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The Impact of a Foundation Degree in Health and Social Care from a Graduate Perspective:
implications and considerations for managers

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Abstract

Aim: To gain intelligence on the impact a FD has on individuals personally and professionally, and to share the findings with employers and managers along with consideration of the wider implications.

Background: The FD is becoming more popular as a vehicle to the AP role; to ensure education budgets are used effectively managers need to assess the value of such programmes. **Method:** A small-scale mixed method study using a postal questionnaire to gather information from FD graduates. **Results:** Benefits of the FD included: enhanced knowledge at work; enhanced skills at work; an impact on personal performance and on the service provided. **Conclusion:** Employers and managers encouraged to recognise not just the personal benefits of FD education on their employees but also the wider implications: equity of access to education budgets; acquisition of fundamental values; better recruitment and retention of unregistered workforce; diversification and new ways of working.

Introduction

Over the past decade many new Health and Social Care (HSC) roles have emerged, often requiring achievement of academic qualifications to work competently within the role. The Assistant Practitioner (AP) is one new role requiring individuals to complete a Foundation Degree (FD) (Skills for Health, 2009). Contemporary HSC is increasingly demanding cost-effective and rigorous education that directly translates into enhanced practice (Cavendish, 2013). Lovegrove et al (2013) suggest the design and delivery of education programmes have a direct impact upon safe and effective delivery of care. Therefore the purpose of this small-scale study ($n=35$) was to explore the personal and professional impact of an FD on those who have graduated. Understanding the impact is essential for healthcare employers and managers alike to establish the value of educational programmes, particularly when the education, training and competence of the unregistered workforce is under scrutiny (Francis, 2013).

Background

The FD was introduced in 2001 to allow individuals to obtain skills relevant to their sector and achieve an academic qualification (Yorke and Longden, 2010), today FD's are becoming increasingly popular within HSC as a means of educating AP's. The AP is defined by Skills for Health (2011) as a higher level worker taking on duties previously undertaken by registered staff. The driving forces behind AP role development include: an impending skills shortage due to an ageing workforce; a reduction in qualified nurses due to an all-graduate curriculum; and an demand for technical nursing skills (Macleod-Clark, 2009) as patients become more complex and long term conditions rise (Centre for Workforce Intelligence, 2013).

Method

This small-scale study was conducted to gather intelligence on FD graduates. Ethical approval was granted by the University Ethics Committee and graduates were selected on the basis that they had

completed the FD within the last 3 years. This method of purposive sampling allowed specific participants to be selected on the basis of their knowledge around the subject. However, the disadvantage of this method was the exclusion of managers or service users (David and Scott, 2007). A total of 111 questionnaires were sent to graduates along with an information sheet. Consent to participate was implied by return of the questionnaire. The questionnaire (see Appendix 1) contained a mixture of quantitative questions to obtain baseline data, and qualitative questions to gain a deeper understanding of the impact on FD graduates.

The data were analysed using a basic thematic analysis. The quantitative results generated some simple statistics on job title and area of employment. The qualitative questions were read and the analytical process allowed themes to emerge by extracting commonly occurring material from each question (Donovan and Saunders, 2005).

Results and Discussion

A total of 35 graduates responded to the questionnaire out of 103 possible respondents (36% response rate) suggesting a 64% non-response bias (Fincham, 2008). Response rate may have been affected by the accuracy of the student's home addresses on record. In addition, it could be argued that the sample may not be representative of the whole FD graduate community. However, there are some interesting themes, sharing commonality, worthy of dissemination.

The response across NHS Acute, Community and Partnership Trusts, Charitable and other organisations (Figure 1) was representative of the total student numbers on the programme from each organisation. 62.86% of graduates reported a change in their job title since completing the FD. The most prevalent examples of this are: from Health Care Assistant (HCA) to AP; Theatre Support Worker to Assistant Theatre Practitioner; Rehabilitation worker to Rehabilitation and Mobility Officer.

Enhanced Knowledge at Work

All of the respondents (100%) felt they had more knowledge at work after completing the FD. Many reported that the FD allowed them to strengthen the experiential knowledge they already had. Graduates felt that while they had learned in-depth about their speciality; it was the broader knowledge of HSC (context of health and history of the NHS) that had been of particular benefit. They reported feeling enlightened by the new knowledge on new subjects. This draws parallels with the work of Thurgate et al (2013), who interviewed AP managers, discovering that AP's 'were respected for what they had achieved – it had transformed their lives.'

Graduates felt that through evidence-based practice they were able to deliver a more person-centred service. They reported moving away from task-orientated practice, to looking at people as a whole, understanding their needs more and being able to articulate why things were happening. The academic skills learnt during the FD were being used as tools within the workplace to access new knowledge, allowing a continuation of learning. One graduate reported that when there was a need for new knowledge she would seek that knowledge out and no longer felt like she was 'working in vacuum'. Waring (2010) found that trainee AP's began to flourish with their new found knowledge and confidence, in addition Selfe et al (2008) found AP enhanced skills were underpinned by an evidence-base and a familiarity with local/national policy.

Enhanced Skills at Work

Graduates reported an array of new skills because of the FD (Table 1), the most significant were not the clinical or academic skills which are expected on a work-based learning programme, but in fact the leadership and therapeutic skills. Graduates seemed to place emphasis on the acquisition of new communications skills and the benefits that has for service users and for their colleagues. There was little emphasis on new clinical skills which is an interesting phenomenon. It seems that during the FD

there is a shift in value with clinical skills becoming less important and more advanced interpersonal / cognitive skills become priority.

Impact of the Foundation Degree on Personal Performance

Graduates provided detailed information of the personal impact that the FD had on them. There were strong reoccurring themes that could be grouped into three broad areas: impact on the *inward-self*; the impact on the *outward-self*; and *practical* impacts.

The impact on the *inward-self* was described as a rise in 'self-esteem, feeling valued and a significant increase in confidence'. Graduates reported 'realising their full potential', becoming more 'self-assured' and feeling 'educated / accomplished'. Pride was commonly used to describe how the FD had impacted on them personally which will undoubtedly have a positive effect on their performance, attitude and productivity. At times there was a renewed sense of motivation and vigour for work with one graduate reporting that 'at a mature time of life I have started a new career'. Thurgate et al (2013) found that successful completion of the FD was not age related but directly linked to motivation and enthusiasm.

The impact on *outward-self* was described as working differently and 'thinking outside the box'. Graduates felt empowered to ask questions and able to express interest in new subjects. It was as though the graduates had been granted permission to think, question, challenge and evaluate since completing the FD. Graduates described feeling able to speak out, described by some as being 'more vocal' within the team, perhaps born out of the *inward-self* confidence. This helped them to communicate better with their peers, particularly those in senior positions where a sense of 'equality' was described. Feeling more 'professional' and 'responsible' were reoccurring themes and one graduate reported acting as a Royal College of Nursing representative lobbying for registration of HCA's and AP's.

In addition to themes, there were some *practical implications* and one graduate openly described that ‘as a single parent the FD allowed her to study while in the security of employment’. This demonstrates how FD education is supportive of the Widening Participation agenda (Higher Education Funding Council for England, 2013) allowing mature, part-time, work-based learners to gain a qualification. Another graduate reported that since undertaking the FD his/her work had become more interesting and rewarding but this was balanced with the recognition of role boundaries and the limitations of practice.

Impact of the FD on Service

The impact of the FD on the service could be grouped into three themes: the *graduate’s professional contribution*; the *service level benefits*; and the potential for *practice development*. A sample of qualitative responses have been mapped to the Department of Health’s (2012) 6 fundamental values in Table 2.

Graduates *professional contribution* was associated with the value placed upon their new knowledge and skills, the graduates felt proud to cascade knowledge to their colleagues. They were aware they could inspire others and felt this was having a positive impact on the overall quality and standards within their workplace. Graduates described feeling empowered to contribute to future planning and a greater sense of responsibility towards service changes due to their new knowledge and confidence.

The perceived *service level benefits* were associated with an ability to be more aware of service user needs which could have a positive effect on the service-user journey. The benefits to the team were around productivity and easing the burden on registered staff. Graduates felt they had become ‘core’ members of the team contributing to enhanced efficiency. This is a theme echoed by Selfe et al (2008) who describes the positive extent to which AP’s freed up registered professionals and improved service-user care.

The potential for *practice development* was recognised by several graduates who felt able to implement changes as a direct result of the new knowledge acquired. For some working in charitable organisations new skills had opened up whole new areas for service provision. An example of this is orientation and mobility, a highly technical skill that allows rehabilitation services for visually impaired people to expand their provision.

Participation in Further Study

Of the graduates questioned, 20 (57.14%) reported feeling satisfied to remain working at their current level, with many expressing a wish to strengthen their existing role, to implement changes and apply theory to their practice. Five graduates (14.29%) were seeking more senior employment, all of which had been unsuccessful in gaining a promotion to date, echoing the concerns of Lovegrove et al (2013) around lack of development opportunities in HSC. Six graduates (17.14%) had already enrolled on an undergraduate programme in Nursing, Mental Health Nursing or Occupational Therapy.

Four graduates (11.43%) expressed a wish to continue into level 6 and achieve a Bachelor of Science Degree. However, all made reference to difficulties surrounding workplace support and funding, suggesting there may be a lack of support towards AP's obtaining further education. Current uncertainty around restructuring of services, redeployment of staff and a general state of flux were reported as barriers to further study. This is consistent with Spilsbury et al (2009) who found the scarcity of funds hampered educational development.

Future Considerations for Employers and Managers

It is evident from this study that graduates have a positive perception of the impact the FD has had on them personally and professionally. However, impact in terms of demonstrable clinical output is difficult to gauge within this study due to the nature and size of the sample. Further research is therefore needed to assess performance and attitude of FD graduates, taking into consideration a

managers perspective and that of the service user. However, as an outcome to this study there are a few areas for employers and managers to consider.

The benefits of FD level education are clear. However, access to educational funding is variable further compounded by lack of understanding of the AP role in practice (Thurgate et al 2013). Lovegrove et al (2013) suggest in order to overcome barriers to education the unregistered workforce should receive a fair and equal proportion of education budgets. This will allow HCA's to access FD level education and thereafter engage with Continuous Professional Development. This is an increasing priority as employers are expected to take full responsibility for the training, education and competence of their staff (Cavendish, 2013).

Access to education funds alone is not enough to support the development of unregistered workers and employers must consider a structured career pathway for this workforce. Accounting for AP roles within workforce plans and the development of job descriptions will facilitate a safe and productive journey through the unregistered career trajectory. A career that holds attractive opportunity for development may have a positive contribution to the recruitment to unregistered vacancies and reduce attrition from the roles (Cavendish, 2013). The notion of 'home-growing' is described by Spilsbury et al (2009) as strength of FD education, allowing employers to tailor learning to workplace need.

An additional lure of this career pathway is captured by Spilsbury et al (2011) who identify the AP's contribution to diversification or new ways of working. AP's are transcending professional boundaries (Skills for Health, 2009), adopting new levels of knowledge and skills to provide a complex and quality service (Thurgate et al 2010). Employers and managers are encouraged to consider how the AP role could be integrated within their service and to work with education providers to ensure that learning is reflective of workforce needs. Thurgate et al (2013) acknowledge the importance of manager involvement in this process stating that they need to have a vision of how the role will be structured and function within the team.

Conclusion

It is clear from this data that there are many reasons why people choose to study a FD and each may benefit in different ways, however the overwhelming theme that emerged was one of confidence. Although not all graduates gained a promotion there appear to be far reaching benefits to the graduate, the service and service-users. Graduates found that on a personal level they had an increased self-esteem because they felt able to give a valued contribution. Graduates have been able to take on higher level work (Skills for Health, 2011) which is perceived to have a positive impact on service productivity and efficiency. Graduates also found that they approached their work differently, taking time to consider service-users holistically, appreciating the complex nature of health and social care.

Those working in health and social care are confronted daily with challenging situations and many individuals receive limited education to help them deal with those situations, which has led to poor standards of care (Francis, 2013). From this study it is evident that the right education not only benefits the individual but has potential to infiltrate others with motivation, knowledge and skills. FD graduates are well placed to act as role models for the unregistered workforce and as gatekeepers to quality and standards by exercising the fundamental values needed within HSC today. As a result of these benefits, employers and managers are encouraged to consider the wider implications of enabling access to education and the potential service benefits that may result.

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Tables and Figures

Figure 1: Response rate by area of employment (n=35)

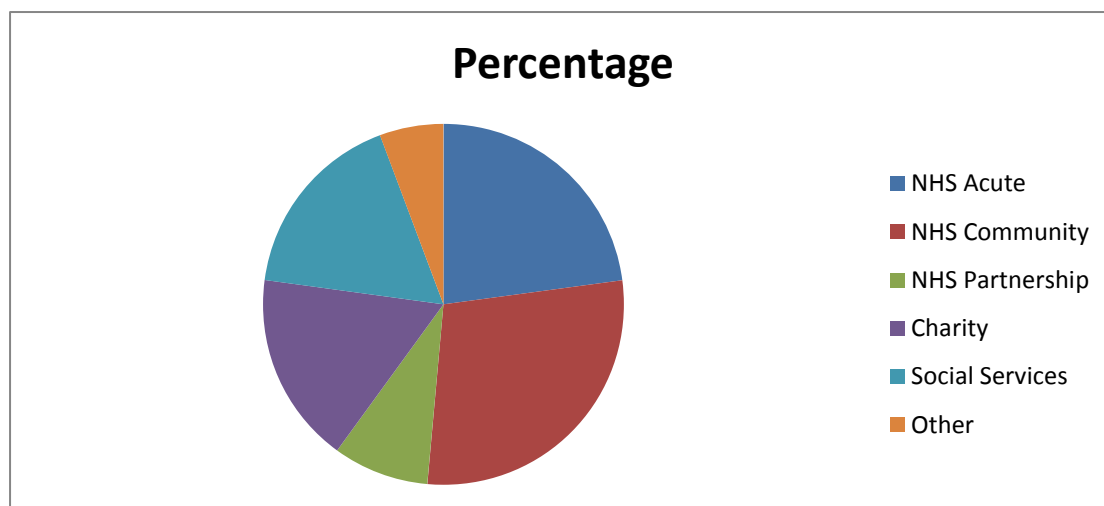


Table 1: New skills acquired during and since the Foundation Degree

	New Skill	
Therapeutic Skills	<ul style="list-style-type: none"> • Post-diagnostic support for individual and their family • Enhanced team working • Person-centred practice • Orientation and Mobility for visual impairment • Expression / articulation / assertiveness 	<ul style="list-style-type: none"> • Clinical reasoning • Braille • Holistic focus on wellbeing • Listening skills • Verbal and written skills
Leadership Skills	<ul style="list-style-type: none"> • Mentoring • Teaching • QCF assessor • Link worker roles (Manual Handling / Infection Control 	<ul style="list-style-type: none"> • Motivational Interviewing • Leadership • Budget awareness • Autonomy
Academic Skills	<ul style="list-style-type: none"> • Reflection • IT skills • Research 	<ul style="list-style-type: none"> • Reading • Critical appraisal
Clinical Skills	<ul style="list-style-type: none"> • Vaccinations / Inoculations • Venepuncture / Cannulation • Scrubbing for surgical procedures 	<ul style="list-style-type: none"> • Injections (B12, Clexane) • On-going assessments • Patient Discharge

	<ul style="list-style-type: none"> Clinical imaging (chest, hand, wrist, lower limbs)
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Table 2: The Impact of FD professionally mapped to the Department of Health (2012) 6 fundamental values.

Theme	6 C's	Vignettes
Professional Contribution	Commitment	<p><i>'Through knowledge and confidence I am able to contribute to future planning.'</i></p> <p><i>'I know take pride in doing things the correct way based on solid research. I have pride in the knowledge I gained and the knowledge I continue to gain.'</i></p> <p><i>'I love my job, becoming an Assistant Practitioner was the best decision I ever made.'</i></p>
	Communication	<p><i>'Increased communication skills with MDT and able to work better in challenging situations. Observation and communication with service-users is better.'</i></p> <p><i>'I have been able to share knowledge and skills acquired during the course with colleagues, thereby helping to improve practice'</i></p>
Service Level Changes	Compassion	<p><i>'I now look at the patient holistically and do not just do the task, I assess the patient each visit.'</i></p> <p><i>'The Foundation Degree helped me to consider all aspects of a patient's life and how this affects their health.'</i></p> <p><i>'The Foundation Degree taught me to think outside the box, viewing the patient in a holistic way – not just about a medical aspect but their whole wellbeing.'</i></p>
	Care	<p><i>'I have been able to provide a better rehab service by drawing on the enhanced skills developed on the FD.'</i></p> <p><i>'I give time and listen to how patients feel.'</i></p>
Practice Development	Competence	<p><i>'The Foundation Degree gave me the knowledge to underpin my skills and the ability to apply theory to practice.'</i></p> <p><i>'Being able to research and find evidence has helped me improve the support groups that I facilitate.'</i></p> <p><i>'The Foundation Degree made me more aware of my limitations.'</i></p>
	Courage	<p><i>'I feel better able to challenge things that I feel/know are being done incorrectly.'</i></p> <p><i>'I have become more safe and aware, giving me greater confidence to question processes and look at the wider picture.'</i></p> <p><i>'The FD has allowed me to be more vocal in my opinions and to be more expressive, not to go with the flow.'</i></p>

Appendix 1

1.	Where did you work when you were undertaking the FD?	NHS Acute Trust	NHS Community Trust	NHS Partnership Trust	Social Services	Charity	Private company
Other: <i>Please specify</i>							
2.	What was your job title / NHS Band during the FD?						

3.	Where do you work now?	NHS Acute Trust	NHS Community Trust	NHS Partnership Trust	Social Services	Charity	Private company
Other: <i>Please specify</i>							
4.	What is your job title / NHS Band now?						

		Yes	No
5.	Do you think the Foundation Degree enhanced your knowledge at work?		
Please comment:			
6.	Do you think the Foundation Degree enhanced your skills at work?		
Please comment:			
7.	Please list the new skills adopted as a result of completing the Foundation Degree?		
8.	Please describe the impact the Foundation Degree has had on you personally?		
9.	Please describe the impact the Foundation Degree has had on your workplace?		
10.	Have you completed any other University level modules or courses since completing the Foundation Degree?		
If Yes please give details of the name and level of the module / course:			
11.	How do you see your career progressing over the next 3-5 years?		

Thank you for taking the time to complete this questionnaire.

