Nursing & Midwifery Pre Reg Quality Assurance Surveys - High Level Messages 2018

All Universities

A. Response

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<tbody>
<tr>
<td>Student Nurse</td>
<td>580</td>
<td>721</td>
<td>684</td>
<td>672</td>
<td>874</td>
<td>929</td>
<td>1,129</td>
<td>1,192</td>
<td>1,141</td>
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<tr>
<td>Student Midwife</td>
<td>55</td>
<td>101</td>
<td>55</td>
<td>78</td>
<td>37</td>
<td>85</td>
<td>76</td>
<td>68</td>
<td>74</td>
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<tr>
<td>Total Student Nurse</td>
<td>635</td>
<td>822</td>
<td>739</td>
<td>750</td>
<td>911</td>
<td>1,014</td>
<td>1,205</td>
<td>1,260</td>
<td>1,215</td>
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<tr>
<td>and Midwife</td>
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<tr>
<td>Mentor</td>
<td>670</td>
<td>1,594</td>
<td>1,221</td>
<td>1,160</td>
<td>791</td>
<td>823</td>
<td>770</td>
<td>1,025</td>
<td>855</td>
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<tr>
<td>Charge Nurse</td>
<td>509</td>
<td>695</td>
<td>429</td>
<td>415</td>
<td>251</td>
<td>218</td>
<td>342</td>
<td>402</td>
<td>247</td>
</tr>
<tr>
<td>* Both Mentor &amp;</td>
<td>-</td>
<td>-</td>
<td>580</td>
<td>537</td>
<td>435</td>
<td>408</td>
<td>315</td>
<td>424</td>
<td>383</td>
</tr>
<tr>
<td>Charge Nurse</td>
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<tr>
<td>Total Mentor, CN and</td>
<td>1,179</td>
<td>2,289</td>
<td>2,230</td>
<td>2,112</td>
<td>1,477</td>
<td>1,449</td>
<td>1,427</td>
<td>1,851</td>
<td>1,485</td>
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<tr>
<td>Both</td>
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* The format of surveys was altered in 2012 with the mentor and charge nurse versions combined into one survey. Respondents to the 2012 survey were given the option to describe themselves as a mentor, charge nurse or fulfilling both roles whereas previously they denoted themselves as either a mentor or charge nurse respectively.

Response rates across surveys
- A decrease of 4.3% in student nurse responses from the previous year.
- An increase of 8.8% in student midwife responses from the previous year.
- A decrease of 19.8% in the total number of responses from mentors, charge nurses and those in both roles from the previous year.

Method of analysis
The summary report highlights strengths (where a substantial proportion e.g. 80/90% or more have indicated wholly positive responses (i.e. good and very good)) and areas for development where a noticeable number (e.g. 10/20% or more) have indicated a more negative response (i.e. poor and very poor).

B. Results (2017 results in brackets)

Most respondents were completing an ordinary degree 86.6% [91.1%] and were in their third year of study 91.9% [95.1%]. The remainder were undertaking an honour’s degree 10.6% [8.9%] or a master’s degree 2.8% and were in their fourth year of study 3.6% [4.9%] or second year 4.5%.

1. Student Survey

i) Overall rating of education programme
The overall value of the education programme (course and placements) in preparing students for practice was rated positively by 78.4% (84.4%) of respondents. This bears comparison with the final survey question which asks students for a global rating of the education programme (77.2% rated the programme positively, (82.8%)).

ii) Specific components of the education programme highlighted by students:

a) Strengths (highest components rated as good or very good)

- For treating people with kindness, respect and compassion 95.3% (96.6%)
- Providing holistic care 94.2% (95.5%)
- Practicing ethically 93.4% (95.4%)
- To always practice in line with best available evidence 92.7% (93.8%)
- For being an advocate for patients’ rights 87.1% (89.1%)
- To use a range of verbal and non-verbal communication methods, and consider cultural sensitivities to better understand and respond to people’s personal and health needs 83.7% (87.1%)
- For preventing and managing Healthcare Associated Infection 83.2% (87.0%)
- For advising on and promoting health and well being 82.9% (87.4%)
- For understanding nursing/midwifery theory 81.3% (85.6%)
- To communicate clearly and sensitively in different settings using a range of methods and skills 81.1% (85.3%)
- For working as an autonomous and effective member of the multi-disciplinary or multi-agency team 80.8% (84.9%)

b) Areas for development (lowest components rated as poor or very poor)

- Understanding anatomy and physiology 15.4% (7.4%)
- For leading a team of peers, junior staff and health care assistants 11.3% (8.6%)
- Making numerical calculations e.g. drug calculations 10.1% (7.6%)
- For the safe administration of medicines 7.7% (4.1%)
- For keeping clear and accurate records relevant to your practice 6.5% (4.2%)
- For caring for patients from diverse cultural backgrounds 5.1% (3.1%)

iii) Rating of midwifery programme

2018 (74 respondents)
All aspects of the midwifery programme were rated as good or very good by 90.5% or more of all midwifery students (86.7%, (2017, 68 respondents)).

iv) Clinical practice preparation

Students were generally satisfied with support from academic teaching staff and mentors in linking theory with clinical practice and access to clinical skills facilities with on average around 80% (79%) rating all these aspects as good or very good.
v) Placements

83.4% (82.6%) of students were aware of the Quality Standards for Practice Placements (QSPP) document. 73.6% (74.9%) of those who were aware of the standards found them helpful.

**Note:** the response categories in the Placements section were changed in 2014 to *always, mostly, rarely* and *never* to give an indication of frequency across all placements. In the following summary *always* and *mostly* are taken to equate to a positive response. Conversely *rarely* and *never* are taken to mean a negative response for comparative purposes.

Prior to arriving 93.9% (89.9%) had access to pre-placement information. Similarly nearly all students 97.9% (96.9%) reported having a named mentor and most felt supported to achieve their learning outcomes 96.2% (96.5%). Assessments from mentors were felt to be objective by 90.6% (90.3%) of students. Good support from team members was reported by 96.9% (96.9%) of students. Similarly 92.1% (93.5%) of students felt their contribution was valued by team members.

Less satisfactory aspects of placements were perceived to be a lack of: support from their university in the placement area (reported as lacking by 21.2%, 22.4%); the opportunity to discuss their learning needs within 48 hours of taking up their placement (reported as lacking by 15.0%, 17.7%); access to the learning resources (e.g. library, IT facilities) that they required (reported as lacking by 13.7%, 15.3%).

2. Mentor and Charge Nurse Survey

**Mentor and Both**

i) Mentor and Both Workload

Over the last year 82.1% (81.6%) of mentors reported having between 1 and 5 students and 15.0% (15.7%) mentored 6 and more. The remaining 2.8% (2.7%) did not mentor in the previous year.

ii) Mentor’s Strengths and Areas for Development

Mentors’ views of strengths and areas for development are outlined below.

a) Strengths (rated as *good or very good*)

- their capacity to provide supervision for students 77.2% (78.2%)
- their capacity to provide continuous feedback to students 77.7% (77.6%)
- their capacity to provide support for students 76.0% (76.9%)
- their capacity to provide clinical teaching for students 74.2% (75.8%)

b) Areas for development (rated as *poor or very poor*)

Time was a recurring challenge here:
• the time allocated to continually assess the student’s achievement of learning outcomes 19.1% (20.1%)
• the preparation time prior to the student’s arrival 13.2% (14.9%)
• knowledge of the students’ learning needs 8.2% (9.8%)

iii) Support in All Roles - Mentor, Charge Nurse and Both

Almost all 87.9% (88.6%) had participated in regular mentoring updates. Most 72.1% (72.4%) had utilised the Quality Standards for Practice Placements (QSPP) document and of these 83.5% (85.9%) found it useful.

Good support was received from Practice Education Facilitators with 72.9% (77.0%) acknowledging this and from CHEFs 68.8% (80.0%). Less likely was good support received from lecturers with 39.2% (43.6%) reporting this as good.

18.9% (17.9%) of charge nurses indicated that students had arrived unexpectedly without them receiving the recommended notice period.

Newly Qualified Nurses and Midwives

iv) All roles (mentors, charge nurses and both) ratings’ of the newly qualified nurses and midwives from their link university

Over half of respondents in all roles 60.6%, n = 893, 59.8%, (n = 1,100) had worked with newly qualified nurses and midwives in the previous year. In all nine aspects examined, no more than 8.6% (8.7%) of newly qualified practitioners were rated as poor or very poor. The highest and lowest rated aspects were:

a) Strengths (rated as good or very good)
• the caring and compassionate approach demonstrated by most newly-qualified nurses/midwives 81.5% (83.4%)
• the professional conduct and behaviour demonstrated by most newly-qualified nurses/midwives 78.8% (81.3%)
• the ability to work with colleagues in a team demonstrated by most newly-qualified nurses/midwives 75.7% (80.1%)
• the motivation demonstrated by most newly-qualified nurses/midwives 74.5% (75.5%)

b) Areas for development (rated as poor or very poor)
• the practical experience demonstrated by most newly-qualified nurses/midwives 8.6% (8.7%)
• the motivation demonstrated by most newly-qualified nurses/midwives 4.5% (4.2%)
• the theoretical knowledge demonstrated by most newly-qualified nurses/midwives 3.3% (5.0%)