Professor Sandra Jowett

**Pro Vice-Chancellor/Dean, Faculty of Health and Human Sciences,
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How best to recruit to educational programmes preparing people to work in the health and social care sector is a vexed question. Students must meet the required standards in a wide range of academic assignments, as well as in a variety of practice placements. They must also, very importantly, be responsive to the needs of the communities they will serve. Despite their importance, relatively little is known about the factors that determine which students will successfully complete their course and move into their chosen profession. This report goes some considerable way in filling our gaps in knowledge and understanding and it provides much cause for optimism. It is clear, for example, that most of those completing the course do progress to employment in the health sector. There are also some fascinating insights here: for example students born abroad, in English speaking countries, were more likely to complete their course than those with UK origins. The report also highlights further information that is needed: for example quantifiable data on employment destinations, systematically tracking outcomes for newly qualified staff.

The significance of this report is that it presents a large body of data to inform key aspects of educational and workforce planning. It is reported, for example, that older students are more likely to complete the course than the youngest. This is followed by a reflective comment on the 'motivation, perseverance and commitment of the older students'. Similarly, the fact that the level of educational qualification on entry does not predict the likelihood of students completing their course is contextualised by a reference to the 'value-added' success of the University. The evidence suggests that students with non-traditional entry qualifications have been able to achieve their professional goals, having been through a higher education system that assessed their skills level and provided them with tailored advice and support.

I would like to thank *Positively Diverse*, NHS Employers whose funding enabled us to do this work. It is vitally important that institutions undertake such studies, even when the outcomes could raise some uncomfortable questions. All academic providers have a responsibility to stimulate interest, debate and action and this report provides us with a very useful focus in relation to diversity. The Race Relations (Amendment) Act of 2000 stresses the imperative to promote race equality, not just to monitor it, and the findings presented here set a framework for heightened awareness of some very complex issues, as well as a longer-term strategic focus.

For the valuable insights this report provides into this challenging and important area I would like to thank the authors: Elizabeth Anionwu, Jon Mulholland, Richard Atkins, Mike Tappern and Peter Franks. The study required meticulous data collection and analysis and this comprehensive report is a fitting record of that complex and demanding task. The team were keen to undertake this study not only because of the intrinsic importance of the questions being addressed, but also because of the opportunity it provided to build on our existing work in this area. Thames Valley University's Mary Seacole Centre for Nursing Practice has a well-established reputation for its innovative approach to diversity matters. It was set up to support the integration of our multi-ethnic philosophy into nursing and midwifery education, practice and scholarship. This study's detailed analysis of student progression and outcomes complements the body of knowledge and expertise already developed by the Centre.

This report will be of value to all of us who wish to ensure that we recruit and retain students from a diverse range of backgrounds, providing them with the opportunity to realise their professional ambitions, and to contribute the richness of their skills and experience to our health and social care services. Incorporating the recommendations of this report into our planning and development will help to ensure that Thames Valley University remains at the forefront of the widening participation movement in higher education and continues to develop its mechanisms and practices for enabling students to succeed.

Executive Summary

Introduction

The aim of the Diversity, Attrition and Transition Into Nursing initiative, known as the DATING Project, was to monitor the impact of key diversity variables on student nurse progression at Thames Valley University and their transition into practice. The project also wished to contribute towards the broader aim of establishing mechanisms for monitoring the current and future diversity of newly qualified nurses entering the NHS nursing workforce.

A minimum data set was established on the basis of key diversity variables: age, gender, academic qualifications on entry to the course, ethnicity and country of birth. In a review of the literature concerning student nurse attrition, there appeared to be a dearth of papers addressing the latter two factors.

Analysis was undertaken on the outcome of 1808 students enrolled on pre-registration nursing courses between 1999 and 2001.

- * 80% were females and 20% were males.
- * Country of birth was not stated by 0.9%. Where indicated they included UK (28%), Eire (20%), Zimbabwe (22%) and Other (30%).
- * Ethnic group comprised White (25%), Irish (21%), Black (46%), Asian (3%), Other (4%) and Not stated (1%).

Results

Of the 1808 student outcomes analysed:

- * 1431 (79%) successfully completed their course and
- * 377 (21%) did not. Of the latter, 231 (61%) withdrew and 146 (39%) did not meet the required standards of the programme.

Overall, branch of nursing, campus or date of intake were not found to predict student outcomes. However, a few specific cohorts (students on a certain branch of nursing from a certain intake at a certain campus) were found to have significantly different outcomes to the overall average.

Male students had poorer odds of successfully completing the course than females.

Older students were more likely to successfully complete the course than younger students. Older students were less likely to be employed locally in the NHS following successful completion of the course than younger students.

Students who were already qualified to degree level were less likely to successfully complete the course than those enrolling with any other type of qualification. This appeared to be predominantly due to withdrawal rather than being unable to meet the required standards of the programme.

Ethnic origin was found to be largely confounded with country of birth and was eliminated from all multivariate analyses during model building, as it provided no additional information over and above country of birth. Logistic regression to predict success on the basis of ethnic origin alone indicated that this was a significant predictor with Irish, Black and other (not Asian) students having better odds of success than White students. Asian students did not significantly differ from White students. However it should be noted that Asian students formed the smallest ethnic origin group ($N=57$) providing the least power to detect a significant difference.

Visa status was initially found to predict successful completion; however this was no longer significant once country of birth had been controlled for.

Students born in Eire were more likely to successfully complete the course than UK students. These successful completers were less likely to be employed locally in the NHS than UK born students. Overall, the proportion of students initially enrolled who were employed locally in the NHS was similar for students born in the UK and students born in Eire.

Students born in Zimbabwe were more likely to successfully complete the course than UK students. Successful completers were less likely to be employed locally in the NHS than UK born students. Compared to UK students, non-completion was marginally more likely to be due to not meeting the required standard of the programme as opposed to withdrawal for any

other reason. Overall, the proportion of enrolled students born in Zimbabwe who were employed locally in the NHS was lower than the proportion of students born in the UK.

Students born overseas in English speaking countries (other than Zimbabwe and Eire) were more likely to successfully complete the course than students born in the UK. Among these students, non-completion was more likely to be due to not meeting required academic standards (as opposed to withdrawal for any other reason) than UK students. Successful students were less likely to be employed locally in the NHS than UK born students. Overall, the proportion of students initially enrolled who were employed locally in the NHS was similar for students born in the UK and students born overseas in English speaking countries (other than Zimbabwe and Eire).

Students born overseas in non-English speaking countries were not distinguishable from UK born students in terms of odds of successfully completing the course, reasons for non-completion, or probability of obtaining employment locally in the NHS if they successfully completed. However it should be noted this was the smallest country of birth group so there was less power to detect such effects.

Application route (Nursing and Midwifery Admissions Service [NMAS] or direct) was not a significant predictor of any outcomes examined.

Days of absence due to sickness and Bradford score (a scale used to differentiate between people who take a lot of odd days off and those who take time off for a longer period, perhaps due to a more serious illness) did not significantly predict successful completion of the course. Low scores on both of these measures of absence were predictive of withdrawal rather than not meeting required academic standards; however this is likely to be due to the earlier exit of withdrawing students and consequently reduced opportunity to be absent.

Recommendations

1. The Faculty of Health and Human Sciences at Thames Valley University should produce regular information on student attrition and first destination outcomes aimed at academic staff and other interested stakeholders, in addition to the data that is already provided for the NHS Workforce Development Confederations. It is recognised that a national minimum data set is being finalised between the NHS and Higher Education Institutes (HEIs) for introduction in 2006 and that proposed fields include ethnic background and disability.
2. The Faculty should undertake a more detailed analysis of assessment data pertaining to academic performance in various modules, as this was not possible due to time constraints.
3. A series of dissemination events on the findings of the DATING Project should be organised for all relevant stakeholders. This should include utilising the data as part of a Faculty staff development programme to stimulate reflection and discussion around the findings and their implications for underpinning assumptions, recruitment, selection, programme management and current provisions.
4. The Faculty should carry out a more systematic exploration of the factors impacting upon (a) younger students, (b) students commencing the programme with a degree, (c) why students choose to leave the programme and (d) achieving choice of first destination following qualification.
5. Following the removal of the NHS bursary entitlement to applicants from overseas who do not meet the 3 year residency criteria, it is recommended that efforts are maximised to increase recruitment from a diversity of local communities.
6. Outcomes of selection to pre-registration nursing and midwifery programmes and first destination of qualified nurses and midwives should also be routinely tracked by all HEIs, using the same diversity variables. This will enable the whole pathway of would-be applicants to

be monitored and assist HEIs and NHS Trusts comply with their duties under the Race Relations (Amendment) Act 2000 (The Stationery Office, 2001) and other relevant legislation.