

# Keeping the customer satisfied: responding to changing social demands at the University of Bradford

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## Abstract

The Division of Health Care Studies within the School of Health Care Studies at the University of Bradford delivers multi-professional education to a diverse group of post-registration students from many areas of the health care sector.

The dynamic nature of health care provision in the 1990's requires a flexible, up to date workforce capable of initiating and responding to the changing internal and external environment (Caines and Hammond 1996). At the same time issues such as downsizing and skillmix reviews (McKeown 1995) have constrained organisations ability to release staff for training and education (Rowland 1996). Health care professionals are faced with the need to balance their own professional development with statutory requirements (UKCC 1994) and changing work patterns and practices.

This paper discusses how the changing demands upon and from of our various customers, has led to flexibility in provision and delivery of quality education at both undergraduate and postgraduate level. We believe our department reflects the ethos of the Dearing Report (1997) which identifies a need to encourage a society committed to life long learning (DFEE 1998, ENB 1998).

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## Background

The Division of Health Care Studies within the School of Health Studies at Bradford University had originally been the department within a College of Health responsible for the post qualifying awards for nurses and more recently a postgraduate Certificate in Managing Health Services. In April 1996 the College became integrated with the University of Bradford. Since this time the programmes offered have undergone continual change in order to meet the evolving needs of our customers within the National Health Service (NHS) at individual and organisational level.

This paper will explore the changing environmental conditions that acted as a catalyst for developments to our programme provision and will detail the increasing flexibility of response in order to meet the identified needs. Continuing challenges facing the department will also be discussed.

Since its inception in 1948 the NHS has undergone a various re-organisations however the pace of change has increased dramatically in recent years. The introduction of an internal market and the attendant competition (DOH 1989) encouraged organisations to become more focused on remaining financially viable. This in turn highlighted the importance of customer care. The issue of quality began to be considered in the contracting process and the focus of health care provision began to move toward primary care setting and this trend continues (DOH 1996a).

The importance of quality was further developed in the 1997 Government White Paper (DOH 1997) which introduced a formal framework for monitoring the performance of NHS organisations. This legislation also clearly spelled out the need for multi-professional, cross boundary working under the umbrella of 'partnership'.

Running parallel with these changes was the requirement for the delivery of care to be based on scientific evidence (DOH 1996b). For this to happen health service staff to need to become at least users of research even if most do not actively undertake research themselves.

The above developments meant that the updating of existing skills and the acquisition of new knowledge and skills were needed by a range of staff in order for their organisations to deliver their objectives. However, in order to remain competitive many organisations had critically reviewed their approach to human resource management and staff numbers and the mix of staff skills required (McKeown 1995). There was then a tension between the need to educate and develop staff and the logistics of being able to

release staff for this purpose whilst maintaining the service to patients and other customers (Rowland 1996).

Organisations needed access to cost-effective educational programmes that met their requirements in relation to service developments. These included, for example, devolution of management responsibility to staff not previously undertaking managerial functions and the extension of the roles of many clinical staff to carry out duties previously performed by doctors (NHSME 1991). Consortia of local health service providers have been formed in order to decide service requirements and to contract with educational providers for the required programmes.

In addition to the above pressures resulting from organisational needs our department recognises that individual health care staff are also legitimate stakeholders in our service. Many professionals are addressing the concept of continuing professional development. This is in part driven by the statutory requirements of professional bodies for members to be able to demonstrate ongoing development in order to be able to practice (UKCC 1994). This must be in place regardless of whether or not employers provide access or funding for individuals. Many staff also now recognise that their employment is less secure than previously because of changes discussed above. In order to remain employable some recognise the need to take responsibility for their own development (Guterman 1991). Additionally as organisations become 'leaner' the opportunity for traditional hierarchical career progression has diminished. For some individuals the opportunity to participate in further education and training is an alternative motivator (Nolan et al 1995).

All of our students study on a part-time basis combining this with work in a health care setting and many of these work a shift system. Added to this is the fact that 80% of the workforce is female (Equal Opportunities Commission 1991) and many have added responsibilities as carers in the home. Individual and organisational demands may therefore mean that many staff may find regular attendance at the University for a traditional taught course problematic.

## Responses

These then are some of the factors impinging on the work of our department and a range of responses is evolving in order to provide flexibility for our customers. Not all of the options to be discussed are available to every student or in every area of programme provision, however it is hoped to continue to build on good practice as it becomes identified.

A range of programmes is offered from undergraduate certificates through to Masters degrees. The Enrolled Nurse (EN) Conversion Programme, for example, leads to a certificate level award that is also a licence to practice, and this can be built upon to achieve a diploma and subsequently an honours degree. For students wishing to study at postgraduate level, two Masters programmes are available. In this way we hope to provide access to a wide range of health care professionals and other staff allowing them to enter their studies at an appropriate point. The programmes on offer cover areas of clinical practice, education, research and management so allowing students to meet their own professional needs.

Some of these programmes are profession specific such as the EN or Registered Sick Children's Nurse programmes. Increasingly however, our provision is being offered on a multi-professional basis. This is in keeping with the requirements of the NHS for multi-professional working (DOH 1997) and is designed so that students can share experience and learning. The benefits of multi-professional education are already documented (Hughes and Lucas 1997) and anecdotally students regularly mention this in programme evaluations. Programmes run in this way include the MSc in Health and Social Services Management and Diploma/ Degree in Combined Health Studies. Where possible the team of staff working on each programme is also multi-professional in nature.

The University has a policy of modular provision and several of the programmes in advances that are discussed by Benson et al (1998); these have also changed the demands made upon teaching staff within the division. A changing clientele of mature students, predominantly women of middle age (Kenworthy & Dearnley 1998), include the facility to be able to study for individual as an alternative to registering for the whole programme. This allows organisations or individuals to tailor the choice to specific needs. An example of this was a local hospital Trust commissioning the department to deliver two specific modules from the Postgraduate Diploma in Health and Social Services Management. The modular format also allows students to join programmes at two or three points in the academic year and to have control over the pace of learning. It also provides 'stopping-off points' for those who wish to complete awards in a number of stages.

Some programmes offer the student a choice of award. Most students opt for an academic award. There is the opportunity to demonstrate managerial competence in the workplace by compiling a portfolio of evidence to be assessed for a National Vocational Qualification (NVQ).

All of our students come to the department as adults employed in the delivery of health care and many have already previously undertaken other academic or professional programmes. There is the facility to import credit for certificated or experiential learning up to and including Master's level. This is of enormous benefit to the student and is another facet of our flexible approach.

A range of our programmes has been commissioned by local Trusts and is financed through a contract

which in effect 'top slices' the funding. The result is that these are free at the point of delivery for NHS employees sponsored by their organisations so making these programmes an attractive option for many staff.

In recognition of the fact that our students often work changing and unsocial hours some of the programmes are offered at with a choice of tutorial groups so that the student can select appropriately. This can be valuable where the student does not get release from work to attend tutor groups. Some tutors negotiate times for meetings with each individual group.

Whilst the majority of programmes use open learning as the delivery mode we are gradually developing skills in administering a distance learning alternative and supporting those students enrolled on these programmes. The BSc (Hons) in Professional Practice now attracts more distance students than those wanting a local delivery. The MSc in Health Care Practice is essentially a traditionally taught programme though it is possible to incorporate some open learning modules. The Diploma/BSc in Combined Health Studies not only allows students to mix modules using different delivery modes but also to select modules from a number of different departments within the University, including Applied Social Sciences so providing maximum flexibility for students. Student support involves the use of Email, faxes and telephone tutorials dependant upon student facilities.

We use a variety of assessment methods across the range of programmes and one programme, the BSc in Professional Practice in Health Care has recently utilised telephone interviews as part of the assessment process. In some instances students have a choice of hand in dates for assignments and can negotiate the assignment topic once again allowing them some control over their learning.

## Challenges

Whilst we are committed to a flexible and student centred approach to curriculum development and wish to encourage lifelong learning (DFEE 1998) we recognise that there are a number of challenges which need to be tackled.

The variety and flexibility of our provision results in high administrative workloads. The demands on academic staff are therefore not insignificant and there is a constant tension between the academic and administrative aspects of their role.

We also recognise that increased use of innovative technologies has much to offer and could improve the quality of the service that we provide. The financial and staff development implications of this issue need to be addressed.

In conclusion we feel that we are constantly reviewing our provision in order to meet the changing demands of our client group and recognise that this must be an ongoing process. Significant progress has been achieved over a relatively short space of time.

Recent years have witnessed the emergence of tremendous social expectations for women. Increased consumerism and technology have increased the number of women seeking employment outside the home. Once in these new roles, expectations of self often rise dramatically and are supported by the UK equal opportunities law. (1975)

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