

Student Nurse Career Preferences: what, why, and the implications for nurse education

Marie Cameron (UoS PhD candidate) (UHI)

Dr. Gill Hubbard (UHI)

Dr. Annetta Smith (UHI)

Stephen Loch (NHS Highland)

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About me

- Registered Nurse (30 years!)
- Worked England, Scotland, and NZ
- Public & private sector healthcare
- Higher Education for 13 years
- Currently Head of Undergraduate Nursing at UHI
- PhD student with University of Stirling



The Highlands, Inverness, & UHI



Background

- Significant nursing workforce issues in Scotland (RCN Scotland 2015)
- Issues more significant in some clinical specialities (ISD Scotland 2010)
- Good workforce planning vital to quality of nursing care (Shamian 2016)
- Aiken et al. (2014) – ↓ staffing levels means ↓ patient safety & outcomes, & ↑ mortality



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- Equitable access to quality healthcare requires:
 - Adequate numbers of trained nurses willing/able to work in areas of greatest need (Shamian 2016)
 - Knowing student nurse career preferences may help predict future employment choices (and the reasons for them), which may lead to (? educational) changes aimed at influencing choices



Methods & Participants

- Phase 1 of a 2 part Scotland-wide study
- UoS ethics approval (& collaborating sites)
- Qualitative, Focus Groups x 7, thematic analysis and identification of variables for Phase 2 questionnaire
- Adult field student nurses, pre-registration, any year of study
- Convenience sample



Career Decision Theory

Dawis 2005; Theory of Work Adjustment (TWA)	Career development theory – person-environment correspondence, i.e. person looks for job that matches their requirements/needs (and vice versa). The needs (reinforcers) can be categorised into psychological or physical values.
Holland 1997; Vocational Personalities	Vocational interest as an expression of 6 personality-related typologies. The Social typology is most commonly associated with nursing, but more “technical” specialities may be an indicator of a different personality typology (e.g. investigative). Develop 3-letter codes for career interest.
Super 1969, 1980, 1990; Self-concept theory	Career choice & development is a process of developing/implementing a person’s self-concept. Self-concept being a product of many factors, including mental growth, personal experiences, environmental characteristics, and experience. It is not static, and goes through cycles of change over time i.e. the theory is based on the idea career development/choice as a process of personal & career construction.
Gottfredson 1981, 1996, 2002, 2005; Theory of Circumscription & compromise	Career choice requires cognitive proficiency, reliant on age and intelligence (and, therefore, genetics). A cognitive map of occupation & conceptions of self can then be used to evaluate occupational alternatives. Circumscription - children effectively rule out occupations as they progress through 4 developmental stages, based upon variables such as sex-role norms. Compromise – in relation to external realities/constraints, such as personal/family commitments.
Lent 2005; Social Cognitive Career Theory	Mutually influencing relationship between people and environment. Three key variables; self-efficacy, outcome expectations, personal goals. An “ability” factor (achievement, aptitude, past performance) might influence desirability of an area , so if a student had good feedback from a clinical area they might think they are good at that speciality and want to return there, i.e. positive effect of improved self-efficacy.



Results - Demographics

- n=49, **7:1** F to M, age 19-52 (**mean=29**)
- From: Scotland **27**, UK 12, EU 5, other 5
- Year of study: 4=11, **3=20**, 2=9, 1=9
- Urban/rural: 14:12:9:3:5:6 (**35:14**)



Results – where?

- Large range of specialities mentioned
- Secondary care more popular than primary care, but variety in both
- 2° - acute medicine, CoE/dementia, oncology/palliative care, surgical, critical care, A&E



Results – where?

- 1° - Community, DN, & HV all mentioned
- Other – midwifery, research nurse, forensics, paediatrics, military, VSO, further education (nursing and non-nursing)
- Some limited evidence of variability across HEIs



Results - why?: key themes

- Experience – direct or indirect, positive or negative
- Expectations/commitments
- Personality, skills, abilities
- Attributes of role/speciality



Experiences

- Direct – personal
 - “giving birth to my sons...I am interested in midwifery” (FG1)
 - “personal experience of having surgery...the surgical side of things that appeals at the moment” (FG1)
 - “want to end up in a hospital...already done community for about 12 years” (FG1)
 - “I like the idea of critical care...I was an air force medic...want to go back into that again” (FG10)
 - “due to the kind of experience I’ve had with friends and family I’m considering palliative care” (FG9)



Experiences

- Direct – clinical
 - “my last placement...the knowledge...the skills that these nurses had...positive mentoring...taken under their wing” (FG4)
 - “my last placement was in theatres...really interesting...every day was totally different” (FG5)
 - “if you’ve been there before...it’s not a nasty surprise whether they are nice or not” (FG5)
 - “it’s the attitude you experience as a student...whether you’d want to go back” (FG5)
 - “I think experience from placements and experience of things that you’ve not liked...well I don’t like that” (FG7)



Experiences

- Indirect
 - “I work as a Band 2 HCA...when you meet newly qualified staff...some that are quite positive...some have quite negative experiences...it’s good to use their experiences to...inform your own choices” (FG9)
 - “horror stories from other students and staff” (FG9)
 - “if one person says ‘oh have you got ‘x’ placement coming up?’...and they’re like ‘I didn’t enjoy that’...you have a perception before you even go” (FG9)



Expectations/commitments

- “I’ve got a family...small kids...I feel like the...nine to five...will fit more” (FG10)
- “because my kids are older it’s a lot easier” (FG10)
- “I’m just so used tae Monday tae Friday, nine tae five...that’s why community for me” (FG10)
- “I have another profession as well...work one day a week...I’d rather do 12-hour shifts...still do my one day a week in my other job” (FG7)
- “if they’re not going to give you flexible shifts for a family then you wouldn’t really apply for it” (FG7)
- “I have a one-year-old so I prefer to have...stability...to know...where I’m going to be what day of the week” (FG2)



Personality, skills, & abilities

- “some wards just suit different people’s personalities...I don’t like really structured things” (FG5)
- “oncology...I went home after one shift and cried about people that I’d met for one day...I would just take it too personally” (FG5)
- “I’m quite a kinda sensitive person...but I’m hoping that if you go (to ICU) and...show that you’re keen and...pleasant...counteract any situations” (FG9)
- “I like to be busy and in neuro it’s very busy” (FG2)
- “I want to continually grow and learn” (FG2)



Attributes of role/speciality

- “it’s the fast pace...the hustle and bustle that drives me” (FG4)
- “I want to do A&E...I just really don’t like the routine of a ward” (FG5)
- “I’d rather not work in something...as physically demanding” (FG9)
- “somewhere that I can get a good mix of skills...” (FG7)
- “palliative care...the opportunity to have a one-to-one with the patients...get time to know your patients and the family” (FG10)
- “I really like patient interaction...in theatres...you’re not really having so much to do with the patient” (FG7)



Conclusions

- Difficult to make comparisons to published studies
 - General v field-specific nursing
 - Location – published studies predominantly from Australia, Canada, Norway
 - Most studies quantitative and focus on speciality choice rather than reasons for choice
 - Narrow focus of published studies – attributes of role/speciality



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- In general, similarities in that more technical specialities **seem to be** preferred over less technical specialities (e.g. aged care) (Kloster, Høie, & Skår 2007; Birks et al. 2014; McCann, Clark, & Lu 2010; Happell 2002; Rognstad, Aasland, & Granum 2004)



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- Similarities in that positive attributes of role/speciality such as dynamic, varied, challenging, fast-paced, seeing their patients becoming well were all mentioned (Happell 2002)
 - Some similarity in negative factors – repetitive, physically taxing work described as unappealing (Happell 2002; Kloster, Høie, & Skår 2007)



Implications for Nurse Education

- Clinical practice experience seems to influence career choice – need to ensure that practice opportunities reflect clinical need, and are positive experiences for students
- Need to introduce the potential career options early in an undergraduate programme – often left until final year



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- Strong indication that the **interpersonal attributes** of a clinical experience (staff attitudes, feeling welcomed, supportiveness towards students, strong leadership/management, regular feedback and positive reinforcement) are at least as important as the clinical attributes of an area
 - New NMC standards – where to now?



Next Steps

- Questionnaire finalised, approved, and piloted
- Prospective cohort study (2017 cohort)
- 2 data collection points (year 1 & year 3)
- Descriptive and inferential statistics, with paired sample t-test (change over time)
- Present (NETNEP2018), publish, PhD! 😊



Any Questions



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