Exploring commitment, professional identity, and support for student nurses

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ABSTRACT

Problems with the recruitment and retention of nurses globally mean that insight into the factors that might increase retention in qualified staff and students is crucial. Despite clear links between work commitment and retention, there is little research exploring commitment in student nurses and mid-wives. This paper reports the findings of a qualitative study designed to provide insight into commitment using semi-structured interviews conducted with nine pre-registration students and a qualitative survey completed by 171 pre-registration students. Thematic analysis of the data emphasised the impact of placement experiences on commitment via interpersonal relationships. Students typically emphasised their professional identity as the basis for commitment, although many participants also highlighted a lack of acceptance by qualified practitioners, which reduced it. There was evidence that suggested that practitioner workload may impact the student experience due to challenges in making sufficient time to provide support. Implications for retention strategies are discussed.

Introduction

The attrition rate on UK nurse education programmes has been previously estimated as approximately 25%, equating to a cost of £99 million each year (Waters, 2006, 2008). The present attrition rate in the UK as a whole is unclear, but recent data indicates that the attrition rate remains at approximately 25% in Scotland (Royal College of Nursing, 2013). With the cost to train a student nurse being £70,000 (Health Education England, (HEE) 2013a) it is imperative to identify strategies that will maximise student completion rates. Student turnover is multifaceted; they may leave their course for a variety of reasons besides a lack of motivation, e.g. finances or family problems (Glossop, 2002). It is difficult to predict who will leave the course, as the factors predicting successful completion (i.e. performance) are distinct from factors predicting actual attrition (Pryjmachuk et al., 2008; Pitt et al., 2012). There are serious retention problems globally in healthcare professions such as nursing (Kirby, 2009; McCarthy et al., 2007; Storey et al., 2009).

A regular supply of new healthcare registrants is essential for replenishing the profession and maintaining safe staffing levels. Student attrition threatens this supply (Harris et al., 2014; Jeffreys, 2007), reducing attrition remains a priority.

Contextualising pre-registration healthcare education in the UK

Within the United Kingdom (UK) debate on how best to deliver, and monitor the quality of, nursing and midwifery education courses has been high on the agenda. Over the last 30 years there have been significant changes to pre-registration healthcare education (Eaton, 2012). Prior to 1990 an apprentice model was followed, with students training in learning hospitals. Students undertook either a 2-year course to enter the register as a State Enrolled Nurse (SEN) or a 3-year course to become a State Registered Nurse (SRN). Students were counted as part of the workforce. In the 1990's significant reforms were implemented with the arrival of 'Project 2000' the SEN training was abolished, and the provision of healthcare education moved into universities. Higher Education Diplomas became the minimum academic level for registration. Students became supernumerary when undertaking clinical placements. All pre-registration courses became three years long,

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with both teaching and practice hours set by the Nursing and Midwifery Council (NMC), (2010). Later, following a series of reports on the future of the nursing workforce (see Darzi, 2007; Macleod-Clark, 2007) the NMC (2010) announced that, from September 2013, pre-registration nurse education in the UK would be delivered at a minimum of degree level.

During this time major changes also occurred in the commissioning of UK healthcare education. A key Department of Health (2012) policy document was the driving force for reform of education and training to improve care. In April 2013 the HEE took full responsibility for providing leadership for the new education and training system (HEE, 2013b). Their aim was to support health care providers and clinicians to take greater responsibility for planning and commissioning education and training through Local Education and Training Boards (LETBs), which are statutory committees of HEE. Snow (2012) reports a steady decline in commissioned training places for nursing, with a 17% reduction being seen between 2008 and 2013 (an overall loss of approximately 4500 places). The Royal College of Nursing (2012) reported that this may negatively impact on the supply of nurses to the UK workforce. We argue that with fewer training places being commissioned, it is even more crucial that attrition is improved.

Literature

While attrition in student nurses and midwives (hereafter referred to inclusively as "students") has attracted much attention from healthcare scholars, few studies have taken a psychological perspective (Urwin et al., 2010) to explore the issues underling it. We aimed to address this gap in the literature by drawing upon commitment theory, which was originally conceived as an explanation for why individuals maintain a course of action in the face of competing alternatives (Becker, 1960). Work commitment is a construct reflecting the relationship between an individual and a target, such as organisations, professions and values (Klein et al., 2006). In non-healthcare settings, work commitment has been linked with important work outcomes, including employee retention (Culpepper, 2011; Meyer et al., 2002) and support for organisational change (Meyer et al., 2007). Studies of nurses have identified commitment as enhancing collaborative practice (Le Blanc et al., 2010), and reducing attrition (Wagner, 2007). Although little research has been conducted with students, a study by Kiger (1993) reported that they saw commitment as an enduring feature that made nursing more than "just a job." Commitment therefore represents a useful means by which to examine retention in pre-registration students.

Commitment

The meaning of commitment has been debated since its addition to the literature on workplace behaviours (e.g. Becker, 1960). Commitment has been variously seen as identification with an organisation (e.g. Buchanan, 1974; Mowday et al., 1979), a consequence of investment in one's employment (Becker, 1960) and expectations of reciprocal relationships at work or in other domains (Wiener, 1982). For the purpose of this paper, we draw upon Meyer and Allen (1991) concept of affective commitment, which reflects an emotional attachment to the target. In other words, this form of commitment reflects an individual's desire to be part of a profession, rather than the feeling that they have no alternatives for employment. Although Meyer and Allen (1991) present other forms of commitment, research has generally focused on affective commitment (e.g. Neininger et al., 2010; Niessen et al., 2010) as this has the strongest association with important employee outcomes such as performance and retention (Meyer et al., 2002). Further,

Klein et al. (2012) have argued that commitment should be defined solely in terms of dedication, which is reflected in affective commitment. The present paper therefore focuses upon commitment as a concept representing dedication to a profession.

As discussed earlier in this paper, affective commitment is associated with enhanced job performance (Riketta, 2008), but it has also been linked to reduced turnover (Culpepper, 2011), and improved wellbeing in workplace settings (Panaccio and Vandenberghe, 2009). It is thought to be influenced by both perceived organizational culture (Meyer et al., 2010) and perceived support (Guerrero and Herrbach, 2009; Panaccio and Vandenberghe, 2009). Thus we argue that experiences in clinical placements, such as interactions with clinical staff, are likely to have implications for student commitment to healthcare professions. Moreover, for many students, clinical placements are likely to be a formative experience of the professional culture within healthcare.

Clinical placements support not only the development of knowledge and skills in students, but also the development of their attitudes (Pollard et al., 2007). We follow Brown et al. (2012) in viewing clinical placements as crucial to the professional socialisation of students. In other words, clinical placement contributes to the formation of a professional identity during the educational process. Identification is a key predictor of commitment (e.g. Marique and Stinglhamber, 2011), and is therefore likely to impact retention rates. Identification may also have implications for practice, as students may reject experiences that they believe are not legitimate aspects of their profession (Kiger, 1993). We therefore suggest that professional identity reflects the values and ideas to which students are committed. Social identity theory (Tajfel and Turner, 1979) proposes that individuals categorise themselves as group members to contribute to their self-definition, strengthening their identity. Individuals derive a sense of self-worth from these identities. They therefore experience distress when these are threatened, e.g. by restrictions on the ability to enact the identity (Petriglieri, 2011). For example, a student nurse may experience threat (and thereby reduced commitment) if perceiving that their presence in clinical areas is unwelcome.

Systematic reviews suggest that relationships between practitioners and students are sometimes experienced as negative (Eick et al., 2012; Glossop, 2001; Ujváriné et al., 2011; Urwin et al., 2010). Eick et al. (2012) found that unpleasant placement experiences are a factor in student attrition. Levett-Jones et al. (2009) reported that student–staff relationships had a strong impact on students' sense of belongingness and acceptance during a clinical placement. We therefore argue that clinical placement experiences have potential to impact both the professional identity and the commitment of students to their chosen profession. For this reason, we sought to explore how students interpret commitment, their identity, and the experiences that promote or threaten both.

In the past, work commitment has primarily been examined using quantitative methodologies, and there have been repeated calls for qualitative research that explores individuals' experiences and understanding of commitment at a deeper level (Becker et al., 2009; Klein et al., 2006). Preliminary research conducted by one of the authors of this paper involved semi-structures interviews with three senior lecturers involved in the education of students (see Clements, 2012). The findings revealed concerns that the delivery of UK nurse education within Higher Education Institutions (HEIs) threatened the development of professional identity, due to less time spent in clinical areas. Lecturers also highlighted concerns with support received by students during clinical placement, but identified peer-support in students as particularly positive. Insights from these interviews were used to develop the study reported in this paper.