

DEVELOPING A MODEL FOR PASTORAL SUPPORT OF PRE-REGISTRATION  
NURSING AND MIDWIFERY STUDENTS: THE EXPERIENCE OF THREE SCOTTISH  
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Developing a model for pastoral support of pre-registration nursing and midwifery students: the experience of three Scottish Universities

ABSTRACT

Student attrition from pre-registration nursing and midwifery education remains a concern. The literature identifies that often reasons for leaving a programme of study are complex. Issues such as personal difficulties, lack of support, financial difficulties and meeting the academic demands of nursing or midwifery education might push students away from programmes. Support and the development of resilience are understood to facilitate students to remain on pre-registration programmes. These factors might be addressed through the provision of specialised pastoral care within the nursing and midwifery programmes. The Scottish Government's Delivery Group for Recruitment and Retention commissioned three pilot projects to evaluate the impact providing a specialised pastoral support advisor service to students on nursing and midwifery programmes. Although these pilot projects developed differently in recognition of the differing contexts in which they were operating they operated under an agreed philosophy and conceptual framework. Evaluation of the projects identified that there was a role for these and that students and staff experience them as a useful resource. This paper provides an overview of the development of these services and discusses what appear to be key factors in their success.

## INTRODUCTION

Issues of attrition and retention of pre-registration nursing and midwifery students became the focus of Scottish Government activity following publication of the *Facing the Future* report (Scottish Executive, 2001). This ultimately led to the development of a Delivery Group for Recruitment and Retention of these students in 2008, the remit of which was to develop a robust evidence base for good practice in recruitment, selection and retention (RSR) of pre-registration nursing and midwifery students (Sabin, 2012).

A national benchmarking study (Rodgers and Stenhouse, 2010), aimed at identifying current RSR activities within all Scottish Higher Education Institutions (HEIs) providing pre-registration nursing and midwifery programmes, identified gaps in the current evidence base for RSR activities. Based on available evidence from the Benchmarking study and within the literature, three pilot projects examining the possible impact of pastoral care on retention/attrition were funded by the Delivery Group.

The three pilot studies were used to explore the development of a Pastoral Support Advisor (PSA) role within the HEIs. The PSA role was developed differently within the differing HEI contexts. This paper identifies the rationale for the development of the PSA role and presents the development and evaluation of the PSA service within each HEI as three individual cases. Commonalities are identified across the cases and features of an engaging PSA service proposed.

## BACKGROUND

Reasons for student attrition from nursing and midwifery programmes are complex (Sabin, 2012). A range of factors have been associated with student attrition in the literature. These include gender (Mulholland et al 2008; Stott 2004), age (Prymachuk et al, 2009; Ehrenfeld et al, 1997) and academic performance (Prymachuk et al, 2009; Stickney 2008). Hinsliff-Smith et al (2012) suggest that a combination of health problems, lack of support, academic challenges, personal demands and financial difficulties can leave students unable to meet the demands of a nursing programme.

Students are more likely to leave in the first year of the programme for reasons of wrong career choice (Waters, 2008). Prymachuk et al (2009) identified that mature students were more likely to complete the programme, perhaps attributable to increased motivation, and resilience. However, the pressure of juggling other caring responsibilities with the intensive nature of nursing programmes was found to be a factor in the attrition of mature student nurses (Cuthbertson et al, 2004; Waters, 2008).

A rule induction model based on known risk factors for attrition identified that 31% of student attrition could have been predicted on entry to the programme (Moseley and Mead, 2008). Difficulties in predicting risk of attrition, and its multifactorial causes, suggest that the focus might fruitfully turn to understanding and supporting retention.

Theories of retention focus on persistence, resilience, self-efficacy and belongingness. Glogowska et al (2007) researched reasons for 30 students staying and 19 withdrawing from an adult nursing programme. Within their analysis they identified 'push' and 'pull' factors (Glogowska et al, 2007: 67). Push factors, which made it difficult to remain on the programme, included challenges of academic work, other demands, financial issues, lack of support, negative early experiences, difficulties in practice placement, perceived theory practice gap, and illness. Pull factors which supported students to remain on programmes included determination, commitment to their profession, informal and formal support (Glogowska et al 2007). They also found that these factors tended to be inter-related.

The student experience of integration (Tinto, 1993; Tinto, 1987; Tinto, 1975) and belongingness (Levett-Jones and Lathlean, 2008) are understood to impact on attrition. Avis et al (2009) identified that many factors assist students in their decision to stay, such as a determination to achieve especially in relation to coursework and academic and institutional integration which encompasses social, personal and academic support. Zepke and Leach (2005) suggest that HEIs might usefully adapt to meet the needs of the diverse student population, rather than the traditional model of the student fitting in with the institution. Within the current policy context of widening participation, such a shift would involve consideration of how staff could assist students who enter nursing and midwifery from non-traditional backgrounds to succeed (Young et al, 2007).

From the literature it is evident that retention might be promoted by supporting students to overcome some of the push factors that put them at risk of leaving,

whilst supporting the development of pull factors and personal resources. This provided the rationale for the development of three pilot PSA services.

### DEVELOPING THE PSA ROLE

The three pilot sites identified early on that each would develop the PSA role differently to reflect local context. However, a philosophy (Table 1), based on the concept of pastoral support, was identified to underpin the development of each of the projects.

It was also agreed that each project would offer an individual service for students to discuss their issues in a confidential and private environment. A framework was conceptualised to draw the different elements of the PSA service together (Table 2).

The core elements represented in Table 2 are:

- Reactive 1-2-1 service for all students: A dedicated, professional advice and support service for all pre-registration students.
- Pro-active outreach service to improve profile and accessibility: Developing a visible presence in many areas to facilitate access and build informal relationships.
- Specific interventions targeting identified need: Triggers (e.g. absence, academic failure) identified and direct interventions developed in response.

- Purposeful reflection to evaluate service effectiveness and student need: Information collated and disseminated to enhance service provision and the student experience.

### HEI 1: Context

HEI 1 has over 1500 pre-registration nursing and midwifery students enrolled across the three years of adult, mental health, child, learning disability and midwifery programmes. At the time of the pilot study, the School of Nursing, Midwifery and Social Care occupied two separate Schools with different disciplinary focuses, and these were situated on different sides of the city. The PSA provided a service to students in both schools. The School is now situated on a single purpose built site.

### HEI 1: Development of the PSA service

The PSA service aimed to provide a safe, confidential space for all pre-registration students to talk through issues and concerns. A new role was created and a non-academic with experience of working with hard to reach groups employed as PSA. Referrals were through a variety of academic and support routes including NHS and SAAS, although most students self-referred. Consultations were by email, phone, face to face or social networks.

### HEI 1: Core activities of the PSA service

Response to student need through individual support and counselling. Outreach activity to raise awareness of the service and decrease barriers to access. For example, developing a presence online through social networking, being regularly available in student common areas, attending student society and

other social events and making contact with prospective students both during and prior to the application process. The PSA is signposted or involved at a number of points in the student journey by making contact with students who are non-attenders or have failed exams, linking into fitness to practice/conduct investigations to offer support to students and undertaking exit interviews.

### HEI 1: Access and referral data

During the academic year 2010-2011 the PSA delivered 953 meaningful interventions to 414 individual students. The majority of these (53%) were through email contact, although work through face-to-face meetings (36%), social networks (8%) and phone calls (3%) also featured. The frequency of access by students varied greatly. 51% of individual students only received one meaningful intervention, 38% had between two and four such interventions and smaller numbers of individuals were worked with across 'between five and nine' and 'ten or more' interventions (8% and 3% respectively).

For context, the presenting issues discussed were around personal (272), academic (179), health (143), practice placement (113) and financial (66) issues. As an integral part of the work, onward signposting was a regular intervention outcome with referrals made to academic staff (103), university welfare services (78) and independent advice from the Students' Association (50) among many others.

### HEI 2: Context

HEI 2 provides pre-registration education in all fields of nursing practice and midwifery. The HEI as a whole has a commitment to widening access, lifelong



learning and the employability of students. Student support has traditionally been provided by academic staff. The PSA role was developed as an extension to the academic role of two designated members of staff.

#### HEI 2: Development of the PSA service

The PSA service commenced in March 2008, staffed by two lecturers, one male and one female, from the School of Nursing on a job share basis. Prior to appointment, both members of staff were nurse academics, from the Adult and Mental Health fields of practice. These duties did not continue while in post, so that the PSA position could be kept separate from the learning, teaching and assessment experience for students. The service was widely advertised to lecturers and students. In 2010, the PSA provision was reduced to one day per week. Email access only was offered to the students attending the service at this point.

The PSA provision was based around providing safe and confidential space for pre-registration students to talk through issues and concerns. In addition to this, the postholders worked closely with services outside the School, particularly specialist mental health/counselling staff in the university's Welfare Department.

#### HEI 2: Core activities

The service was responsive to student need, offering one-to-one contact. There was no delay between referral and a mutually convenient appointment being offered.

An electronic absence management system was in use within the School, and the PSA service was identified to students in all contact triggered by poor attendance.

#### HEI 2: Access and referral data

Data for the period September 2011 to February 2012 indicates that a total of 27 students attended the service, 8 accessed one-off telephone support, and a further 10 gained support via email. Referrals came from lecturers (n=6) or self referral, although self referrals had often attended on the basis of a suggestion from a lecturer. A number of students who were referred by academic staff did not attend the PSA. Discussion with both staff and students highlights that it might be more beneficial if referring staff member take the student along to the PSA or make an appointment whilst the student is present.

Referrals fall into the following headings: stress; personal and family difficulties (including drug and alcohol use); mental health issues (including traumatic childhood incidents); placement issues; bereavement; academic issues; and social/financial issues.

A total of 46 appointments were provided for the 27 students who were referred. 10 students required between 1-3 personal appointments, six required more than 3 appointments and are in an ongoing supportive relationship with the PSA. Sessions lasted approximately 90 minutes.

### HEI 3: Context

HEI 3 offers pre-registration programmes to over 800 students in midwifery and the adult, child and mental health fields of nursing practice.

### HEI 3: Development of the PSA role

Initially, the PSA adopted a combined approach of individual pastoral support provision and meeting with students in their tutor groups to deliver sessions on stress management, performance behaviour and generally review students' progress. These contacts facilitated insight into the student experience, informing PSA service development. The PSA developed a peer support system and training package. These peer support volunteers worked with the PSA devising information pages for social networking sites and encouraging students to use the PSA service.

Following review of the PSA initiative at the end of the project, a whole systems approach was recommended (Banks et al, 2011; Watts, 2011). Consequently, the PSA utilised the final months of the project supporting staff and embedding support materials for both staff and students into pre-existing systems.

### HEI 3: Core activities

The pastoral support service model was adapted from an individual approach to take into account the organisational perspective and ensure that personal tutors had a transparent and flexible way of working and were able to provide accurate information and support to their students. Access to a variety of resources was perceived as essential to facilitate the supportive process. These included support forums for personal tutors, online information, social networking sites

and communication via the appropriate committees within the university. Information and support materials were placed on the university's virtual learning platform to support personal tutors.

### HEI 3: Access and referral data

Across the project as a whole, 366 students accessed the PSA service and many of these did so on repeated occasions across their programme of study. From April 2010 – March 2011, the PSA role changes to 0.5 full-time equivalent and worked with 72 new students. Interactions took place through face-to-face interviews (39 contacts), email (35), telephone (23) and text message (6).

For context, the presenting issues discussed were around health (50), personal (38), academic (29), and financial (14) issues. As an integral part of the work, onward signposting was a regular intervention outcome with referrals made to university welfare services (44), academic colleagues (19), external websites (17) and financial services (10) among many others.

## EVALUATION OF THE THREE PSA SERVICES

Evaluation of the three PSA services was carried out by an independent team of researchers (Banks et al, 2012).

### Method

Interviews were carried out with the three Heads of School, and telephone interviews with 11 nursing and midwifery teaching staff across the three HEIs. Interviews, telephone interviews and focus groups were used to gather data

from 26 students within the HEIs. The data gathered using these qualitative methods were then used as the basis of one online survey for staff and one for students.

### Findings

The findings reported here relate specifically to issues of referral to and experience of using the PSA, and are derived from the online survey completed by staff (n=88) and students (n=525) from the three HEIs.

### Staff survey

- 98% of participants indicated that they were aware of the PSA and had a general understanding of the service available.
- 87 respondents indicated that they had been approached by at least one student experiencing difficulty over the past year.
- Almost 90% of respondents indicated that they signposted students to the PSA.
- 70% signposted students to the university wide support or counselling services.
- Respondents based in HEI 1 were significantly more likely to hold the opinion that nursing and midwifery students required a specialised service than respondents in HEIs 2 and 3.

### Student survey

- 70% of respondents were aware that there was a PSA available to nursing and midwifery students over and above the university-wide support

provision. Knowledge of the PSA varied significantly across the HEIs surveyed: Range 96.5% - 36%;  $p < .001$ .

- 47.2% of respondents reported experiencing personal problems over the past year. 31.8% had experienced academic problems, 31.6% financial problems and 18.7% had experienced placement related problems. These rates were stable across the three HEIs. Personal problems were increasingly reported with increasing year of programme.
- Just under one third of respondents reporting problems over the past year had accessed support from the PSAs.
- Students identified a range of sources of support that they accessed with the most common being family (61.6%), friends on the programme (53.7%) and lecturer/tutor (53.2%). 32% had accessed the PSA, and of these students, 92% stated that this was helpful in comparison to 82.2% stating that family were helpful, 82.9% friends helpful, and 74% stating that the tutor/lecturer was helpful.
- 50.5% of student respondents stated that they wanted to contact the PSA themselves; only 3.6% wanted the lecturer to do this for them.

## DISCUSSION

This paper has described the development and composition of a pastoral support advisor role during three pilot studies in Scottish HEIs. Pastoral support is identified in the literature as a potentially useful approach to aiding retention of students within higher education (Pryjmachuk et al, 2008). These projects were commenced with the aim of exploring the possibility of impacting retention rates through the provision of pastoral support. Whilst currently the samples from

which data are drawn are very small, it is not possible to draw any valid conclusion about the impact of a PSA service on retention. However, the data offer a number of indicators that students are willing to engage with such a service.

The evaluation data, and data regarding attendance at the service, indicate that both staff and students perceive a need for the PSA service. The lack of waiting time and easy accessibility may contribute to the experience that the service is responsive. It is notable that staff across each of the three institutions signposted students to use the PSA service. Academic staff in HEIs 2 and 3 were, however, equally as likely to deal with the problems themselves (Banks et al, 2012).

In many HEIs it is the personal tutor who is the most appropriate person and has the main role of providing pastoral care to a group of students (Urwin et al, 2010). Within HEIs 1 and 2, separation of the academic and PSA role were understood to be beneficial. Whilst HEI 2 identified the benefits in terms of avoiding role conflict, HEI 1 identified the benefit of a non-academic member of staff bringing a different perspective to the role. Separation of academic and PSA roles might also be perceived as beneficial by students who perceive that it makes confidentiality easier to maintain (Banks et al, 2012). However, it is interesting that within HEI 3, which already had a well established personal tutor system, the PSA role was incorporated back into this. Evaluation of the impact of the separation of pastoral support from the academic role on both student and staff would be a useful further area of work.

### 1:1 service

The needs that lead to students attending the PSA are congruent with Glogowska et al's (2007) push factors, and the reasons for attrition identified by Hinsliff-Smith et al (2012). The 1:1 responsive service provided by the PSAs might have enabled students to deal with these needs in order to remain on the programme. Further investigation is required to understand whether the interventions undertaken by the PSAs facilitated the development of pull factors, such as resilience.

### Outreach

Outreach and accessibility of the service were understood to be important factors. The staff and student surveys identified extensive knowledge within the participant groups of the existence and function of the PSA service. A considerable amount of outreach work to facilitate engagement was carried out by each of the services. Active engagement with social networking, peer advocates and integration with absence management systems were all used to ensure that potential service users knew about the system. The use of peer volunteers in HEI 3 might have increased the acceptability of the service, decreasing any stigma attached to its use.

Accessibility was increased by the range of media available for contact with the PSA, and the data indicate that students chose to engage with the PSAs in a range of different ways. The creation of accessibility using social media and other technology resonates with Zepke and Leach's (2005) observation that HEIs must tailor their services to the requirements of the changing student



population. Thus, by offering a range of means of access, the PSA service attempts to align itself with the social context of its users.

Whilst PSA services accepted self referrals the data indicate that many of these were prompted by academic staff. This indirect referral role, and the issues identified in HEI 2 regarding the difficulties students might experience in making the first step to contact the service, again emphasise the importance of the PSA service working closely with academic staff to keep them informed. It is also interesting to note that although staff expressed a desire to be more directive in making appointments for students with the PSA, just over half of the student participants wished to be left to take that step themselves, with a small minority stating that they would like the PSA to make take that step for them.

### Targeted interventions

Two of the HEIs linked up with the absence management system in their institutions to target support to students. Targeting interventions to students when they are in a position that places them at risk of academic failure and therefore attrition might provide the opportunity for students to gain support to overcome their difficulties. The impact of targeting supportive interventions at this time of high risk is worthy of further investigation.

It is possible to identify a number of key features of the three PSA services that appear to have facilitated students engaging with them (Table 3).

Whilst it is possible to look across these three small pilot projects and identify what appear to be key features of providing a pastoral care service that nursing

and midwifery students will engage with, there is a need for further rigorous evaluation of such projects. In particular there is a need to study the relationship between engagement with a PSA service and retention on the programme and compare this with the use of current systems such as personal tutors. Identification of barriers to the use of PSA services would support their further development. There is also a need to identify the process by which such services might facilitate the development of pull factors, such as personal resilience, in order to aid retention.

### Limitations

The three projects reported on here were small pilot projects and the data upon which any discussion of findings is based are necessarily small. There is therefore no ability to develop an understanding of the impact of these services on student retention. What this paper adds are insights into how using the model of pastoral support advisor service identified here might facilitate engagement with such a service.

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Table 1: Philosophy Underpinning PSA Service Development

- We have an equal stake in, and responsibility for, student completion.
- Student retention can be maximised by improving the student experience.
- A key element of nursing and midwifery programmes is to develop independent learners and professionals.
- Pastoral support should reflect this through the promotion and facilitation of self-efficacy, rather than creating dependency.
- Access and engagement with the PSA can be promoted by situating the service outwith teaching and assessment structures.

Table 2: Framework for the Delivery of Pastoral Support



Table 3 : Key Features of PSA service

**Local:** making a well-informed or specialised, accessible and visible service available

**Distinct:** offering appropriate roles, bridging the divide between support/academic and creating an alternative support mechanism

**Student centred:** having a positive, personalised approach... someone who 'cares'

**Holistic:** a de-stigmatising, comprehensive, needs-led, central contact for support