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Evaluation of a part-time adult diploma nursing programme – ‘Tailor-made’ provision?

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Summary Part-time pre-registration nursing programmes aim to widen participation to female mature students and to reduce tension between domestic and study roles by ‘tailoring’ provision to the perceived needs of this group but there is little evidence of whether these aims are achieved.

Findings are presented from an evaluation of a part-time pre-registration adult diploma nursing programme which suggest that this programme was successful in widening participation to female mature students but did not succeed in reducing role conflict for female mature students. The authors relate these findings to the literature and conclude that that this second aspect of tailoring may be difficult to achieve due to socio-economic changes, particularly increased female participation in the workforce.

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Introduction

UK part-time pre-registration nursing programmes were pioneered in the 1970s to widen participation in nursing to mature women and address staff

shortages. In addition, some providers of part-time programmes aimed to minimise role conflict for female mature students, relative to full-time programmes. Providers of part-time programmes (defined here as pre-registration programmes requiring 25 h a week or less from students), work towards widening participation and reducing role conflict through bespoke part-time programmes or adapted full-time programmes. Hancock (1988, p. 40) defines such programmes as ‘tailor-made’ provision. The United Kingdom (UK) and international literature in relation to part-time pre-

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registration nursing programmes is limited; little is recent, methodologically robust or inclusive of student voices. This makes it difficult to judge whether such programmes are actually experienced as ‘tailored’ by part-time students and therefore whether they really are, as Howard (2002, p. 84) suggests, a ‘less traumatic’ pathway to registration than full-time study for aspiring female mature students.

Background

Female mature students

There is considerable literature describing the distinct experiences of female mature nursing students both in the UK (Kevern and Webb, 2004; Howard, 2002; Lauder and Cuthbertson, 1998; Glackin and Glackin, 1998; Meachin and Webb, 1996) and internationally (Cuthbertson et al., 2004; Kevern and Webb, 2003). Common themes from this literature and that regarding female mature students in programmes other than nursing (Johnson and Robson, 1999; Edwards, 1993) are conflict between roles of parent, student and paid employee; financial problems; relationship difficulties and problems obtaining or financing childcare.

Part-time higher education

Tight’s (1991) examination of part-time education in 12 developed countries found that part-time students were more likely to be female, mature and from lower socio-economic backgrounds. Hayden and Long (2006) confirm these findings in an Australian study and additionally find that female part-time students were much more likely than their male counterparts to be financially dependent on their spouse, to be in part-time employment and to have sole care of children. With regard to the UK, Davies (1999) and Schuller et al. (1999) confirm Tight’s (1991) findings and both note the marginal status of part-time students. Davies (1999) also notes the relative neglect of part-time education in higher education (H.E.) policy despite the fact that part-time education is, to a large extent, self-funded and facilitates policies such as lifelong learning and widening participation. Callender et al. (2006) found that most UK part-time students chose that mode for reasons of affordability, that most struggled to juggle their study with employment or domestic responsibilities and many underestimated the programme workload.

In 2003/2004, 40% of all UK H.E. students (35% of undergraduates) were part-time and the proportion of H.E. students studying part-time is increasing rapidly (Boorman et al., 2006).

Much of the older literature on part-time students in H.E. focuses on ‘traditional’ programmes and is over-reliant on quantitative evidence from secondary sources which may partly explain the failure to address the gendered nature of part-time study. The relative lack of knowledge about part-time students in H.E. is also identified by several authors (e.g. Hayden and Long, 2006 with reference to Australia); and Davies (1999, p. 142) with reference to the UK).

Current provision of part-time pre-registration nursing programmes

The NHS Careers Website (2008) shows nine English HEIs approved to offer part-time pre-registration programmes but it is not possible to determine student numbers on these programmes. Higher Education Statistics Agency statistics for 2006/2007 HESA (2008) show a pre-registration student nurse population of 171,185 of which 82,310 (48%) are defined as part-time but Boorman et al. (2006, p. 18) explain that ‘Those studying part-time are usually either repeating some modules or are taking individual modules as part of their CPD’ and are therefore not part-time pre-registration students.

The ambiguity regarding provision of part-time programmes may signify the low status accorded to them. Bond (1992) also encountered problems in defining the population of part-time students but estimated just ‘500 mothers’ (sic) enrolled at 16 colleges (Bond, 1993, p. 50). There is no evidence that part-time provision has increased beyond this level and it may even have declined (Maslin-Prothero, 1992).

Are part-time programmes ‘tailored provision’ for female mature students?

Braithwaite et al. (1994), Newport and Downer (1993), Stark and Redding (1993), Bond (1992), Watts (1984) and Hooper (1975) report that, typically, part-time pre-registration nursing students are married mothers in their thirties with school-age children so that most would be mature students within the typical UK definition (students aged 25+; Kevern and Webb, 2004, p. 298).

‘Tailored’ part-time programmes, as a means of addressing many of the identified problems of mature female nursing students, have been recommended both in the UK (Howard, 2002; Braithwaite

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