“All degree nursing education must not lead to a two tier workforce”

All courses leading to the registered nurse qualification will be at degree level by 2013. While this move could increase the status and influence of the profession, it has implications for diversity and equality.

Black and minority ethnic students are less likely to study degrees and more likely to take vocational qualifications than white students (Unison, 2007; Tribal, 2006). The move to all degree entrance could mean that fewer BME students take nursing courses. A two tier workforce, with BME workers over represented in the lower tiers as healthcare assistants, could emerge. We could struggle to produce a diverse workforce, which could make culturally appropriate care less likely.

There is evidence that BME nurses are at a disadvantage compared with their white colleagues in terms of promotion, and a two tier workforce will make this worse (Unison, 2008; Tribal, 2006).

This is not only an ethnicity issue. Mature students and those from poorer families are, likewise, less likely to do degree courses. Traditionally, we have valued the perspectives of these nurses.

The financial pressures that plague students disproportionately affect BME students, mature students and those from poorer families. The government has yet to confirm how nursing degrees will be funded. Any cut in financial support might make it more difficult for these groups to stay on courses than younger students, white students and those from more advantaged social backgrounds.

Nursing’s wide entry gate has allowed a range of talented people to access a worthwhile career. Protecting that tradition cannot be left to chance. Higher education institutions should review recruitment and admission practices, as these have sometimes disadvantaged groups like BME students.

Retention strategies should address the financial burden BME students face on degree courses. We may need to learn from US scholarship programmes that target under represented groups.

Other factors will challenge recruitment and diversity. The Prime Minister’s Commission on the Future of Nursing and Midwifery exposed the public perception of nursing as low status and low paid, and of nurses being mere helpers to doctors. Stories of poor career advancement and discrimination also make the profession unattractive.

The nursing profession must act now to ensure that the higher educational qualifications needed to enter degree courses, admission and selection procedures, and financial burdens do not exclude under represented groups from gaining the degree level RN qualification.

Should carers wear gloves for non-clinical care? p14

Debriding diabetic food ulcers p20

Effects of high patient to nurse ratios p22

The Equality Act gives both rights and responsibilities

The Equality Act 2010 replaced a raft of legislation outlawing the discrimination of various groups with a single law covering forms of discrimination.

The act simplifies the legal situation and protects everyone rather than narrowly defined groups. However, it has profound implications for both healthcare providers and professionals, who must ensure their procedures and practice avoid discrimination. Our article on page 12 discusses how it will protect both patients and those employed to care for them.

Over recent weeks outbreaks of norovirus gastroenteritis have been increasing. Hospitals have had to limit visitors or close wards, while NHS Direct has seen a huge rise in calls from people with norovirus symptoms.

Nurse are vital in safeguarding patients from infection and educating them about what to do if they are infected. Turn to page 15 for an update on the measures you need to institute to protect patients.

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References


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