The impact of Nursing and Midwifery Council (NMC) revalidation on the identity of academic staff in a higher education institution in the United Kingdom: A mixed-methods study

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Revalidation

- NMC introduced revalidation in 2016 replacing Post Registration Education and Practice (PREP)
- Registrants defined their practice- clinical, management, research, education
- NMC reported 2% (n= 4,148) in the first year defining their area of practice as 'education' (NMC 2017)
- Introduced at City across the university through workshops and confirmer training.
- Academic staff anxiety about professional identity in relation to clinical credibility (Attenborough 2017).

Overall aims

- To establish the impact of the NMC revalidation process on the professional identity of academic staff at City, University of London.
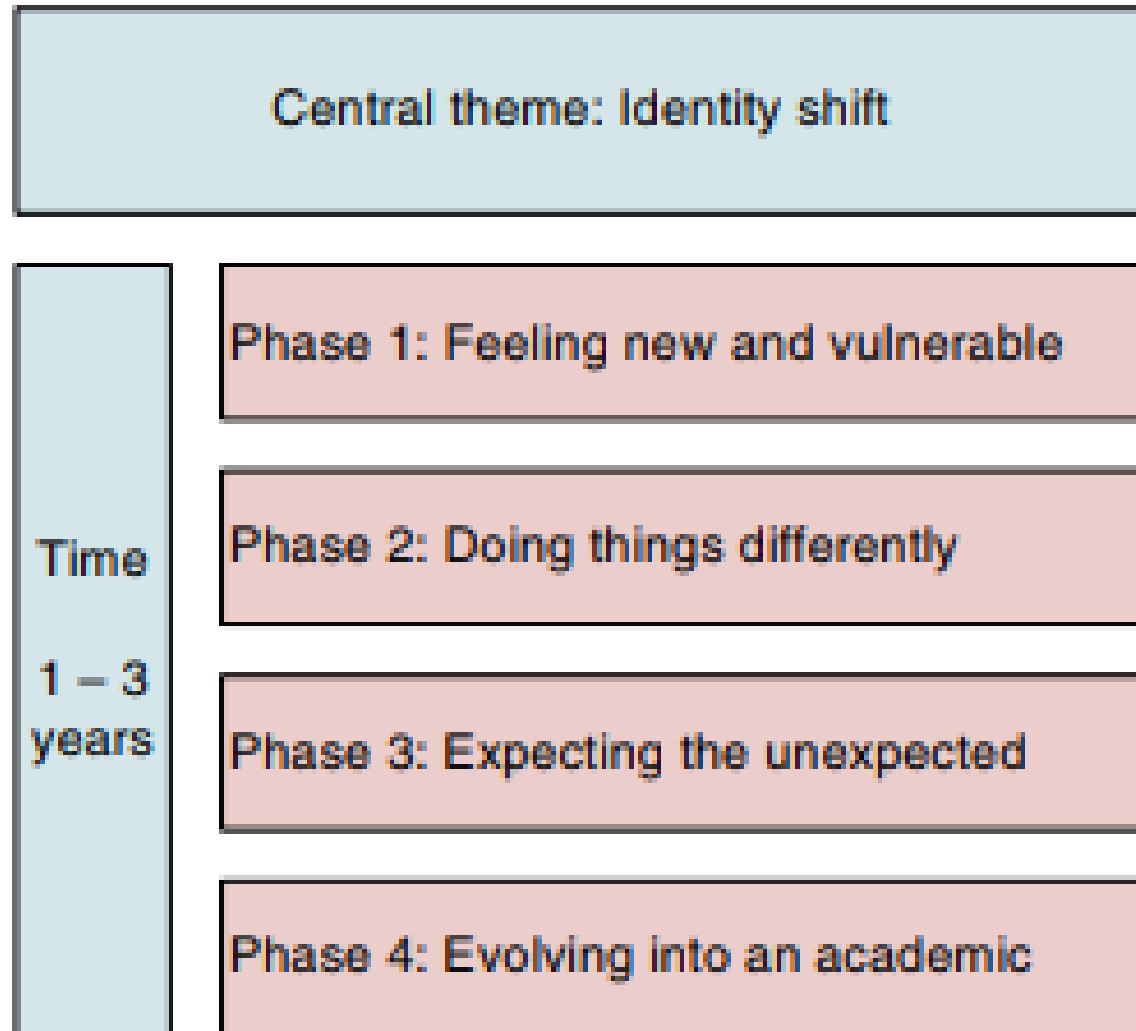- To investigate student perceptions of their lecturers as registrants

Objectives

- To explore staff experiences of revalidation and its impact on their identity.
- To explore student understanding of the NMC revalidation process and gain understanding of student learning in relation to the clinical credibility of academic staff.
- To establish the nature of the relationship between NMC revalidation and academic staff perception of themselves as registrants.
- To identify any technical and implementation issues to inform implementation.
- To investigate staff's perceived value of NMC revalidation in relation to other professional recognition, such as the Higher Education Academy (HEA) fellowship scheme.

Background

- Despite nursing and midwifery being part of HE for 23 years debate continues both inside and outside the academy (Andrew 2012; Oliver 2017)
- No return to practice or overseas education route in the UK- unlike US.
- Desire of nurses, midwives and allied health professionals employed in education roles to maintain clinical identity widely reported (Findlow, 2012; Laurencelle et al, 2016; Murray et al, 2014; Smith and Boyd, 2012)
- Reluctance to adopt the identity of researcher and lecturer, lack of insitutional support (Andrew et al 2014)
- Negative outcomes for those who do not conform to HE expectations (Duffy 2013)

Murray's four phases of transition (Murray et al, 2014)

Central theme: Identity shift

Time

1 – 3 years

Phase 1: Feeling new and vulnerable

Phase 2: Doing things differently

Phase 3: Expecting the unexpected

Phase 4: Evolving into an academic

Methods

- Mixed methods approach examining experiences of students and staff via on-line survey and semi-structured interviews
- Questions for the survey developed from themes emerging from interactive workshops preparing staff for revalidation- anxiety about revalidation, professional identity, perception of commitment from the university to registrants in academic roles
- Thematic analysis of interview transcripts

Online survey

- The survey was distributed to all registrants employed by the university in an academic role (n=76), 43 responded (57% response rate)
- In general, the survey and interview data are consistent
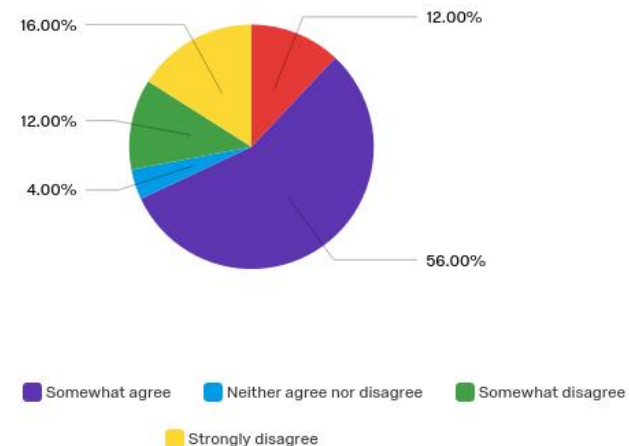
Anxiety about revalidation

Those who hadn't revalidated-42% were feeling anxious about revalidation (n=12)
Those who had revalidated- 68% recalled feeling anxious (n=25)
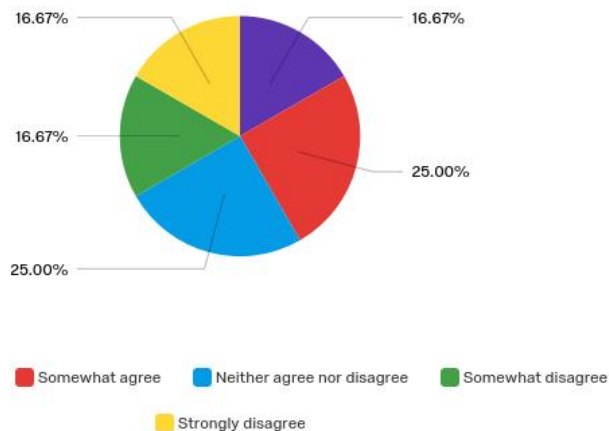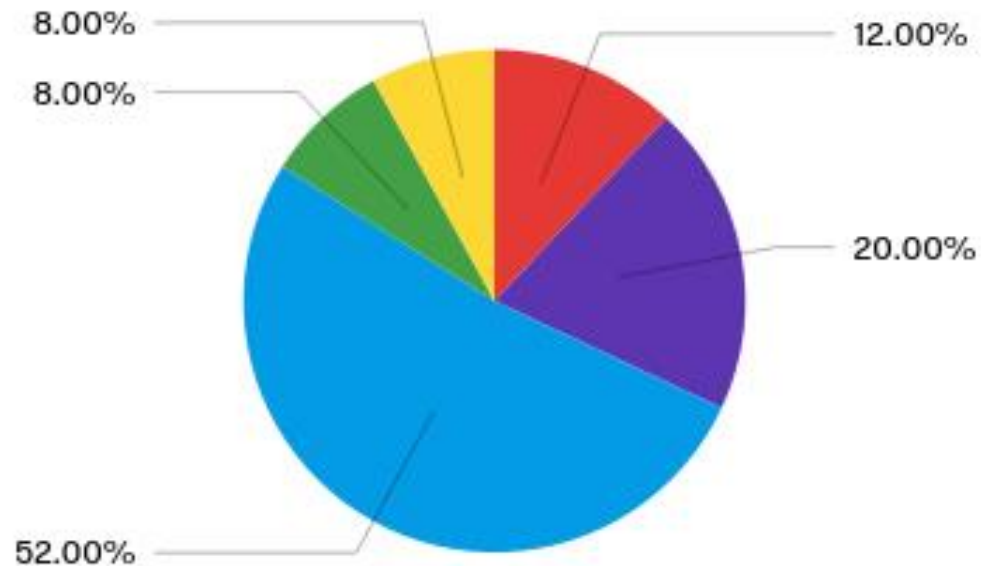
After revalidation: I had a stronger identity as a nurse/midwife/SCPHN 32% n=25

8.00%
8.00%
12.00%
20.00%
52.00%

Strongly agree   Somewhat agree   Neither agree nor disagree   Somewhat disagree

Fellowship of the HEA
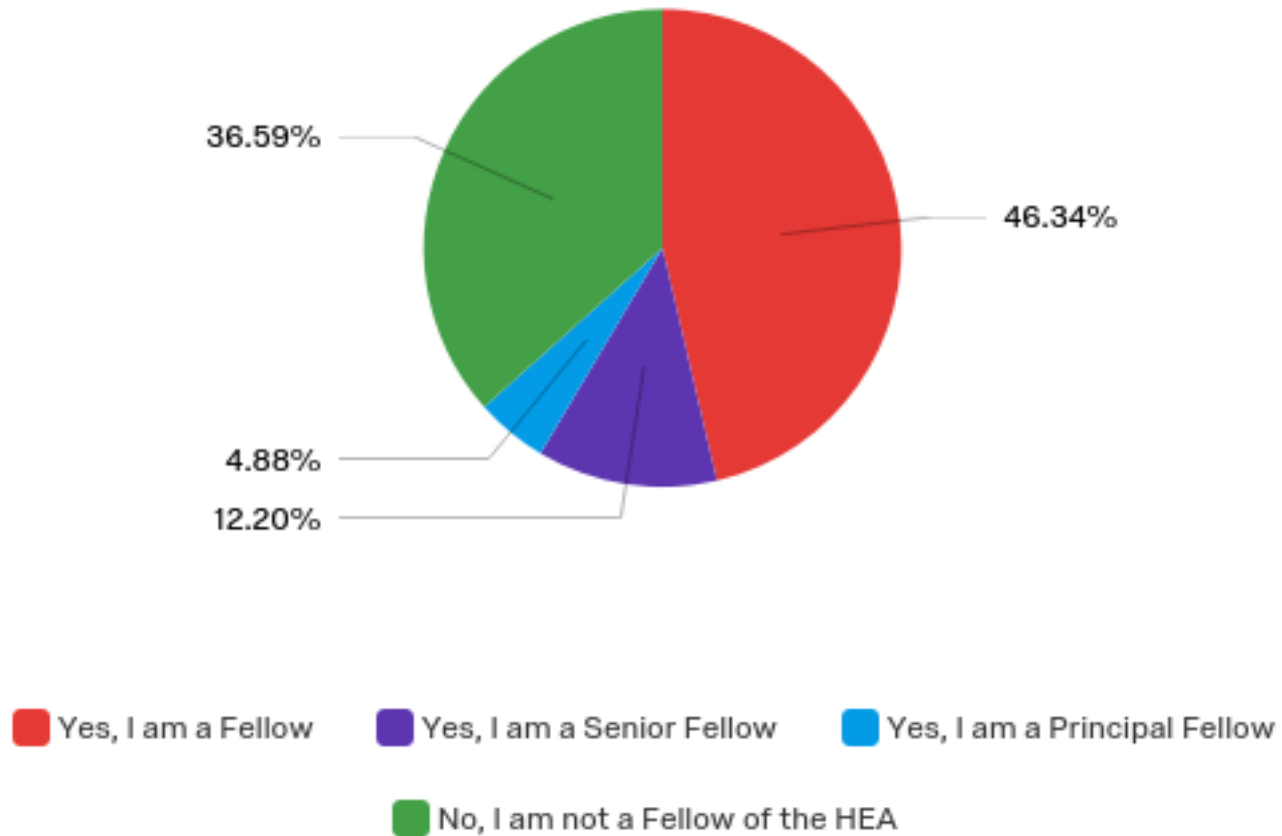
Fellowship of the HEA

Q18_1 - Is more relevant to my role at City than the NMC

- 21.05% Strongly agree
- 13.16% Somewhat agree
- 23.68% Neither agree nor disagree
- 28.95% Somewhat disagree
- 13.16% Strongly disagree

Interview results

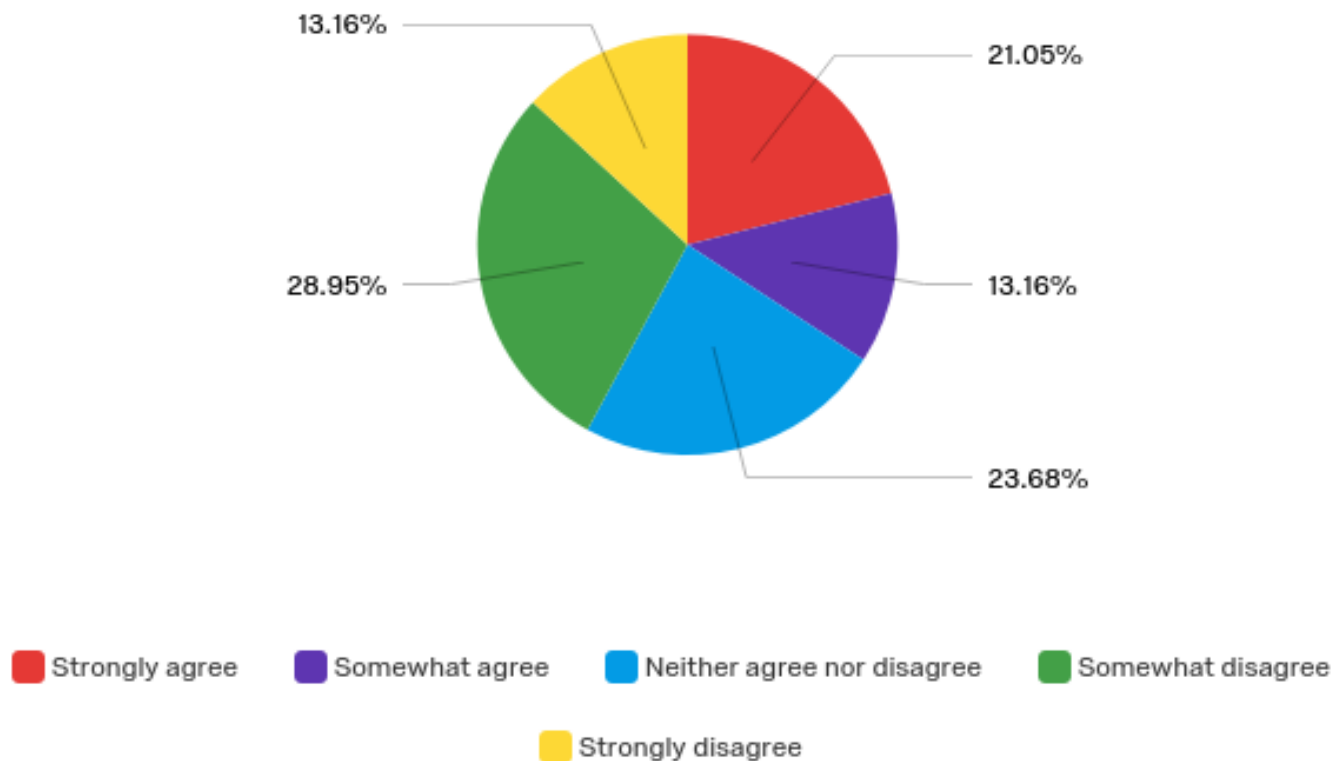- Survey respondents were asked to state if they were willing to be interviewed. A maximum variation sample was drawn from those agreeing.
- Students were approached by their programme directors: five were willing and able to be interviewed.
- All staff had undergone the revalidation process.
- In order to protect confidentiality, the gender and status of staff are not included: three were male and seven female; one was a professor, two were senior lecturers, and the remainder lecturers.
- Three female and two male students were interviewed.

Number	Lecturer/researcher in:	Last in clinical practice	HEA fellow?
L1	Health visiting	2012	Y
L2	Adult nursing	1992 approx.	Y
L3	Midwifery	2016	N
L4	Adult nursing	2003	N
L5	School nursing	2014	Y
L6	Midwifery	2013	Y
L7	Mental health nursing	2014	N
L8	Children's nursing	1998	N
L9	Mental health nursing	1997	N
L10	Children's nursing	2012	Y
	Student studying:		
S1	PGDp in adult nursing		
S2	BSc in children's nursing		
S3	BSc in mental health nursing		
S4	MSc in adult and mental health nursing		
S5	Midwifery		

Interview results: Clinical credibility-staff

- Staff were asked if they thought that their clinical credibility had been reduced over time. Most felt fairly confident that their own credibility was sufficient. This was often because they visited health care settings regularly basis as part of their role:

- '*I very much spend time talking to clinical staff and to students. So I update what's going on out there all the time, I understand what their issues are*.' (L4)

- No-one reported feeling uncomfortable that students had been aware of lecturers' ignorance, though a few did acknowledge some loss of credibility in their own eyes. One believed that students did prefer being taught by people who were visibly hands on:

- '*being much more up to date literature wise … is not valued as much as, have you got the manual dexterity if you're whipping down NG tubes*' (L8)

- Another wondered what students were thinking but chose not to articulate. S/he added

- '*A lot of students say, 'Do you still deliver babies?' … they do ask that question…*' (L6)

Clinical credibility: students

- Students interviewed agreed that it was not important if lecturers were not absolutely up to date about every detail of practice, as it was theory that they were usually teaching.
- Knew or assumed that most of their lecturers were qualified nurses or midwives and reported that many lecturers had given a brief account of their clinical careers.
- Several suggested that lecturers' anecdotes from nursing experience helped students to feel their way into the nursing role:
- '*Telling us stories before we've gone on our first placement about how working on a ward is actually like, I think is really important. Because it gears you up a bit more and then it also gives you a bit of hope for the future, like, 'Oh you've had a good career out of this, maybe I could too?'* '(S4)

Identity as a nurse/midwife/SCPHN?

- Majority still saw themselves as a registrant first and foremost. A strong emotional connection was articulated.
- '*I do truly believe that there is something special about nursing and I partake in that, I sign up to that … I worry that sometimes it's a bit of a sentimental… it's part of my identity, but I'm not absolutely sure how much, how real it is.*' (L2)
- Another reported that, when she had had the opportunity to move abroad:
- '*the thought of losing the nursing element of my identity stopped me from going.*' (L1)
- Another pointed out that his/her knowledge of hospital care was greater now than it had been when in practice in the community.

Identity as a nurse/midwife/SCPHN?

- One person made explicit what was implied by all the others: that nursing is a discipline that includes a wide range of activities, and so can embrace non-clinical roles:
- '*Nursing is so many different things that you can be....you know....a community nurse, a hospital nurse, a hospice nurse, a clinical nurse specialist, a manager, a teacher, a research nurse... So it is just a different way that you interpret your role as a nurse*.' (L10)

Revalidation

- All of those interviewed had undergone the revalidation process.
- Most had found it relatively straightforward, and had attended workshops provided by the university. A few mentioned the revalidation file provided by the university, which had helped them to organise material easily.
- The workshops had dispelled quite widespread fears that lecturers would have to go back into practice to acquire 'clinical hours'. Several also said that the materials provided online by the NMC were straightforward and helpful.
- Some who were less positive about the process, explained that this was due to their own procrastination or disorganisation.

How did you feel when you first heard about revalidation?

- Most recalled assuming that it would be another meaningless bureaucratic chore, and the process been a pleasant surprise.
- It was useful to look back in a structured way and, for example, to have an overview of all the training attended.
- More often it was the need to reflect and to discuss reflections that had been useful:
- '*It made me genuinely reflect a lot on what I had done and what I had learnt and how it had changed some of my practices and my teaching. And I would actually recommend it to people as a good thing to do.*' (L9)
- Only one person had no faith in the process, and saw it as a poor substitute for conscientious management by employers.
- '*I just feel it's a paper and pencil exercise. I am not convinced that it will actually do anything for the profession… The real problem I think is in practice, and it's with the NHS organisations who manage those practitioners.*' (L4)

Connection with the profession

- Several informants described how the revalidation process had to a certain extent strengthened their sense of connection with the profession.
- '*When I chat to nurses, sometimes they say to me, 'Oh, when's your revalidation due up?' and it's something we all share*.' (L2)
- '*It reaffirmed that I do agree with the values that underpin the profession. It made me think about how I've interpreted them and what I've done with them. … It does make you think about what is it about nursing that I value*.' (L1)
- Some sympathy was expressed for registrants in practice who might find it harder.
- '*I know for quite a few nurses this is going to be a problem… Structurally, I don't think the employers are good at providing time, space, support for nurses to maintain their education*.' (L9)

Revalidation: students

- Some scepticism about the process:
- '*If you're working for the NHS, surely … anybody working for them has met those requirements. And then if they haven't, then they should be contacting that person to say to them, you haven't met the requirements*…' (S5)
- Students had observed challenges for registrants in practice:
- '*I've come across some people in practice that were hating it, absolutely hating it… they hadn't written anything down properly for a long time, so even short essays or short reflections are quite hard. And they were finding it really awkward to get all of their time stuff together … they were finding it a massive administrative burden*.' (S4)

An academic identity? Fellowship of the HEA

- Of the four staff who were fellows of the HEA, none appeared to think fellowship significant or particularly beneficial.
- *'I have nothing to do with the HEA, I have never used their resources, I don't quite know what they're there for …'* (L6)
- However, two who were not yet fellows saw the HEA more positively as lending academic credibility.
- '*I would like to apply to be a senior fellow …I think it's very important… I want recognition of excellence in teaching…*' (L7)

An academic identity?

- Most of those interviewed spoke of being primarily a registrant.
- '*I relate to being a nurse first and foremost and the idea of being a lecturer, yes, that's a difficult one … Being a lecturer in nursing doesn't feel like being a proper lecturer because it's more about, you got there on the merit of being a nurse or a health visitor or whatever, rather than, you got there on the merit of being an academic.*' (L1)
- '*I tell myself I'm a nurse who teaches, rather than a teacher who nurses.*' (L8)
- They did not regret their academic role, and no-one would hesitate to recommend an academic career to those who were interested and suitable.

Student identity at university and in placement areas

- Students reported feeling like a student rather than a nurse/midwife when at City, though one mentioned feeling like a nurse in simulation sessions when a nursing uniform was required.
- When on placement in clinical settings, they felt more like a nurse, though to a variable degree. A final year student definitely felt like a nurse with nursing responsibilities, but others felt at times more like a health care assistant. This might be because of what nursing staff delegated to them.
  '*Some of them trust you to actually do stuff, and other ones are like, no, you'll sit in the office and you'll read policies all day. In which case, you feel more like a chastised toddler than an actual nurse.*' (S4)

Theory-practice gap

- Students felt the two settings complemented each other, and only one reported an important theory-practice gap. *'We've been very much taught that the way to deliver a baby is hands off …. Whereas in practice everybody is hands on and the new research is showing that we should be hands on now… They talk a lot about finding your own way to practice, so if you're not presented with both ways, then how can you find your own way?'* (S5)

Important points

- Students appreciated that their lecturers had experience of being healthcare professionals, rather than that they were clinically up-to-date
- Students appreciated hearing about lecturer's time in practice, described by Baldwin et al (2017) as the 'storytelling' (p2) of their professional and clinical lives.
- The issue of clinical credibility, though considered important by both lecturers and students was not thought to be achieved only through direct clinical practice
- The majority of participants identified first as nurses or midwives, this being a very important part of their identity. This is widely reported in the literature but may be detrimental to progression in a higher education institution (Jackson et al, 2010; Smith and Boyd, 2012).

Important points

- The process of revalidation led to increased connectedness with colleagues in clinical practice.
- Whether this is detrimental to the establishment of nursing and midwifery as academic subjects is debatable, and may relate to what type of institution the subjects are located in (Lopes et al, 2013).
- Participants' perception of themselves as healthcare professionals first related to their perception that they were appointed as academics on the basis of professional registration rather than academic or research qualities (Farnworth et al, 2010).
- Most participants positive about revalidation and its effect on their identity

Next steps

- LEaD-funded project about the importance of storytelling by academic staff to students- student-led development of a resource and evaluation
- Transition project (Madeline O'Carroll)

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