



**What drives people to work at UHMBT? How can their narratives help us to improve marketing and recruitment strategies?**

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*23 slides then a discussion break*

# *1. Background and aims*

# Aims

- To get a better understanding of the recruitment experience when applying to work at UHMBT
- To identify ways to improve the application and induction processes
- Focus more on the experiences of trainee doctors – how might we better support them and improve numbers applying and retention?
- Focus more on student nurses – how can we better support them and improve their experiences of learning here?

This is a presentation AND a workshop – jot down thoughts and ideas and I'll direct us to shared post-it note wall after each section

# Let's Think Kano

- **Kano Model:** A service or experience (e.g. applying for a job, induction, working at UHMBT) is more than just functionality, it is also about a person's emotions

**Basics** = people expect these (e.g. staff card)

**Satisfiers** = not vital but increase enjoyment and improve experience (e.g. parking space)

**Delighters** = unexpected extras that can really boost competitive edge (e.g. accommodation, free bus pass)

- Might be helpful to 'Think Kano
- Failing to provide the basics leads to really poor experiences. Delighters can go a long way to create a positive customer experience that lasts
  - Are any basics being missed?
  - Are there any low-cost quick win 'delighters' we could implement to improve the experience of applying to and working in UHMBT?

Thought box 😊

"Quote" (colour of box doesn't hold meaning)

## *2. Key findings from all staff survey*

Who completed the 'all staff' survey?

Travel to work

Motivation to apply for a job

Application process

Induction process

Opinion of current job

Multivariate trend analysis

Re-location experiences

# Survey data - all staff

- 526 staff completed the survey
- Lots of detail – will focus on top level here

## Understanding and improving the UHMBT recruitment experience (all staff)

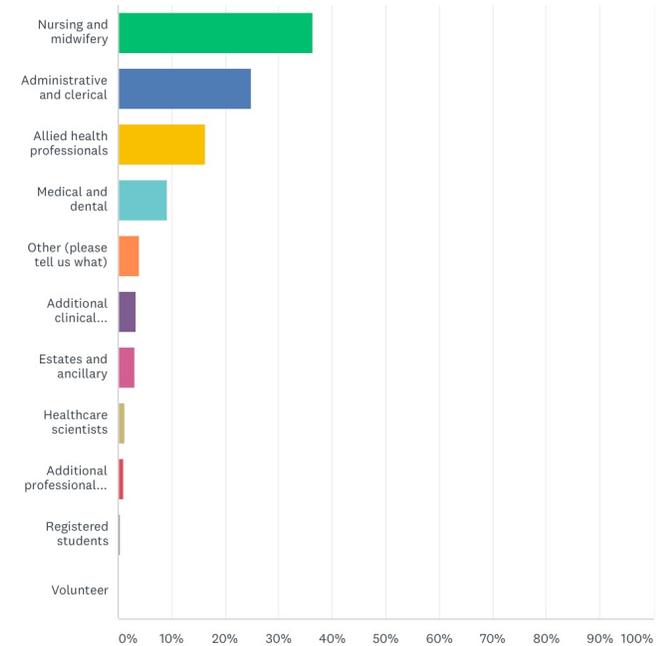
This survey ran between March and May 2021. It was sent to all staff across UHMBT, who were asked to share their experiences of recruitment via the survey in order to help the trust improve future marketing and recruitment strategies. Please do not share this link widely as free text comments might identify individuals.

All Pages ▾

Q1

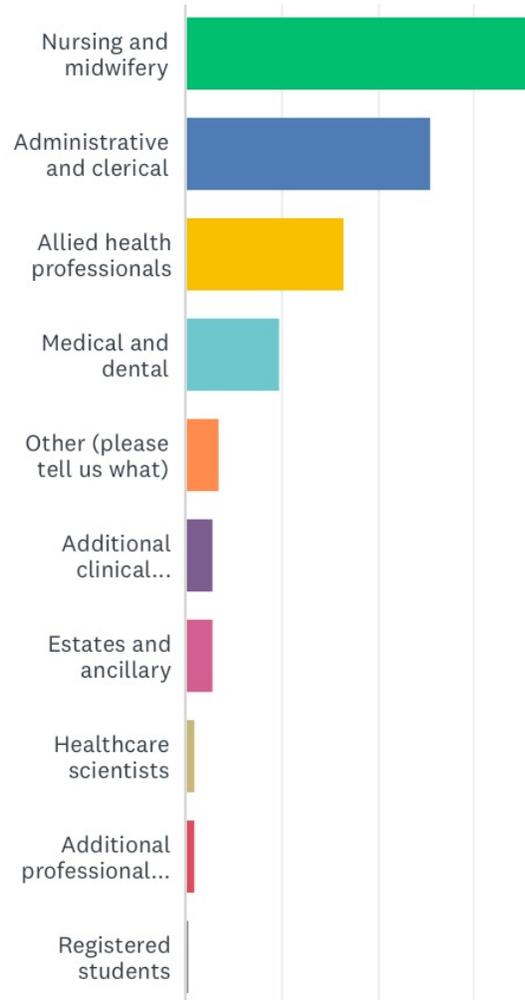
What best describes your NHS role?

Answered: 526 Skipped: 2



ANSWER CHOICES	RESPONSES
Nursing and midwifery	36.50% 192
Administrative and clerical	24.90% 131
Allied health professionals	16.35% 86
Medical and dental	9.13% 48
Other (please tell us what)	<a href="#">Responses</a> 3.99% 21
Additional clinical services	3.42% 18
Estates and ancillary	3.04% 16
Healthcare scientists	1.33% 7
Additional professional scientific and technical services	0.95% 5

# Who completed the 'all staff' survey?



- Most data from nursing/midwifery (36%), administrative/clerical (25%), allied health professionals (16%) and medical/dental (9%)
- Most data from those working at Royal Lancaster (35%), 'other community location' (21%), Furness GH (15%) or Westmorland GH (14%)
- A third have been working at UHMBT for over 3 years, a third for 2-3 years, 19% for 1-2 years, 11% for 6-12 months and 9% for under 6 months
- 86% identify as White, 78% as female. All age ranges, mainly 30 - 59
- 11% consider themselves to have a long-term illness or disability
- 33% have children under the age of 18 who live with them

# Travel to work (1)

- 76% said they drove to work
- 24% say they cycle or walk
- 7% use public transport
- Main issue with travel involves limited parking on all hospital sites, but especially at RLI
- Many felt upset and let down by lack of access to parking, some mentioned that they felt the Trust didn't care, many mentioned their concerns about safety parking off-site at night

"car parking is an often talked about thing. It seems like a small thing but doctors often have to commute between three and four hospitals, so parking is really important. Many commute up to an hour. If you've done a 12 hour shift you want to get to your car fast and not pay loads to park"

"Lack of parking at RLI means I often go by train, this means longer travel time and costs more"

"I am still waiting for a parking permit after three years"

"Prior to Covid I used to take the train, however, the service has been significantly reduced and this is no longer viable. I am now finding it very difficulty/stressful to find parking at the hospital, the offsite parking is not very clear and does not take into account that doctors work very late and therefore it is not safe walking to a car parked off site late at night"

# Travel to work (2)

- Several mentioned residents threatening or damaging cars around RLI and concerns for their safety when working late and parking off-site
- Some drive in early to get a parking spot
- Issues with cycling: one said they had no access to cycle lock-ups and couldn't find who could help them, so they locked their bike to lamp posts. Two said they wanted to cycle but would need access to shower facilities
- One mentioned unfairness around community role and restrictions on travel expenses if you live far from the base location

"Parking at RLI, no staff permits available, those that have can rarely park on site, street parking has its risks as residents have damaged cars parked in the neighbouring streets, on occasion there's been verbal abuse from some residents, parking in car parks nearby is approximately £8 per day or £800 for a yearly permit"

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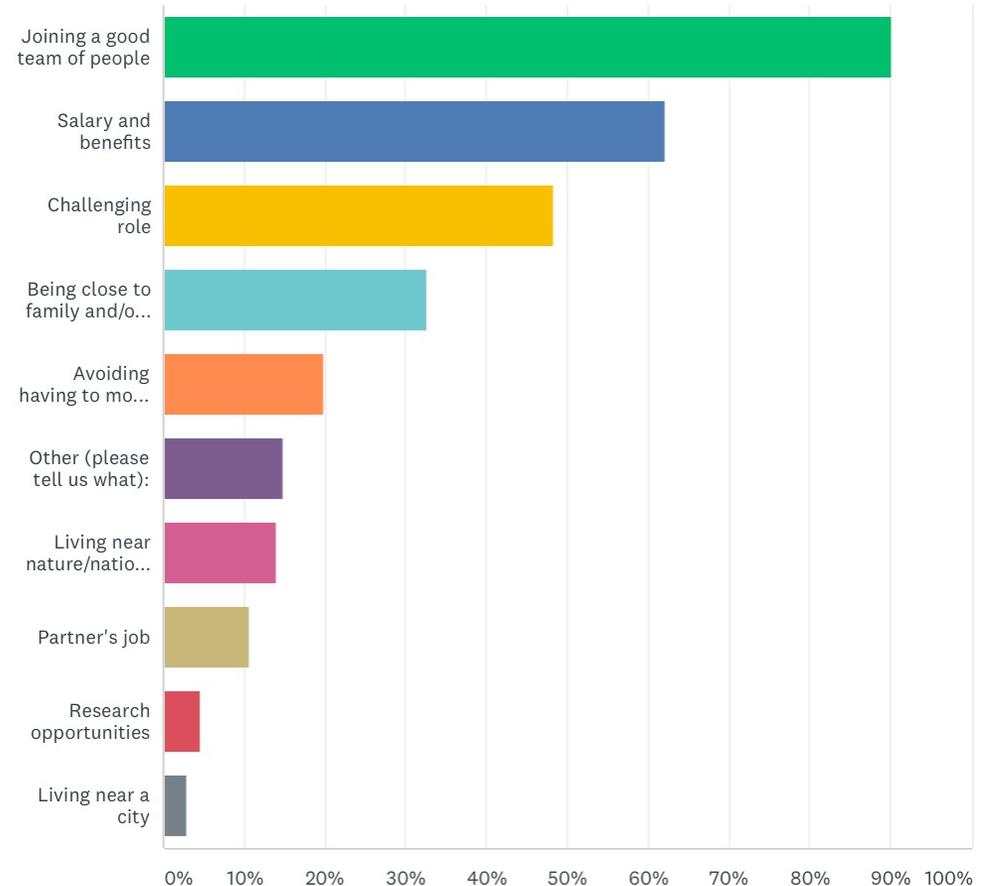
How to improve safety, esp. for female staff walking off-site to cars at night?

?

How could you better support cycling to work??

# Motivation to apply for a job

- We asked what three things were most important when looking for a job
- Top three: joining a good team of people, salary & benefits, and a challenging role
- Respondents could provide further information if they clicked 'other'; common responses (most common first) were: wanting a job with a clear career pathway ("being able to progress in role"), a good life/work balance, having a job they enjoy, flexibility around family patterns (e.g. husband's work, school drop offs and childcare), values of NHS/wanting to make a difference to people's lives, and job security



# Application process (1)

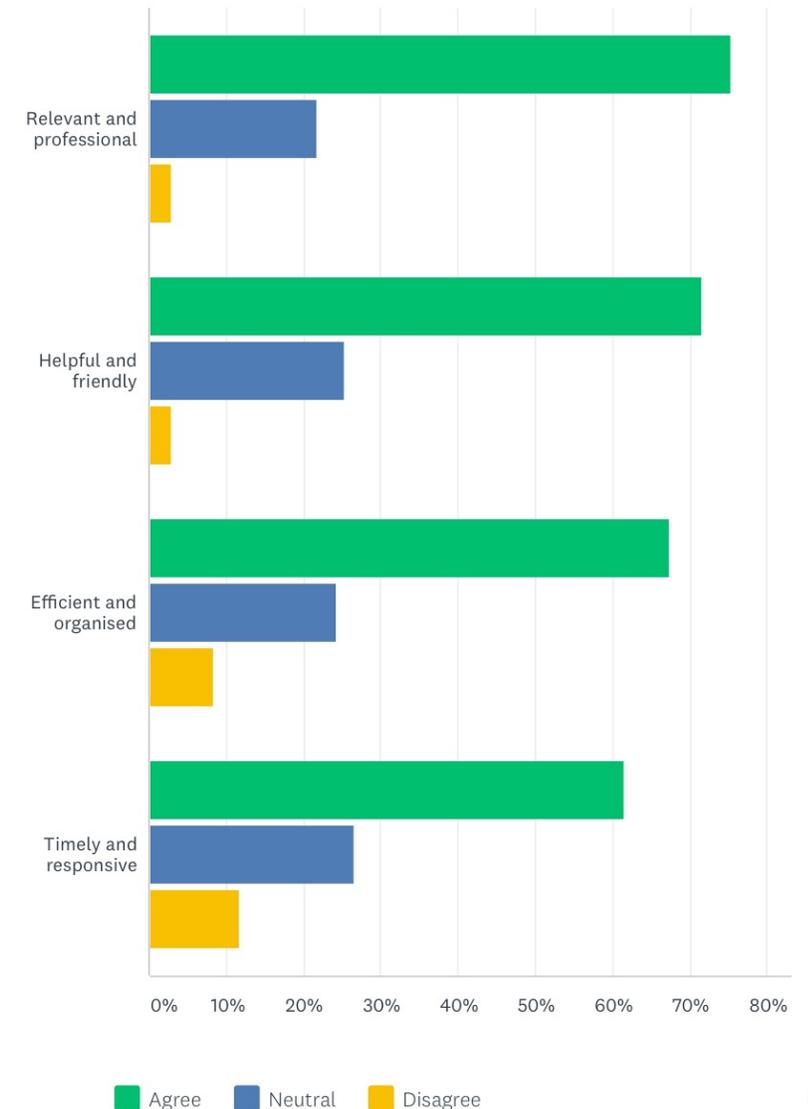
- When asked how they heard about their job, 42% said it was via an advert, 25% chose 'other method', 19% said via word of mouth and 9% via a recruitment agency
- Common 'other' answers were: retire and return (often related to Covid), TUPE/transfer, various other forms of 'word of mouth', called direct to enquire, and from bank shifts to permanent post
- Before applying, 66% looked at various UHMBT websites, 36% discussed the Trust with other professionals (online or in person) and 23% visited the area. A total of 18% said they looked at the UHMBT social media sites. 18% said 'other' and most commonly they then said they either didn't look anywhere as they lived near and felt they knew it, or they were already doing bank work, they were TUPE-d over, or other forms of word of mouth

Word of mouth is important - how might you harness informal networks to advertise future posts?



# Application process (2)

- Feedback on the application process was positive (see chart): 75% agreed it was relevant and professional, 72% agreed it was helpful and friendly, 67% agreed it was efficient and organized, 62% agreed it was timely and responsive
- 28% said they were offered a job elsewhere but chose to come to UHMBT (though note that for some that might have been a job outside of the NHS)
- 12% said living near the Lake District National Park influenced their decision to accept a job here a lot, and 13% said it influenced them a bit – 75% said it had no influence on their decision



# Application process (3)

- Respondents were asked if there was anything they wished had been better about the application process
- Answers most commonly related to:
  - Process taking too long (4+ months)
  - Poor and inconsistent communication
  - Delays to getting occupational health clearance
  - Inflexibility (especially in relation to needing to visit in person for repeated identity checks)
  - Too many people handling recruitment so no consistency of communication and contact
  - A lack of information / honesty about career structure and opportunities

"I wish I was given timescales about when things were going to happen, or given more information about the (very long) process"

"I asked to see the unit while I was in the area but it took two weeks for the manager to return my call at which time I was leaving the country for six weeks"

"I would really like to have seen a contract and 3 years later, I have still not seen a contract."

"Emails sent to service emails were replied to by multiple people which got very confusing and no one could access what had already been sent."

"I had to travel a long distance to do the in person identity checks which was tiring and costly"

# Application process (4)



There are people keen to work for UHMBT who are facing significant obstacles, and this may be putting some off applying, OR cause drop out OR cause them to not recommend you. How might these be reduced / removed? This is so important as this is all about first impressions.

**Basics:** Regular updates?

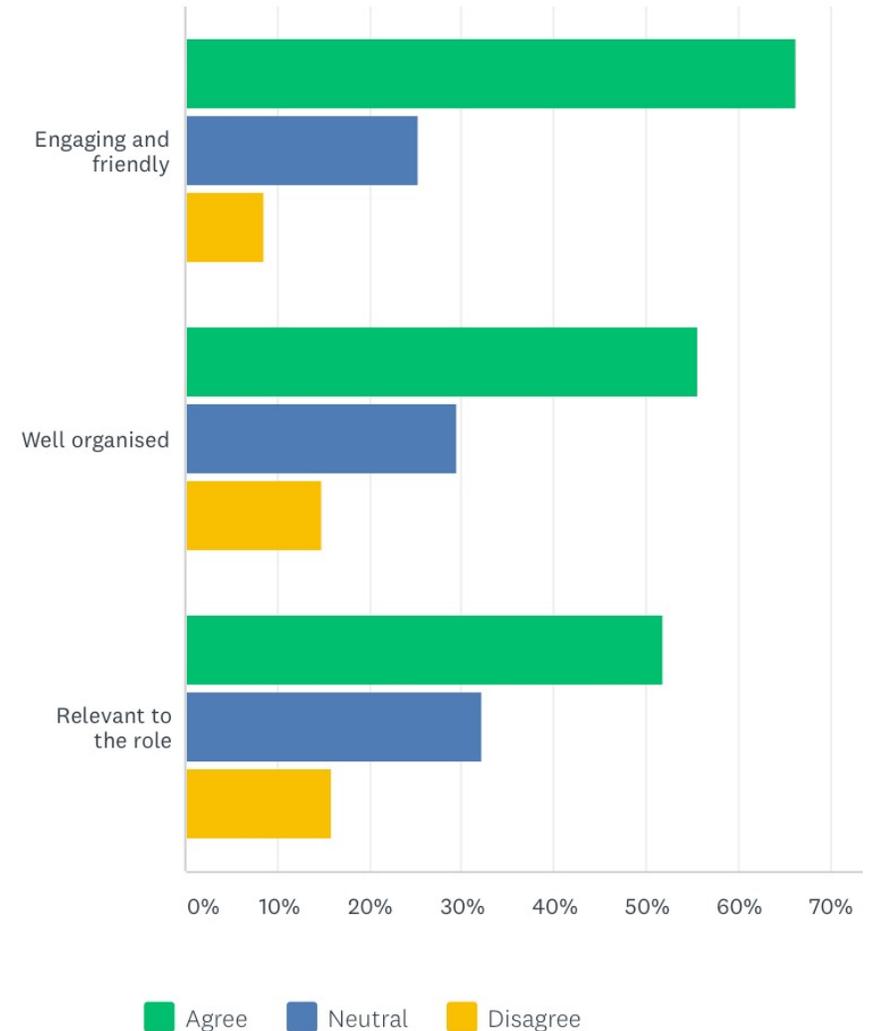
**Satisfiers:** Reduce length of time from application to start? Single point of contact?

**Delighters:** Personal call, named single contact?

User research - identify and remove pain points?

# Induction process (1)

- The induction process was not as positive as the application process, nonetheless most agreed with the three statements: 66% agreed the process was engaging and friendly, 56% that it was well organized, and 52% that it was relevant to the role



# Induction process (2)

- When asked what they wished had been better about their induction experience, common themes included:
  - Local induction was often non-existent
  - No proper induction because of recruitment during Covid (everything online and very impersonal, little or no contact with line manager)
  - Corporate induction was often considered good
  - No contract given
  - Poor IT set-up
  - Wishing there was more relevant, f2f and less online quiz and learning modules
  - Difficulties in getting a staff pass / Smart card

"The UHMB corporate induction was excellent, far better than expected. The local induction however could have been better in terms of information pack and orientation rather than hitting the ground running. Good job I already had previous NHS experience and experience of UHMB sites, staff and processes"

"Unfortunately, COVID19 derailed most of our trainings and proper induction process. And to this day, most of us has not completed or don't have a clearer understanding of the proper ways to work around the trust. We just are being taught as we go in the ward. (which I don't always believe to be the right ways) "

"Was promised protected SN time, this did not happen. Was told I would work with X, but then X would get a student etc, there was no continuity. Only got showed round the unit because I bumped into someone in the changing rooms who showed me round. "

# Induction process (3)



Are there any easy wins that could improve induction?

Many mention that they often have questions in the months after starting - can there be a fast route to answers? e.g. designated support Twitter account?

**Basics:** An induction 😊

**Satisfiers:** An induction that feels relevant.

**Delighters?** A buddy system with someone who cares about helping newbies? A free weekend walk around Lancaster for those new to the area?

# What's your opinion of your current job? (1)

- Feeling part of a great team is UHMBT's strength
- 71% agree or strongly agree that they hope to work here for at least the next three years
- 75% agree or strongly agree that they would recommend this organization as a place to work
- 69% agree or strongly agree that they can access useful training and development at UHMBT

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
▼ I feel part of a great team of people	47.88% 226	35.17% 166	11.02% 52	3.81% 18	2.12% 10
▼ I enjoy my job	42.16% 199	39.83% 188	11.86% 56	4.45% 21	1.69% 8
▼ I hope to stay working with UHMBT for at least the next three years	40.80% 193	30.44% 144	17.34% 82	5.50% 26	5.92% 28
▼ I would recommend my organisation as a place to work	35.86% 170	39.45% 187	17.51% 83	4.64% 22	2.53% 12
▼ I can access useful training and development opportunities here	30.87% 146	37.84% 179	19.66% 93	7.61% 36	4.02% 19

# What's your opinion of your current job? (2)

- 66% said their job is as they expected, 22% say it's better than expected and 13% that it is worse than expected
- About 8% of medics and nurses say it's worse than expected in comparison with about 16% of allied health professionals and administrative staff
- When asked if they can access useful training and development opportunities, 73% of nursing/midwifery, 64% of medical/dentistry and 58% of allied health professionals agree
- When asked if they hope to stay working at UHMBT for at least the next three years, 77% of administrative staff, 69% of nurses, 67% of allied health professionals, and 66% of medics agreed

*So medics and nurses have a good idea of what the job will be like, but only two thirds of medics and just over two thirds of nurses expect to be at UHMBT in three years*

# What's your opinion of your current job? (3)

- When asked what they would say to someone who was thinking of applying for a job at UHMBT, common themes included:
  - Go for it: overall it's good and most people are really friendly and welcoming, with supportive teams
  - Be patient with the application process
  - As long as you're in a good team, it's a great place to work
  - The Trust keep people well informed (CEO mentioned often) and listen to staff
  - Some negative reports associated with some wards and some middle management, and some possible nepotism
  - Be prepared to train on the job
  - Be cautious if you expect significant career development

"Go for it, it's a group of remarkable people working for the common good"

"I like the values of UHMBT especially being kind to one another and those we care for. In my experience my manager is very helpful and sees me as a person not just an employee."

"If you mean what is the ethos like of the Trust, then it's well meaning with gaps in some areas"

# What's your opinion of your current job? (4)

- In summary: good values and strong communication from Trust HQ, but on the ground, it comes down to which team you end up in
- Several concerns about some managers and some wards
- In these cases, some talk about a lack of support, bullying, racism

"In honesty, my experience of UHMBT hasn't always been a positive one. I am currently in a fabulous team with amazingly supportive and kind people. However, my two previous roles I experienced unacceptable behaviours from other staff members, I saw racism on a daily basis amongst staff and lots of poor management. On this basis, I wouldn't recommend working for UHMBT. However, based on my current team, I couldn't ask for a better one and my manager is the most supportive I've ever had, so in this regard I would absolutely recommend them."

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How can Trust values cascade into all workplaces?  
Better support for whistleblowing?  
You know which wards are the problem I think?

# Current job - clusters of similar opinions?

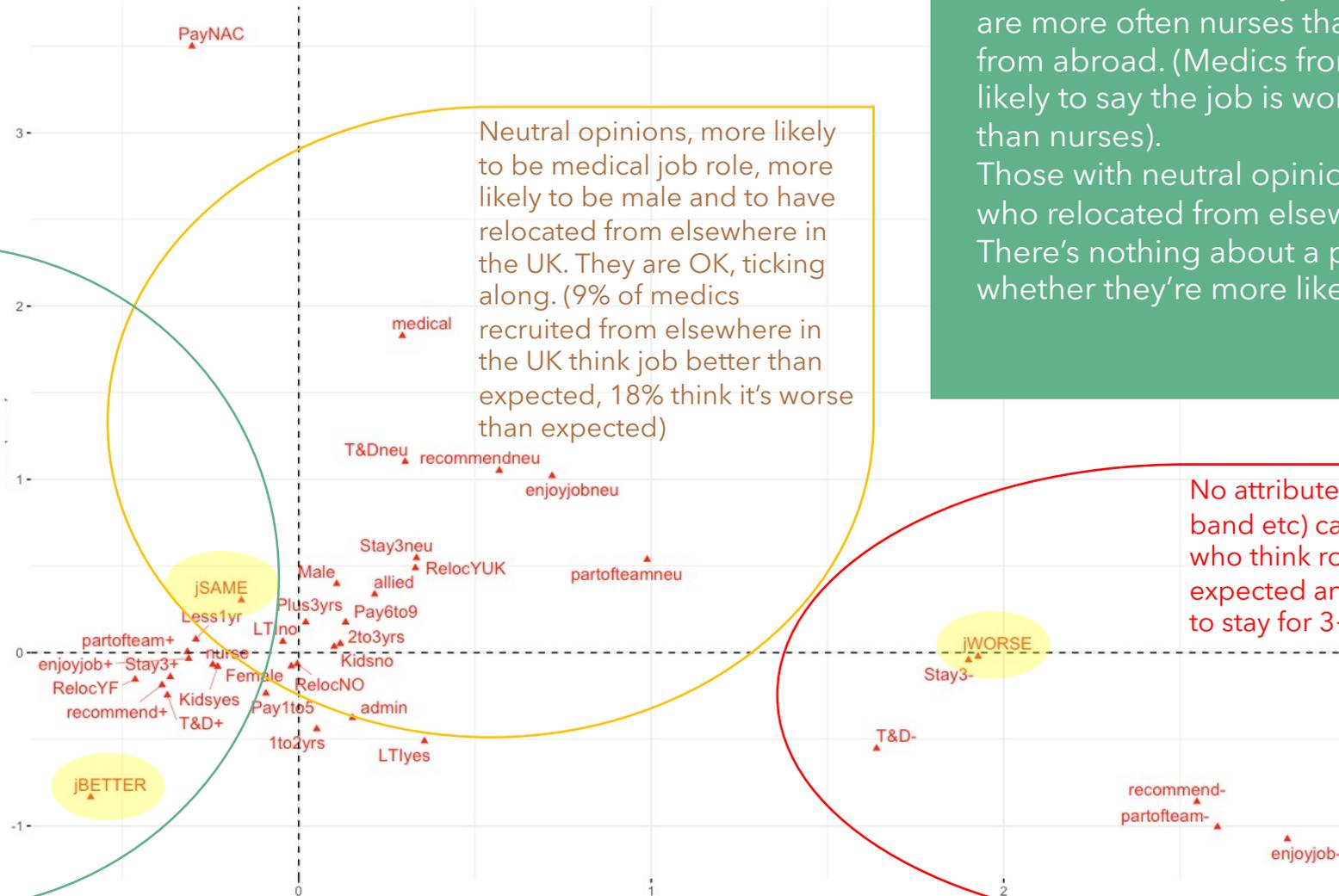


## jBETTER, jSAME, jWORSE - is your job as expected?

Those who find their job better than expected are more often nurses that have re-located from abroad. (Medics from abroad are more likely to say the job is worse than expected than nurses).

Those with neutral opinions more often medics who relocated from elsewhere in the UK. There's nothing about a person that predicts whether they're more likely to dislike their job.

Those who think their job is same-better than expected more likely to have re-located from abroad and be nurses. Many have kids. Nurses from abroad far more positive than medics: 29% nurses recruited abroad think job better than expected; only 6% worse than expected - compared to medics where 0% think job better than expected, 23% think it's worse than expected



Neutral opinions, more likely to be medical job role, more likely to be male and to have relocated from elsewhere in the UK. They are OK, ticking along. (9% of medics recruited from elsewhere in the UK think job better than expected, 18% think it's worse than expected)

No attributes (gender, role, pay band etc) can identify those who think role is worse than expected and who don't plan to stay for 3+ years.



# Re-location from outside the UK (1)

- Those who **relocated from outside the UK** were almost all either medical/dental or nursing/midwifery
- 29% of medic and 16% of nurse and 2% of allied health respondents came from outside the UK
- They represented all age ranges but most commonly were aged 30-39, 54% of Asian and 23% Black ethnicity, 60% female, 44% had children, 15% had friends or family living nearby who were important to their decision to come to UHMBT
- 29% had a partner who also needed to find a new job. If their partner worked for the NHS (n=10), the majority (n=8) said it had **not** been easy for them to find a job with UHMBT
- 60% were offered accommodation by the Trust as part of their appointment: and only 6% of them declined it, so accommodation is clearly important
- Salary and benefits was as important as joining a good team of people

Can partners who work for the NHS be better supported to find work at UHMBT?

Could more be offered accommodation: it is clearly very popular

# Re-location from outside the UK (2)

- Most (63%) of those re-locating from abroad said they travel to work by cycling or walking and 17% by public transport - **in stark contrast** to overall pattern of travel to work
- Only 29% use their own car to get to work

?

Is it important to live near work to avoid owning a car, at least for the first year or so?

?

How can you support travel to work for those re-locating from outside the UK?

"Initially I did not have car and used public transport for work. I have requested for a hospital accommodation as it was difficult to travel in public transport and reach on time. But the trust did not provide any support or help to get my stay and stayed in airbnb stays on my own."

"Bus fair is just too much I wish the trust can provide transportation at a subsidized rate."

# Re-location from outside the UK (3)

- Further interesting comments from those re-locating from other countries are listed below:
  - “When my group and I first landed on Manchester airport we were told by the Philippine recruitment agency that we will be greeted and welcomed by people from Jane Lewis International (UK recruitment agency) but we just met with the taxi driver. The driver just dropped us all at every site whoever was meant to be there; it is alright if you come as a group but if you coming over alone, it is scary... When I was dropped off at WGH, [my colleague] was left alone with the driver. The driver had trouble finding FGH and my colleague mentioned they were lost for an hour. For someone who is new in the country, it can turn your anxiety level up. You can question your safety at some point.”
  - “In our country we are paid for breaks... we were not told not paid for breaks here”
  - “We were made aware that other Trusts pay incoming international recruit RGN as Band 4 while waiting for pin, but we were put on Band 3 pay. It was hard dealing especially with COVID season at its peak, student nurses were paid higher than us. Considering, international recruit nurses are well experienced nurses from the countries we came from ... we were hoping for a better appreciation ...”
  - “It is a good area to work, but not much support after coming over. Not all people are the same, in other sites a few people I know experienced racial comments, so just be open and ready.”

# Re-location from elsewhere in the UK (1)

- 13% said they **re-located from elsewhere in the UK** to work at UHMBT; 31% allied health professionals, 29% nursing/midwifery, 16% medical/dental, 16% administrative/clerical
- They represented an equal spread of age ranges. 71% were female, 79% identified as White, 10% as Asian, 4% Black (similar to overall survey sample)
- 81% use their own car to drive to work
- 34% had a partner who needed to find a new job on re-location; 93% of those didn't work in the NHS. Half of those who did, found a job at UHMBT soon after (n=3), half said it had been hard for them to find a job at UHMBT (n=2)
- 34% had children under the age of 18 who lived with them
- 93% were not offered accommodation as part of their appointment. Of the 7% who were, half declined it

Again: can partners who work for the NHS be better supported to find work at UHMBT?



# Re-location from elsewhere in the UK (2)

- 57% had close family or friends in the area, and for nearly all of these people, being nearer to family/friends was an important reason for their decision to move to the area
- Joining a good team of people was more important than salary and benefits for those re-locating from elsewhere in the UK
- 32% said that the opportunity to live near the Lake District National Park influenced their decision to accept a job here a lot (and a further 32% said it influenced them a bit; 36% said it didn't influence their decision at all)

Friends/family, work/life balance and living near the Lakes are important to many in their decision to move.

Could you advertise the Trust across the UK as a place to come for a positive life change, especially post-Covid when some are looking to escape cities?



# Summary and discussion

**How could we improve the application process?**

**How could we improve induction?**

**How could we better attract and support those considering re-location?**

**Padlet to brainstorm ideas:** [https://padlet.com/tabetha\\_newman/sc1skdb9vrwso93l](https://padlet.com/tabetha_newman/sc1skdb9vrwso93l)

(Think outside the box - the sense check about whether it's feasible can come later)

*3. Trainee  
doctors'  
experiences –  
interview data  
(n=6)*

# Choosing where to do foundation

- Five years of medical school is followed by a two-year foundation course
- Foundation stage taken within one of 20 deaneries ('Foundation Schools')

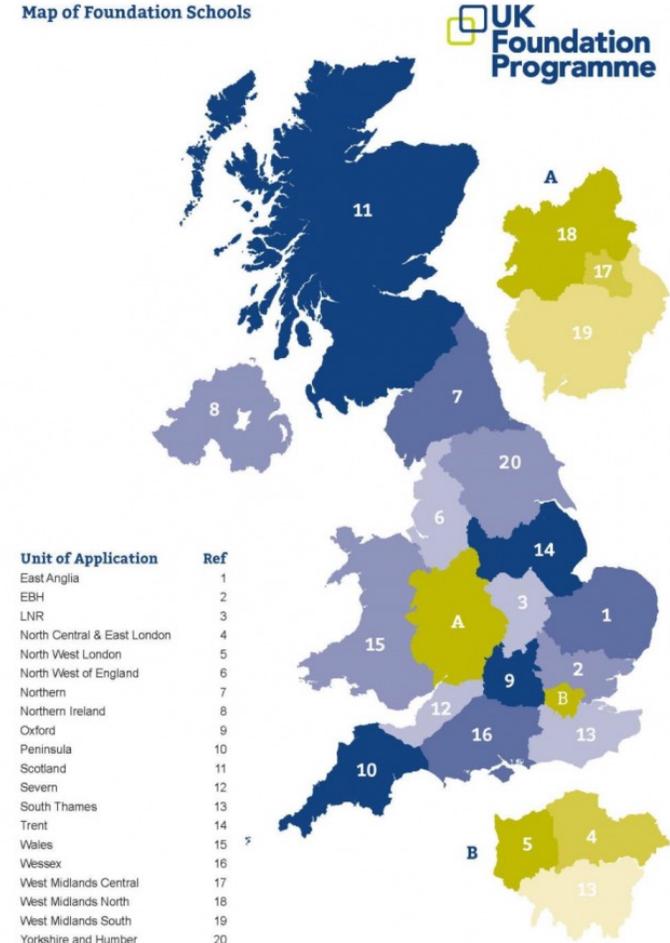
## If UK based:

- Trainees make decisions at DEANERY and then HOSPITAL level (not Trust) and the North-West is ranked [sixth overall](#), which looks good

## If from abroad:

- UK considered an easy place to get into
- London usually too expensive

Map of Foundation Schools



## Overall Satisfaction & CQC Ratings

Each hospital is scored out of 100 in Overall Satisfaction for the GMC Survey (2019 data).

The colour corresponds to the CQC rating of that hospital.



# Coming to UHMBT

## If UK based:

- Many stay in med' school area if they can
- Hard to 'see' The Trust within North-West Deanery - only the foundation school rankings and then [hospital rankings](#) - which make FGH and RLI look good!
- TRACK type and content can influence hospital choice
- Coming to FGH or RLI is not the intended plan for most foundation trainees UNLESS they trained at University of Lancaster OR lived nearby before med' school
- Four of six had seen the promo' video, some once they arrived

## If from abroad:

- Will take any offer, but being close to an airport and a city is important
- Can't afford to live in London so Liverpool/Manchester and surrounding area feels attractive
- Nervous and vulnerable on arrival, support needed and hugely appreciated

# Choosing a hospital

- If you go to med' school locally, some wards have a reputation that could negatively impact foundation stage trainees
- Barrow is considered very geographically isolated, and this puts many off
- But it's cheaper to live here than down south
- Each hospital has a different 'personality':

**Royal Lancaster Infirmary:** small city, friendly community and just an hour to Big City life or the wilds of The Lakes

**Furness General:** friendly community hospital with The Lakes and the seaside on your doorstep

"Even as a med student [at Lancaster] I knew how bad it was to be a junior doc on the XXX ward or issues with rota team for junior doctors... problems that have been going on for decades. So retention might be hard when that's known."

"Cost of living here is extremely cheap. A friend just moved up from London. Doctors get paid the same wherever you go in the UK!"

Based in FGH  
"My family are here and my partner lives up here and I don't really like cities prefer the countryside and close to Lakes for walking so it felt right."

Based in LRI  
"Another reason for me and only other thing that significantly influenced my decision was that Lancaster is on direct train line to Manchester to fly to family"

# Learning more about UHMBT

- Many want access to a big city to meet friends
- Some are vulnerable and want a small hospital, low stress, family feel and support - UHMBT good for them
- Some want opportunities to specialize - UHMBT not good for them
- Several didn't want to look into details about the area because the decision had been taken out of their hands. Once they had been allocated a deanery and a hospital, they just prepared to make the most of it on arrival
- Those who graduated from Lancaster give foundation trainees the heads-up on which wards and consultants to look out for

"Medics form really strong bonds and all medics I know still meet up with friends from uni days."

"For those who do uni locally it is split: either they can't wait to leave because geographically the Trust is very awkward and no real specialist or tertiary centres if inclined to a certain specialty and mainly small local hospitals so not as varied as other areas for training. But others have already got networks and like the area ..."

"... I didn't want to make myself more anxious as I couldn't do anything about it so wanted to deal with it when I get there"

# Finding accommodation

- All foundation students worry about where they will live, and they often have limited time to find it
- Unless they have a family, living with other foundation students is important: support, informal learning, understanding the job
- Foundation trainees spend time together outside work

"I enquired about hospital accommodation initially but there wasn't any so wanted to find a one bed apartment in Lancaster but then one person on course contacted me on Facebook and asked me if I wanted to join in a rental: all F1, four in total. Sharing a house is fantastic, so pleased, we get on so so well and the house is beautiful as Lancaster is lovely and I feel really lucky"

"I had to find accommodation. It was a bit of a headache, it can be anyway in Lancaster because it is a very student centric city so most accommodation is student based and in terms of cost for a single furnished apartment it is expensive as they know it is rare. And with covid it made things harder in terms of accessing viewings and we had all put off looking for something to live and then all at once everyone was looking."

?

Is there anything you can do to facilitate house shares, build/buy community living spaces?

# Current experiences - what's good

- Friendly bonding of cohort as it's quite small so you get to know everyone
- Friendly vibe in hospitals
- Supportive team in postgrad' education centre
- Some tracks are a great experience
- Less likely to 'get lost' as it's a small place, so you can ask for support

"If I raise concerns with the Leannes they sort it and help me, but in a huge hospital I don't think I would get that kind of help and support."

"Good that it is small, and you get to know everyone and consultants really approachable more than other hospitals. There is no one you'd be scared to ask a question to"

"I was in a hotel waiting for visa and that's when I realized **the kind humans who work in the education centre**... You have no idea how much this meant to me, being in a foreign country and no know one, stuck in a hotel, for them to call and think of me. I thought, if these are the people I will be working with, then what a relief. Truly genuine and caring people. They had a really big impact on my overall experience. So much for me to adjust to, using the computer system etc, they were very kind and whenever I called or emailed they had a sense of urgency they would make the time for me and that meant a huge amount and helped me to sleep well when otherwise I was really worrying. I really needed continuous support at that time, when I felt so isolated newly in this country."

# Current experiences - issues and problems (1)

- Service provision is the focus, not training
- Working in some wards that are understaffed and sometimes working as a doctor with no support (not as trainee) - far too much responsibility: huge pressure and anxiety
- Very rotation/track dependent, some have a very bad reputation and most interviewees had experienced some negative experiences at some point
- A feeling that they have it worse in this Trust than others elsewhere (Preston often mentioned positively)

"Probably to put into one word rather than training we have been surviving. It has been a battle to just keep on top of the job without then trying to reflect on experiences in the day. There is a huge workload and this has a huge mental health impact as well and this has been really escalated by the pandemic. I understand some of this is covid relevant but also there is a long standing history of difficulty here in terms of how stretched F1s are working on call shifts and lots of anxiety and lots of spare time spent recovering and recuperating and not really learning in the way you want"

"Talking to others who are NW reps our trust has the worst ratio of wards where F1 are expected to cover in comparison to the total number of F1s of all hospitals in Northwest. Plus, one in every four weekends we do one in four either nights or days 9 to 9. And weekends not covered with a day team, only the on-call doctors."

# Current experiences - issues and problems (2)

- Not many training opportunities or time
- Foundation trainees see other doctors are busy - they don't want to approach them
- Focus is on minimum viable 'tick skill off your list in order to pass rotation' not a quality learning experience

"The one thing that I want more time to do is to not feel so exhausted I am unable to learn outside of work but also there should be opportunities inside of work to reflect on and learn from experiences. Our extended colleagues don't understand our training so they expect us to be on ward, but we should have postgrad training time as well"

"I feel like I have been hugely lucky as cohort have made it for me, but on a professional and education level I don't know what I would say as every department has so much pressure so really hard to get a training and learning experience as everyone is busy. when I was a student people had more time for you but now doing the job no one has much time"

"They do it well in Blackpool where they have a consultant on shift various times of the week. They have a different uniform on and are dedicated to portfolio activities with trainees on shop floor. That is a role that is promoted by royal colleges across the UK. Doesn't happen at RLI. They would be accessible to any trainee. They are exclusively for educational leads. I have asked if we can get this in the department and they said that we do have one, but they have a clinical educator, but their role isn't the same, they spend their time dealing with cesar issues (pushing through and training registrar level to consultants) but that doesn't benefit any deanery registrars or core trainees or foundation doctors at all."

# What does the future look like?

- Several considering GP route (offers diversity at lower pressure and better flexibility)
- Many will move away, especially those looking to specialize
- Those who never wanted a rural life will go as soon as they can, even if the experience was good

"For me I knew I would never belong here long term, I belong elsewhere, but being a place to work I don't have too many complaints it has been amazing to work here. But the area just is not for me, I knew that when I came... I'm a city boy at heart. When I settle down I want to be closer to family, this is important to me."

"I have always said GP because of flexibility for career in terms of work you do and you can choose to have special interest in certain areas and see caliber of patient and do inpatient work and quite easy to get teaching opportunities and possible to work part time."

"Like to stay living in Lancaster but to be honest during last placement I have gone off RLI... service provision is King here and I want training opportunities. It has made me think I need to go find somewhere else. Nothing looks like it will change any time soon. Impression is that management decisions are made without considering the needs of doctors ... If there is ever a problem they wait until they rotate out. But if you were a trust that wanted retention you'd want to know what is going wrong "

# How do interviews compare with comments from medics in the 'all staff' survey?

- Supportive teams
- Good relationships with colleagues
- Size means you know the Trust ("I also work at LTHT which by comparison is large, cold and heartless")
- One mentioned opportunities to engage with academic activities, training and teaching
- One said good to be near Lake District

N=39

- Slow response of HR and admin teams "The recruitment process is so poor I chose to remain on bank rather than accept a regular position"
- Poor/top-heavy management with poor communication "over-centralisation leads to inefficiencies"
- Parking
- Too many processes and managers to get anything done - can't make improvement changes
- Travel distances / split sites / distance to large cities
- Poor recruitment, lack of money to sort out staffing "being the poor relation in terms of under-recruitment. Feeling we may never develop the service we want because we can't recruit to the roles"
- Lack of support for progression "I am de-skilling myself because of the job plan and lack of CSER support for my progression"
- Two mentioned lack of access to support
- One mentioned sexism in the workplace

N=34

# All staff survey: one thing to improve (medics)?

- Parking
- More opportunity to develop / progress in role, with supportive seniors assisting our development
- "To have more input into decisions that alter the way we work day to day"
- Fewer locums
- Family friendly hours
- Make theatres more time efficient and productive
- Friendly and supportive rota coordinators
- "Have a dedicated on call room for orthopedic middle grade provided by the hospital as we have to come to the hospital quite a few times at odd times to see ill and complicated patients when on call"
- Facilities (room to rest? Dishwasher?)

N=34

"Actually, seriously, arriving at work is one of the most stressful things day to day... so being able to reliably drive to work at a sensible time associated with my job plan and park my car would be bigger than you might think."

# How do findings compare with Dr Curran's work?

- **Location was single biggest factor in choosing a foundation school**

Our data suggest people focus on region and hospital when they make decisions about where to do foundation training (not Trust), but then learn the trust's reputation when training here

- **Medics identified free or heavily subsidized accommodation OR offer of additional qualifications in leadership or teaching as main incentives that might make them apply to the area BUT these would need to be well advertised**

Our data suggest these are important, but so is social influence: where peers are going, what people say about certain hospitals. Perceived access to cities is important for many foundation stage trainees

- **Foundation school websites are important, UK Foundation Programme websites**

Our data also stresses importance of Foundation School and NOT Trust websites

Northwest Foundation webpages look dated and uninspiring – this is your shop window! It is an opportunity for a subconscious nudge. Look at other Foundation sites – more modern, good photos.

## Welcome to the North West of England School of Foundation Training & Physician Associates



The Foundation Programme began in 2005 and originated from Modernising Medical Careers which set out the plans for the reform of medical training back in 2003. Foundation training took over from the previous Pre-Registration House Officer (PRHO) and Senior House Officer (SHO) years and forms a two year programme of broad-based general training known as Foundation Year 1 (F1) and Foundation Year 2 (F2), which forms the bridge between medical school and specialist/general practice training.

Whether you're already a Foundation trainee here with us, an employing trust in the North West hosting Foundation Training or a medical student considering which school to apply to for your training these pages will guide you through everything you need to know about Foundation here in the North West of England.

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Pre-Allocation under Special Circumstances

*4. So how can we use this data to improve marketing and recruitment for trainee doctors?*

# Summary and discussion

Many F1 trainees come to UHMBT when it wasn't their Plan A or B. They see working here as a short-term necessary step. It's going to be very hard to change their minds. Maybe it would be better to:

- (a) Engage with those who lived here before heading to med' school (return to family)
- (b) Persuade those who come to med' school at Lancaster to stay on in the area
- (c) Proactively attract the right people by advertising the positives of the area and hospitals

## **Decisions made at area and hospital not Trust**

- Websites sell - can you influence the NW foundation pages?
- How to market each hospital?
- Target those interested in GP/community in future? Create communities?

## **Kano Model**

- What 'basic expectations' are missing? (Being left without support?)
- What satisfiers would help reputation (better training experiences?)
- What 'delighters' could you offer to foundation trainees (from UK, from abroad)?

**Padlet to brainstorm ideas:** [https://padlet.com/tabetha\\_newman/ctapsnohdp1lx40j](https://padlet.com/tabetha_newman/ctapsnohdp1lx40j)

# *5. Key findings from student nurse survey*

Who completed the student nurse survey?

Motivation to apply for a job

What do students enjoy?

What to change?

Coaching wards

Shift patterns

Travel issues

# Let's Think Kano

- **Kano Model:** A service or experience (e.g. applying for a job, induction, working at UHMBT) is more than just functionality, it is also about a person's emotions

**Basics** = people expect these (e.g. opportunities to learn during a placement)

**Satisfiers** = not vital but increase enjoyment and improve experience (e.g. CLIP coaching)

**Delighters** = unexpected extras that can really boost competitive edge (e.g. choose shifts)

- Might be helpful to 'Think Kano'
- Failing to provide the basics leads to really poor experiences. Delighters can go a long way to create a positive customer experience that lasts
  - Are any basics being missed?
  - Are there any low-cost quick win 'delighters'?

Thought box 😊

"Quote" (colour of box doesn't hold meaning)



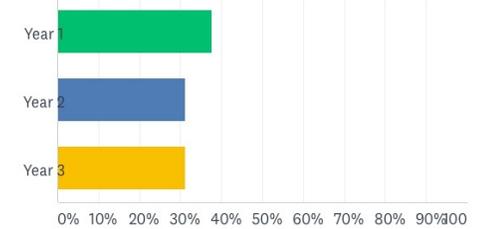
This is a modified version of the main staff survey, that includes additional questions relevant to student nurses. It ran in April and May 2021. It was sent to student nurses across UHMBT, who were asked to share their experiences of training in order to help the trust improve future marketing and recruitment strategies. This should NOT be shared widely as free text data has the potential to identify individuals.

All Pages ▾

Q1

What year are you in?

Answered: 106 Skipped: 2

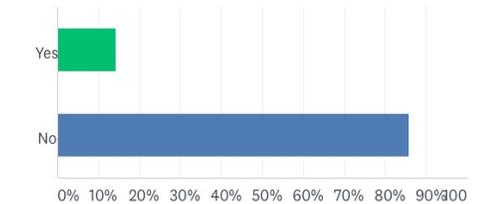


ANSWER CHOICES	RESPONSES
Year 1	37.74% 40
Year 2	31.13% 33
Year 3	31.13% 33
<b>TOTAL</b>	<b>106</b>

Q2

Are you an apprentice nurse?

Answered: 106 Skipped: 2



ANSWER CHOICES	RESPONSES
Yes	14.15% 15
No	85.85% 91
<b>TOTAL</b>	<b>106</b>

Q3

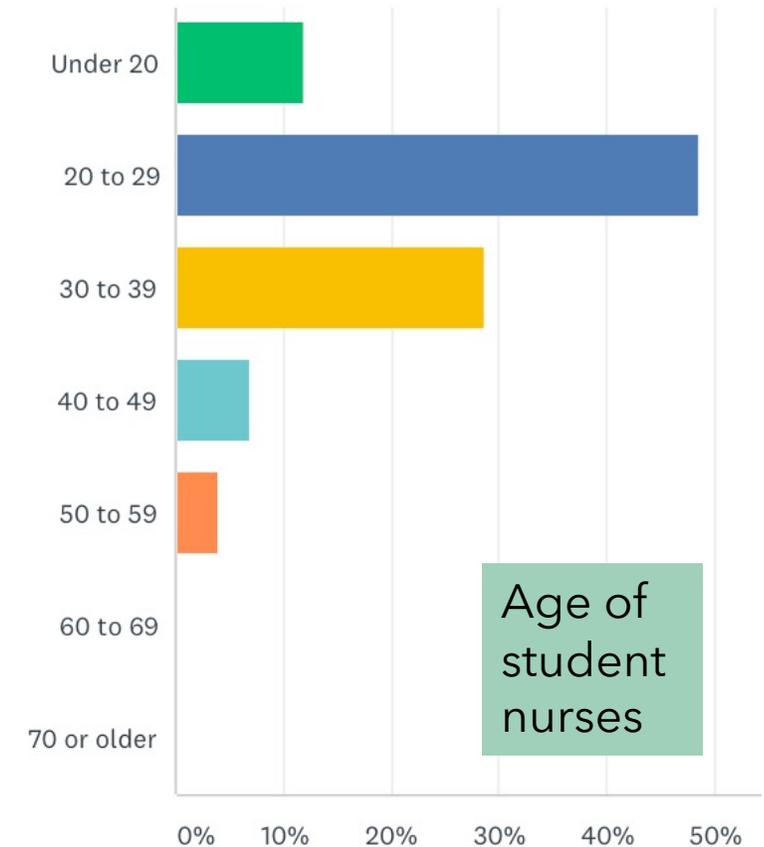
Where do you mainly work?

# Survey data - student nurses

- 106 student nurses completed the survey
- Lots of detail - will focus on top level here

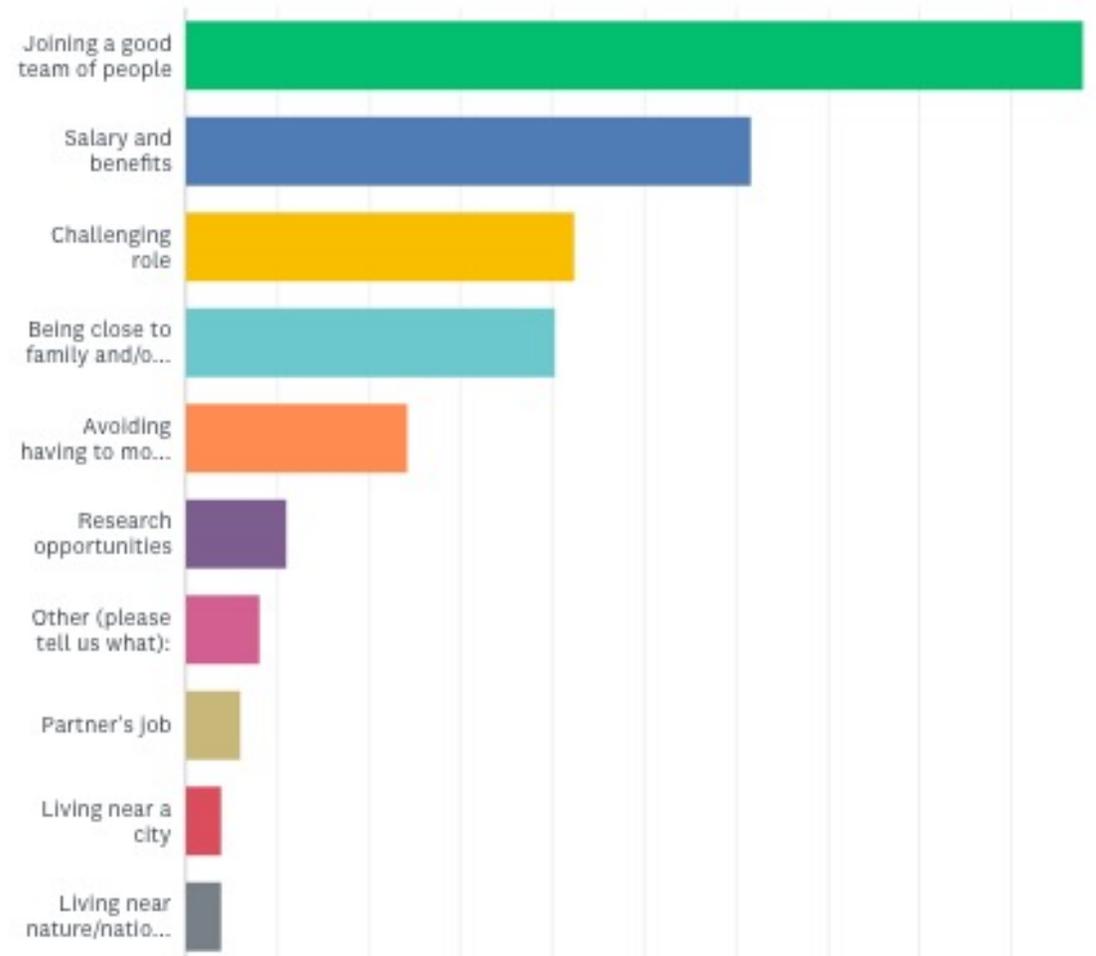
# Who answered the student nurse survey?

- 92% female, 91% identified as White
- Equal balance of first, second- and third-year students
- 14% are apprentice nurses
- Nearly 80% of respondents working either at RLI or FGH
- 94% didn't have to relocate to come and work at UHMBT
- Half aged 20-29 but spread of ages from under 20 to 50-59 (second career?)
- 42% have children under 18 who live with them
- 70% travel to work by car, 20% cycle or walk – similar to 'all staff' data
- 10% say they have a long-term illness or disability



# Motivation to apply for a job

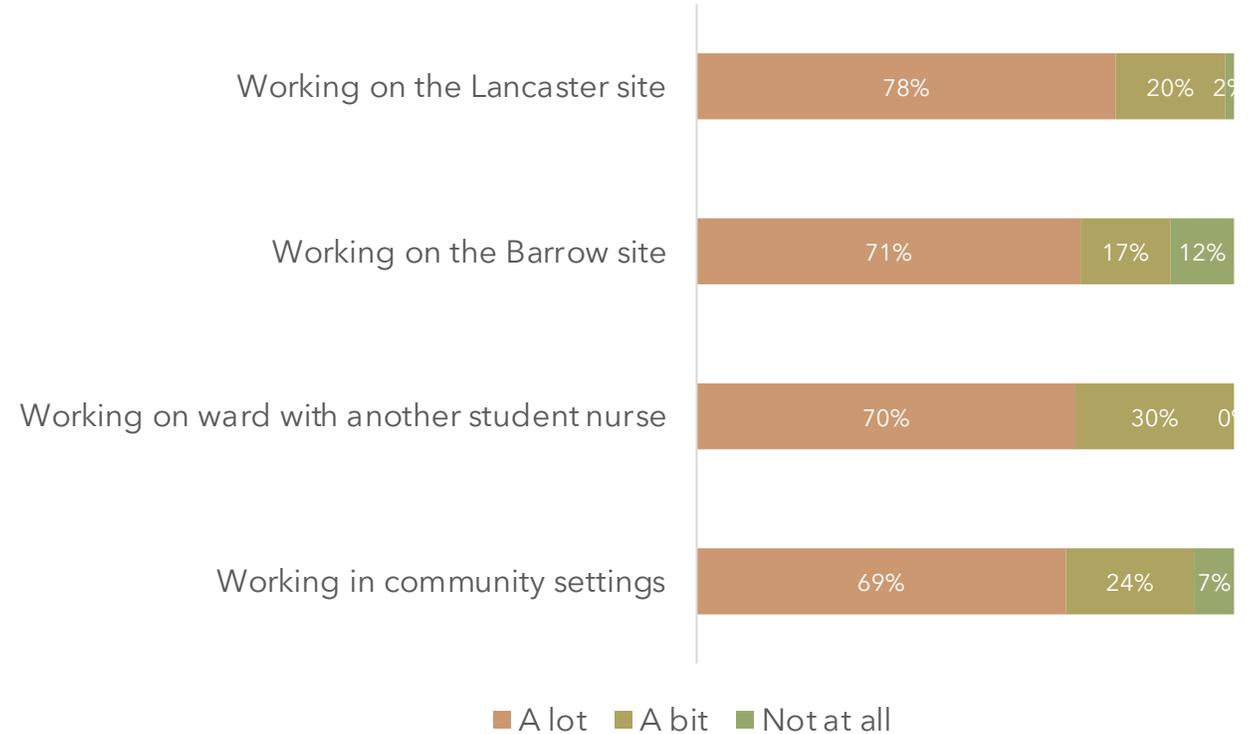
- Very similar to 'all staff': being part of a team is the most important, followed by salary/benefits and challenging role
- 80% said living near The Lakes didn't influence their decision at all
- Living near a city or nature is **less** important than 'all staff' – most are relatively local when they decide to study, so they are joining the NHS, not the specific Trust
- Only 6% were offered a place elsewhere but chose to come to UHBMT



# What do students enjoy?

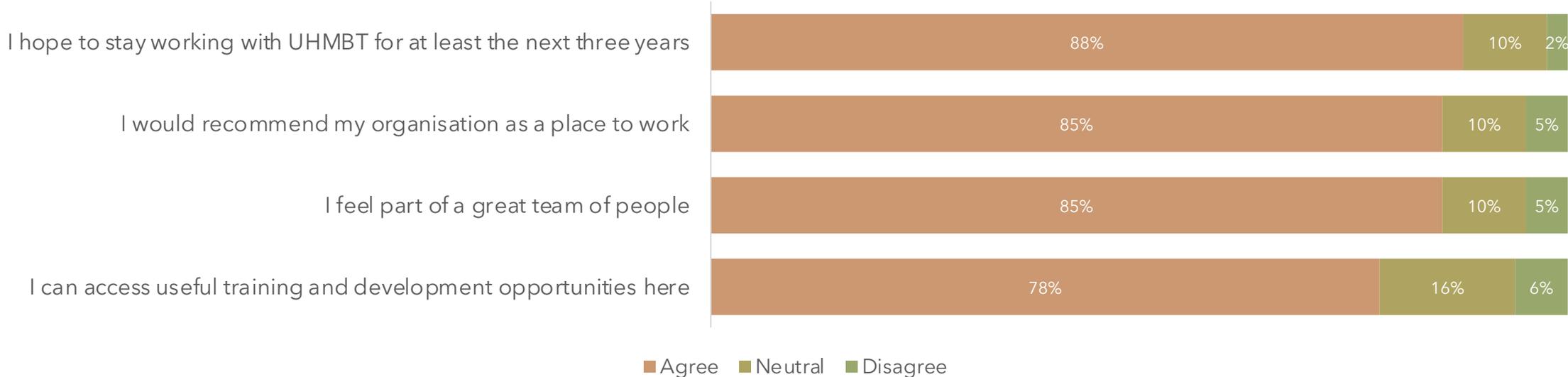
- Half of respondents said they had not worked on the Barrow site and 25% said they had not experienced working in community settings
- 78% of students enjoy working at RLI and 71% at Barrow
- All students say they enjoy working on ward with another student nurse (either a lot or a bit)
- 12% say they do not enjoy working on the Barrow site (in comparison with 2% for RLI), and 7% do not enjoy working in community settings

How much do you enjoy ...



# What do students enjoy?

- 88% agreed they hoped to stay at the Trust for at least the next three years
- 85% would recommend their organization (trust? hospital?), and felt part of a great team of people
- 78% agreed they could access useful training and development
- When asked whether the reality of being a nurse meets their expectations at the start, 56% felt the job was as they expected and 41% said it was better than expected



# Best things

- Most people are very welcoming and enthusiastic
- Great teams to work with
- Near home, close to family and friends, you tend to know someone
- Small Trust where you get to know people well, family feel
- Variety of opportunities and patient groups
- Pension and stability
- Making a difference to my local community

# Worst things

- Being treated badly / clearly just tolerated because you're a student (by consultants, by nurses)
- Getting all student paperwork completed as ward staff so busy (why not digital!)
- Parking
- Lack of staff - being counted in the ward staff numbers when only a student
- No flexibility around childcare

# What one thing to change?

- Don't put student nurses on rota as a trained nurse, or on weekends/bank holidays as a cheaper option
- Explain to all staff about the differences between student nurses that are paying to go to university versus apprentices
- Allow us to do the things we are learning about before we qualify (e.g. venipuncture)
- Don't use students as CSWs
- Waive parking fees for students

"Greater understanding to staff of the different types of student nurses there are on the wards, especially when we have theory work to be doing alongside the placement. Not getting used as a CSW and if we do then we should be put onto bank and paid for the CSW shift (this shouldn't happen anyways as we should always be with an assigned nurse and supernumerary at all times) Flexibility with choosing placement locations and hours and this aspect of student nursing is not alike to the when we are actually registered nurses, as we will choose where we apply for jobs at and also have an availability for the staff to work around."

"no week ends and bank holidays as we are not getting paid like nurse associates or apprentice nurses and i know that frustrates most nursing students, and being counted in the numbers a lot when it comes to staffing,"

# Coaching wards (1)

- 34% said they had worked in a coaching ward in the last two years
- 85% of student nurses agreed that working on a coaching ward gave them confidence
- 77% agreed it helped make them feel part of a team
- However, only 56% agreed it provided better skills opportunities in comparison to other wards, and only 42% agreed it made them want to work on those wards in future

	AGREE	NEUTRAL	DISAGREE
Given you confidence	84.62% 22	15.38% 4	0.00% 0
Helped you to feel part of a team	76.92% 20	15.38% 4	7.69% 2
Provided better skills opportunities than you experienced when working on other wards	55.56% 15	25.93% 7	18.52% 5
Made you want to work on those wards in future	42.31% 11	42.31% 11	15.38% 4

# Coaching wards (2)

- In conclusion, the positive experiences appear to be highly dependent on **ward** and **team** and **individuals**, as well as context (if all Y1 doesn't work, if too many students doesn't work)

"Coaching is not for every trained nurse as some get overwhelmed with having more than one student to work with."

"While all the wards were supposed to be coaching wards, on one of them I never worked with another student, on another one it was hit and miss, but when it worked, it worked well, and on the third one I always worked with 2 other students, but we were all 1st years who had never worked in healthcare, so we didn't really learn much from each other."

"Sometimes too many student nurses are placed on same ward making it hard to get good opportunities individually and generally not being enough work."

"I really enjoyed working on the coaching wards as I was not as nervous starting my placement as I knew I was going to be with my university colleagues. I learnt a lot more when being apart of the CLIP as we were given more responsibility when looking after our own patients and escalating concerns if we had any to the doctors. It also gave structure as sometimes being a student you can work up and down a ward and do not have specific patients. I really enjoyed my experience "

"I feel that some wards are better than others and make you feel more like part of the team, so I will be looking to work on one of the coaching wards but not the other"

# Shift patterns

- 95% agree that working a 24-hour, 7-day shift pattern teaches you about the realities of the job
- 73% agree it makes you more likely to feel part of a ward team
- 71% agree it is helpful to experience it as a student

However, there are some significant issues with it:

- Travel time, other jobs and family commitments are not considered
- Fitting around university work is hard
- It is annoying when other staff are on enhanced pay
- Prevents working as bank staff which might be vital income

	AGREE	NEUTRAL	DISAGREE
Teaches you about the realities of the job	94.51% 86	3.30% 3	2.20% 2
Makes you more likely to feel part of the ward team	73.33% 66	17.78% 16	8.89% 8
Is helpful for you to experience as a student	71.11% 64	15.56% 14	13.33% 12

“Should be more flexibility in students being able to opt out of nights except for the NMC minimum requirements. Especially when they have children. Bearing in mind that when we qualify, we might be looking for jobs which suit of home and family arrangements and won't automatically choose to work on a ward requiring nights etc whilst children are young.”

# Travel issues

- Distance to placement has significant cost implications (fuel cost, wear and tear on car, public transport nightmares for non-drivers)
- On placements students don't get a parking permit, parking on streets feels unsafe especially in winter

"It's an hour from home, so makes long days (14hr shifts) a 16hr day as we get no allowance for travel"

"Lack of flexibility for shifts - I have had to stay in a hotel overnight to start at 7am or stay in a hotel as shift finishes 10 minutes before last bus (bus station is more than 10 minutes away). Allowing students to finish or start 15-30 minutes earlier / later would change this."

"Parking permits for Student Nurses need to be developed to waiver fees for already struggling trainee nurses who work 37.5 hours for free."

*6. Using interviews with student nurses (degree students) to better understand their experience (n=4)*

# Many are local

- Most live here, so go to the nearest university and associated hospitals for training
- Several are 'second career', so very connected to the local area
- Usually already have accommodation sorted (although a few student nurses live on Lancaster campus)
- Any reputational information tends to come from word of mouth and experiences when a patient in the area, not via websites

"I've lived here all my life, so this is the Trust that happens to be where I live"

"Being in the lakes is my priority, been here for a long time so my friends are nearby"

"Already working within it. I don't know much to be honest; all three hospitals are the same trust that's all I know"

"QCQ etc reports feel relevant but I don't have a choice, this is the area I want to be in so this is the trust I want to work for purely for that."

# Access to broad range of experiences?

Mixed messages:

- Nursing here can provide access to a broad range of experiences (could be a selling point?)
- ... but nursing at Furness may not be as varied?
- Westmorland is nurse-led: that can be attractive for some

"I heard as a rural location how fantastic it was because you get more exposure here to wider complex cases because say in Newcastle it gets triaged before we could get to it. So we do a lot of stabilization work, also here lots of first response work is fantastic and interesting"

"Furness isn't a major trauma centre so it goes elsewhere which is a shame. Surgical ward at Furness is less specialist than other larger hospitals."

"Westmorland is entirely nurse led with is amazing - so if you are a student nurse fantastic experience"

# University choice drives the experience

- For university student nurses, their decision to be at UHMBT was based on university choice
- Nothing positive (and LOTS negative!) about Uni of Cumbria
- Lots of positive comments about Preston (Uni of Central Lancashire?)
- Positive comments about the Trust support team



Do you have data on drop-out rates from uni's? Can you contact those who drop out to ask why?  
If there are significant numbers, can you afford to lose these people?  
What other options are there?  
What could we learn from Preston?

"Went to three open days, UCAN was one of them much more organized than Uni of Cumbria but going to Preston was too far to drive. Went to Carlisle campus and this was badly organized and really put me off. If you can't organize an open day how can you organize a course! Last one was Lancaster and that was well organized and that clinched it for me. Gave all the information I needed"

"Some nurses love Preston - spoken to two and they say they are amazing. Very good for students for the experience to have one person all day and learning loads. They LOVE it so much learning experiences and most of their placements are at the same hospital."

"If it hadn't been for the PEFs employed by the trust I really really would have struggled. I think some of them are on temporary contracts due to end January. Some are seriously overworked but since they took on more they are brilliant, so so helpful. **So one message to the Trust is keep ALL the PEFs on because they are so vital. I use them loads.** One girl on our course committed suicide and so little from uni but the PEFs came to do welfare check if based in the hospital. It was brilliant of them to do that."

# Degree student nurses are paying to learn ...

- When someone is paying to learn, they expect more
- Their 'basic need' is access to learning opportunities, not being used as a CSW
- They compare (with apprentices (money), CSWs and nurses (flexibility)) and see unfairness in many places
- They feel the current system punishes those who choose to get a university nursing qualification and pits university students against apprentices

"Working next to nurse apprentices getting paid, we are working just as hard or harder and not getting paid this is not fair"

"A Band 5 starter nurse starts 24k so they earn 10k more so crazy that as a student nurse you have to do the same job and get paid less essentially. My student loan is £10k - a bit of a kick in the teeth!"

"Apprentices get paid and we don't. Because they are paid they don't mind as much if given CSW role and some days they have to do that role anyway. Nurses don't seem to understand that the students are paying to be there!"

# Paying to learn ... with no financial support

- Course may need a second job/bank work to pay for fees
- Plus they need to find time to study
- 24/7 shifts and placements may mean need to pay for childcare
- Travel to placement costs a lot as may not live nearby, and takes extra time
- Having to 'pay back' hours due to Covid is very unpopular and considered unfair

"I didn't realize how much harder this would be than my first degree. SO much paperwork in terms of training and for service delivery. From union perspective we do 37 hours per week unpaid... I need a PT job to keep living here ... next nightshift is a Friday but I've asked if I can do this earlier in the week because of my PT job at weekends"

"I have to work bank shifts to help finances as a CSW. But these extra Covid hours mean that I can't work bank as I am too knackered."

"If we are paying for it they should arrange childcare! Not much money to live off and have to fit everything uni work and pay for childcare that is tough"

# Paying to learn ... with no flexibility

- Given shifts and often no flexibility to change (although a handful of senior nurses do allow this, and it is hugely appreciated)
- Occasionally a sister will allow shift choosing and other students long to experience that too
- Coaching system means can't change shift without impacting others
- Some say they are used to cover weekends or Bank Holidays as they are cheaper, but this is when they want to be working Bank to earn extra
- Enrichment placements cancelled, no choices now to ask for experience in areas they might want to specialize in (unsure if this caused by trust or university)

"The ability to pick which shifts, I think wards sometimes forget what type of student I am and so feel like I'm at a disadvantage to other types of student nurses that can either choose their placement location and more often than not get paid for their shifts when in fact I'm the one paying for a service to be provided to me I don't get paid any salary."

"Nurses and CSWs swap shifts around but because you are a student you get landed with it"

"Some are struggling with lack of shift flexibility especially if they have children and in a CLIP coaching ward you need to stay in it or three people have to move. Considering we are paying for this and we need to fit uni work around it, it would be nice to have some flexibility around shift times."

# Don't use me as a CSW unless I am learning!

- All students mentioned that they are sometimes used as a CSW
- If they are buddied with a CSW who is helpful, this can be useful...
- ... but usually this isn't the case, and it feels demoralizing and a huge waste of time

"Being treated as supernumerary and not free labour - 99% of the time I feel like free labour. It makes me very angry and having to work weekends and BHs when we are not getting paid. Basically, you're just free service provision if you are working as a CSW. I'm not learning ANYTHING working like that."

"On general surgery in Barrow I learned loads from a CSW ... they know where everything is and where to find things. They can take blood and can show you. Often a CSW has more time than a nurse esp those who can take blood or canulate. The nice CSWs should be involved in training"

"Some wards give brilliant day one day and then next day put me as CSW which they shouldn't do but they needed it, so it was then a crappy day"

"Sometimes I am used as a bit of a lucky - healthcare assistant essentially, and sometimes they forget that as a student nurse you are not meant to be part of the numbers on ward but because of the safe staffing measures and austerity measures wards are functioning on a knife edge so student nurses tend to bulk up numbers even though they shouldn't. Has happened more often since pandemic but was happening quite often before"

# Coaching works if run well

- Very dependent on the ward, the other students, and the nurses in charge
- Some nurses are better at teaching than others
- Several students suggest nurses interested or responsible for training should be given training on how to support students, and ensure they appreciate that degree students are paying

"if you don't like your buddies in your coaching group then perhaps it wouldn't work well because you need to get on."

"Coaching is three students as a model most of the time, although on one ward they just stick all students together. Different wards appear to work differently - never seen in practice the 'one 1<sup>st</sup> one 2<sup>nd</sup> and one 3<sup>rd</sup> year' which is supposed to be a plan.. first time I experienced it there were three 1<sup>st</sup> years and it was the blind leading the blind!"

"I know it is supposed to be Y1 2 and 3 working together but I did it just with the nurse associate. It worked really well and it was really good because I had to use my own initiative and always had to have a plan in your head (meds times but also needed to get obs done and join doctors and filling in ward notes etc) so got into the routine and to understand the whole role if I was really working on a ward. So I really did get a full understanding of the role and so I now don't feel I would be a startled rabbit when I start my first job."

# Childcare is a big issue for some

- For those with children, accessing childcare is a real issue causing **a lot** of anxiety and worry
- If they have no family or partner, this means it costs money
- If they complain they feel they are 'black marked'
- If they can't do 24/7 shifts, they can't do the course = drop out
- Support for childcare would be very welcome (a nursery? Grant to cover cost? Shift flexibility?)

"I'm lucky as have my mum who can help out on my days off, if I organize days where she is off work to cover me, but I have struggled a lot sometimes though and the costs have been really hard especially if don't get the grants. Sometimes have had to pay for after school clubs. If had access to childcare on hospital site would DEF use it. RL has one on site but the start times are not on the same pattern as most nurses - we start at 7am and no childcare places are open at that time so that's hard."

"My friend has 3 children is on 3 weeks of nights and no childcare. Nurses doing the rota say "welcome to the world of nursing" but that isn't true! Most know the rota 8 weeks in advance, and they can swap shifts ... so this is just hugely unfair. My friend has had to rely on friends and family to support childcare. If you complain you don't get any help from the rota."

# Reputations and limitations

- Some wards are not fun to work on and they come with a reputation - this tends to be on certain wards but not in A&E (where feedback was only positive)
- It is frustrating to learn about skills like canulation or IV but then be blocked from doing this because UHMBT requires nurses to go on a course after qualification to do it - they want to practice whilst learning

"I've heard that RL wasn't very friendly towards student nurses and has a reputation for it, so I was really apprehensive about going there as other older year group nurses had warned me. It's well known. Some CSW are bullies, nurses hate student nurses and don't have time for them, you feel as though you are not wanted on the ward as a student. Luckily the ward I was on was good."

"We do compare a lot. Kendal and Barrow have good reputation for making student nurses feel welcome and supported and not like you are in the way. It is always awkward going on ward as a student nurse, nurses roll their eyes, I wish other nurses remember were they come from we were all students ... In Preston I hear they learn canulation and bloods whilst on student course but I don't know if it's true"

# Survival of the privileged?

- Finishing a nursing degree feels like survival of the fittest .. Most privileged??
- So many significant obstacles that might prevent people from deciding to train to become a nurse, or cause drop-out
- Even if they want to be a nurse, it's an uphill struggle for most
- Covid has made it worse both via the university (online learning, lack of care) and placements (used as service delivery more often, fewer learning opportunities and more stress)

"I think 30 people have dropped out because they were sick of the workload, online learning, working and doing uni work, night shifts. There were about 90 started and about 54 left. The uni work is a real extra pressure. I want to be in uni. The online learning is horrid and my grades have gone from 80% to 45% the marking is strict and it doesn't feel as though the markers care. There are no concessions or caring now we are online. My husband has so much support from his employer and in comparison, the wellbeing support is nothing from our uni. If you were feeling wobbly or fragile you had to seek support from them, so bad. They just said don't send an email we are overwhelmed."

"In the future I want a choice of shifts and work life balance. Otherwise working in Morrisons is easier! It's hard being a nurse anyway! I don't want to do ward work as experiences have put me off... wards are hugely cliky, not just CSWs but also nurses - lots of bitchiness and backstabbing."

*7. So how can we use this data to improve experience and retention of student nurses?*

# Summary and discussion

- The problems appear to be with student nurses more than apprentices (but I didn't interview any apprentices, so this needs confirmation)

## Kano Model

- What 'basic expectations' are missing?
- What satisfiers would improve the experience?
- What 'delighters' could you offer? (Shift flexibility?)

**Padlet to brainstorm ideas:** [https://padlet.com/tabetha\\_newman/zss1kxd7iywd386c](https://padlet.com/tabetha_newman/zss1kxd7iywd386c)

# And finally ...

Some trainee doctors and student nurses asked if they could see the results of this research at some point. Can you consider what we can share, and how?