

# Women taking health care education forwards

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## Abstract

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)

This paper aims to consider those women who are employed as health care professionals and are seeking to adapt to the changes not only in their own expectations, but those of their professions and society at large.

The aim of this paper is to explore how female students cope with these changing demands, and the implications of this to the Universities involved.

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## Problem statement: women returning to education

The British National Health Service remains an employer predominantly of women. The largest numbers of these are nurses. The United Kingdom Central Council for Nurses Midwives and Health Visitors (UKCC) currently have 648, 240 nurses registered to practice. 90.8 % of these are female. (UKCC1997) In addition there are 967,097 registered midwives, of whom 99.65% are female.

Previously the provision of post registration professional education for these individuals frequently resulted in them being removed from the clinical environment, a costly and therefore unpopular managerial option. Career enhancement often came through long service rather than academic advancement.

During the 1980's the nursing and midwifery professions made considerable moves to raise the education of practitioners to a minimal of diploma level with a view to an all graduate profession in the near future. In 1995 the UKCC's recommendations for compulsory post registration education for registered nurses became statutory and brought them into line with the existing midwifery statutory requirements. It was advocated that all nurses now had a legal obligation to undertake a minimum requirement of professional education in order to maintain their registration.

April 1996 saw the last wave of the integration of former colleges of Health into Universities and brought to a climax this decade of changes which has culminated in a climate of anxiety. Experienced practitioners who were traditionally educated to certificate level; (a level of practice however that was acknowledged as first class world wide,) expressed vulnerability when faced with a "new breed" of nurse and midwife. These newly qualified practitioners were educated to diploma and degree level with the increasing capacity to question, reflect and critically evaluate practice. The term "research" has gradually become entwined within the professional vocabulary and the challenge of change has now permeated every area of clinical practice.

In addition, there are an estimated 92,300 registered nurses who are not currently practising (Institute of Employment Studies 1997:in Kenny 1998) and who the British government would like to incite back to work. For this purpose a considerable budget has been allocated. From April 1,2000, nurses who have had such a break will be legally required to undertake a return to practice programme. When nurses were asked what measures could encourage them to return to work, flexible working conditions were high on the agenda (Inman 1998), therefore it can be assumed that flexible learning facilities will also be an important issue.

The result of these combined factors is an increasing number of middle aged women returning to education. They are afraid of being left behind. Suddenly their years of experience and dedication to the profession are insufficient to secure them a future. The Division of Health Care Studies at Bradford University is catering for this demand with the provision of a range of flexible opportunities for study. Among these open and distance learning are paramount. Figure one shows the range of ODL programmes

that are offered and from this the significance of the proportion of middle aged women can be seen.

Registered at 1 <sup>st</sup> April 1998	Female	Date of Birth before 1/1/67	Percentage over 31 years of age
Diploma in Health Studies/Registered Nurse	504	111	22.02%
BSc(Hons) Professional Practice in Health Care	64	44	68.75%
Diploma in Higher Education Post Registration Nursing Studies	156	145	92.95%
Diploma Registered Nurse to Registered Sick Children's Nurse	52	27	51.92%
Diploma Enrolled Nurse to Registered Sick Children's Nurse	11	10	90.91%
Enrolled Nurse Conversion	148	147	99.32%
Return to Practice for Health Care Professional (new course)	5	5	100%
Diploma in Applied Health Care	169	118	69.82%
BSc in Applied Health Care	73	49	67.12%
Associate members undertaking single modules of study only	180	121	67.22%

*Figure 1: range of ODL programmes offered and proportion of middle aged women involved*

Health care practitioners who left school and formal training many years ago are returning to education to update their knowledge and skills. For these individuals the challenge is not only of professional educational advancement, but an adjustment to changes in technology, teaching styles and philosophies, (ENB 1994) with which they may not be familiar.

The value of offering study skills workshops to these students prior to commencing the course cannot be underestimated. These workshops provide not only the opportunity to revisit study skills, but also to introduce the student at the outset to computerisation. This technology will assist them in information retrieval and assignment production. A great deal of anxiety is known to exist around the utilisation of modern libraries which themselves are changing at a dramatic rate (Crawford and Gorman 1995).

## The benefits of ODL for Women

The benefits of working in ones own environment at ones own pace is well documented in ODL literature. (Davis 1992, Birch and Latham 1984, Dept of Education and Science 1989 and others) However, for the middle aged woman, working full or part time, and managing family responsibilities, these "benefits" take

on a whole new meaning. In reality women report their experiences of rising at 5am to study for two hours prior to commencing paid work or getting the children ready for school. Others discuss their experience of sitting into the small hours to complete an assignment or to engage in household duties. The actual benefits that these women experience are less well documented. Having been forced into the higher education system by fears and anxiety, they gradually begin to see their predicament as an opportunity rather than a threat. Historically many of these women would have been denied a university education, indeed nursing was historically seen as a "hands on" non academic vocation that fostered this kind of humble self image among nurses. It is frequently the re-shaping of this self image that is central to the benefits which are experienced by women studying via ODL

However, other beneficial components are frequently expounded. Women frequently state the positive aspects of studying in a predominantly female environment where they feel more confident in contributing to group discussions and feel less intimidated than they do in groups containing men. This finding correlates with the work of Willis and Daisley (1992) and Firth-Cozens (1991). Emotional security and a safe supportive environment are known to facilitate learning, to encourage interaction and to promote the skills of critical reflection. (Gills 1981 and Rogers 1983)

Whilst acknowledging that this mode of education requires self direction and self responsibility, it is also important to recognise that it promotes comradeship amongst women who realise that colleagues and peers share the same initial fears and consistent restraints. Thus the key elements of functioning within a team, so necessary in professional practice, for example the recognition of individual strengths and constructive challenge, become central to the learning outcomes. At the same time, the self direction and self responsibility develop positive self esteem and self belief, therefore enabling the practitioner to function more autonomously and confidently within their clinical environment.

## The benefits of this approach to learning are already visible in the local Hospital and Community

Health Care Trusts. Managers report that it is frequently the students who have completed the ODL programmes who are making significant changes in professional practice. In turn they are motivating their colleagues in similar circumstances to pursue academic pathways. Promotional opportunities are now increasingly open where they were previously closed. Historically the small percentage of male nurses frequently attained senior managerial positions, often because they had been able to pursue full time secondment to study to graduate level. Few who did take the part time route faced the problems of their female counterparts. This was largely due to social acceptance, social expectations, and the traditional roles of both men and women in society. Despite the fact that over 75% of NHS employees are female, it is men who occupy 80% of senior management posts. (Alimo-Metcalf 1993)

The system of fee paying within this institution places an extra burden upon those who follow an ODL pathway. Whilst all tuition fees are covered by a contract with the local Hospital Trusts, learning materials have to be purchased at considerable cost, by open learners. For distance students, not covered by the contract, there are the additional costs of tuition fees. Financial contribution becomes a powerful extrinsic motivational factor. This factor, present at all times motivates and stimulates the student into initial action often despite social constraints. Academic success appears to stimulate further interest in the learning process and thus ignites intrinsic motivation thus enabling the student to reach academic levels hitherto deemed unachievable. Life long learning often becomes a reality.

## The Benefits of ODL for Health Care

Benefits to health care encompass the benefits of the individual in that students who have followed an ODL programme will question the origins of care processes. When defending changes in patient care, they have the ability to review and critique nursing and medical literature. The processes of ODL appear to stimulate awareness and confidence. These nurses and midwives are actively demonstrating an increase in their ability and willingness to act as the clients advocate. Further more they are demonstrating and vocalising a renewed enthusiasm for their professions which can only take health care forwards and increase the quality of client care. As mentors of future students, these professionals display an understanding of the academic process and therefore they are able to empathise effectively whilst offering constructive support.

## Implications for Universities

The Division of Health Care Studies has developed an approach to the delivery of ODL that reflects its ethos and philosophy. Recognition is made of the needs of women returning to study, that these women may be paying for this opportunity in financial and other terms.

Students commend the level of support that is offered and the friendly atmosphere in which we work. Women who are returning to study often require a great deal of emotional support, and whilst the prime role of the ODL tutor is to offer academic support, it is frequently difficult especially early in the programme, to separate the two. This change in role has inevitably caused anxiety and concern among the traditional academics amongst us. Systems of support have therefore developed within our team to support each other. (Dearnley and Gatecliffe 1998)

Historically there has been an element of opposition to these systems of education within some traditional institutions. Some traditional educationalists fear that standards of education will fall and that academic rigor will be lost. Such concerns may also extend to personal security, job satisfaction and status. For some it remains inconceivable for students to identify and monitor their own learning needs. In 1985 Knapper and Cropley discussed the conflict which arose in many universities where the faculty had no training in methods of teaching and learning. It was argued that their research activities alone were beneficial to their teaching because they were up to date and involved in their specialist areas. Over ten years later, a government review body (Dearing 1998) recommended that Universities should develop alternative methods of course delivery, other than by the traditional route. A further recommendation was that all lecturers should undertake specific training in how to teach more effectively by understanding educational philosophies and theories. If these recommendations are adopted it will create the opportunity for fears and insecurities around individual teaching styles to be reduced. There is evidence today that some traditional educational approaches are being relinquished in favour of more open and flexible styles; this is particularly evident within health care education where ODL is often accompanied by problem based learning (PBL), a system of delivery which shares many of the ODL qualities.

## References

- Alimo-Metcalf B. 1993 All Snakes and No Ladders *Nursing Times*. Vol 38 No. 38
- Birch D and Latcham.J (1984) *Managing Open Learning*. The Further Education Staff College. Bristol
- Crawford W Gorman M (1995) *Future Libraries, Dreams, Madness and Realities*. Chicago, The American Library Association.
- Dearnley C.A and Gatecliffe L (1998) *Supporting Supporters in ODL* EDEN Annual Conference. 24-26 June, 1998. University of Bologna. Italy.
- Davis M 1992, *Students Guide to Open Learning*. London, Macmillan Press
- ENB (1994) *Creating Life Long Learners*. ENB Publications London
- HMSO Publication (1975). *A Guide to the Sex Discrimination Act*. London.
- Inman K. (1998) Back in the Fold. *Nursing Times*, Vol 94, No11.
- UKCC (1995) *Post Registration Education and Practice Project*. UKCC Publication London.
- Dept of Education and Science (1990) *Open Learning In Further Education*. A Report by HM Inspectorate. Middlesex
- Knapper C. & Cropley A. (1985) *Life Long Learning and Higher Education*. Croom & Helm.Publication London