‘Creating a modern nursing workforce’: nursing education reform in the neoliberal social imaginary

Abstract

This paper explores how nursing education both exemplifies the contradictions of neoliberalism alongside its seemingly all-encompassing influence. We conduct a feminist critical policy analysis to trace the histories of nursing as a feminised vocation located outside the academy, and how this is reflected in recent policy. We then critically explore widening participation and social mobility in relation to nursing education, and demonstrate how a discourse of fairness is used to justify market solutions. The ‘special case’ of nursing is considered through an analysis of how ‘the nurse’ as subject is constituted in education policy discourse. Our discussion focuses on the effects of these reforms and demonstrates how historical discourses that centre on women as carers are assimilated into the ‘neoliberal social imaginary’. The paper’s scope is both local – the gendered history of nursing education in England – and global – the force of neoliberal globalisation in education policy.

Keywords

higher education; widening participation; nursing; policy; vocational education; gender

Introduction

Recent reforms to nursing education in England have sought to address the profession’s ‘perfect storm’ of recruitment and retention issues (RCN 2017, 4). Staffing shortages and workforce gaps have led to the development of policies with the ostensible aim to recruit more Registered Nurses (RNs)[i], offer new training routes, and develop new nursing support roles. In this paper, we conduct a feminist critical policy analysis of two recent changes to

nursing education announced in December 2015: the development of the 'nursing associate' (NA)[ii], which aimed to 'bridge the gap' between healthcare assistants (HCAs)[iii] and RNs; and the abolishment of the NHS Bursary for university degrees in Nursing. We trace the histories of nursing as a feminised vocation located outside the academy within the current policy context of students as consumers. The term 'feminised' is used to acknowledge that nursing is not only a female-dominated profession, with women making up 90% of RNs in England (RCN 2020, 8), but that it is also '*feminine'* as caring is framed as 'women's work' (Abbott and Wallace 1990; Huppatz 2010; McDowell 2015). Consequently, our analysis is concerned with how the lower status and pay of nurses, subordinate to masculinised professions such as medicine, is reflected in debates around education and professionalization, given that caring is something that comes 'naturally' to women (Abbott and Wallace 1990).

We draw on the idea of the 'social imaginary', which aims to capture shared, everyday ways of thinking about the world that are nevertheless ideological and ultimately entrenched in policy (Rivzi and Lingard 2010: 34). Our analysis uncovers contradictions, but demonstrates how historical discourses that centre on women as carers are assimilated into the *neoliberal* social imaginary (Ball 2012; Rizvi and Lingard 2010). This concept describes how the 'neoliberal discourses of globalisation are embedded within a social imaginary' (Rizvi and Lingard 2010, 35). Thus while our focus is on policies related to training for a specific profession in England, these have been driven by global processes that will resonate beyond our particular case study. We also highlight how related discourses of marketization and individualism in nursing education policy reforms are linked to broader concerns for the sociology of education: widening participation, widening access to the professions and political preoccupations with a particular vision of social mobility. By using the language of 'neoliberal justice narratives' (Littler 2018) that appeal to ideas of meritocracy, these reforms make a case for educational policies built upon addressing issues of inequality, but are

predominantly concerned with continuing to extend the neoliberal project. We argue that recent nursing educational policies shed light on the market logic that now pervades education, as well as how feminised, caring professions come to be incorporated into this logic as 'same but different'.

Widening participation and nursing education

Over the last 15-20 years, attempts to diversify entrants to higher education in the name of promoting social mobility have gone hand in hand with increased personal costs to students (Harrison 2018, 59-60). These 'mixed messages' were established under the New Labour government (1997-2010), and consequently exemplify the 'Third Way' approach of both social redistribution *and* the neoliberal incentive of meeting labour-market demand achieved through the student-as-consumer (Wilkins and Burke 2015). The aim of widening participation schemes – to address under-represented groups within higher education – has particular resonance for nursing, given that disabled, Black and Minority Ethnic, and lower socio-economic groups make up a significant proportion of the RN workforce, but that there is a lack of evidence over how to best meet the needs of these populations within universities (Young 2016).

Debates in nursing education policy have been overlooked by sociologists of education, yet offer an alternative perspective on widening participation and social mobility as they differ from dominant concerns in two key ways. Firstly, widening participation initiatives and policy resources (and in turn, sociological research) tend to concentrate on groups who may have the potential to attend elite higher education institutions but are under-represented, particularly since the Coalition Government's reforms around 'Fair Access' (Harrison 2018; McCaig 2016). In contrast, there are debates over whether academic education, elite or

otherwise, should be the priority for nursing careers. Secondly, social mobility is usually presented in the public sphere as a generation of 'better qualified and more aspirational' young people coming through the education system to enter professional occupations (Payne 2017, 70). In contrast to this vision of education as the *driver* of social mobility, the debates in nursing education consider whether academic requirements are *holding back* some desirable individuals.

The roots of anti-academic sentiment in nursing can be traced to its development in the 19th Century 'as a vocational calling differentiated from other forms of work through an ethos of self-sacrifice and acceptance of hierarchy and authority' (Wells and Cunningham 2017, 188). In order to be accepted by the male establishment, training did not encroach on the masculine space of higher education (Traynor 2013, 7-8). This gendered vocational emphasis has endured, despite a gradual move into the academy from the mid-20th Century, with the role of RN now an all-graduate profession since 2013 (Willis 2013)[iv]. The academic discipline of nursing is relatively young and in a unique position of sharing much of its body of knowledge with medicine. Nursing is unusual in being a profession that is symbiotically linked to another and is often defined by what it is not (Meerabeau 2006). Indeed, this subservient relationship, which is gendered and classed, has been attributed with nursing's struggle to assert itself as a profession. The long campaign to advance nursing as a graduate profession was spurred on by a fear that British nursing was falling behind international peers (Hallet 2005) and evidence that higher level nurse training decreased mortality rates (Gkantaras et al. 2016).

There has been resistance to this professionalization however, among the nursing community and the wider population, centred around a lack of care or compassion (Rosser 2017). A

common public perception, following investigations into nursing care standards (Francis 2013; Keogh 2013), is that RNs have become 'too posh to wash' (Wells and Cunningham 2017, 192) or 'too clever to care' (Rosser 2017, 45). The focus of such reports is on the over-reliance on HCAs to provide hands-on care rather than RNs themselves, and calls for greater training and investment for these support workers (Cavendish 2013; Willis 2015). There is a sense that something fundamental to nursing has been lost, predicated on the idea RNs should have an 'inner dedication or vocational commitment' (O'Connor 2007). Nurses becoming too 'posh' or 'clever' reiterates the historical dichotomy between masculine/academic/higher class, and feminine/vocational/lower class. They receive lower pay and have lower status – and consequently are 'lower' professions in terms of social class positioning than other clinical roles. Moreover, there is a complex relationship between class and nursing; for example, the upward social mobility afforded through the professionalization of the RN role has excluded and marginalised workers such as HCAs who provide hands-on care and who are more likely to be working class and Black and Ethnic Minority women (Abbott and Wallace 1990). These gendered historical distinctions still have resonance in the contemporary reforms we analyse in this paper.

'Creating a modern nursing workforce'

Our analysis focuses on two key policies that were announced in December 2015 by the Department of Health (DoH)[v] (Department of Health / Gummer 2015). The first is the development of the NA role. NA training was initially offered via a two-year Higher Apprenticeship, with NA trainees employed by an NHS Trust. Their 'on the job' training was combined with university teaching over the course of two years leading to a Level 5 foundation degree[vi]. The NA is a position in its own right, located on the NHS pay scale as Band 4 once qualified (below a newly-qualified RN's Band 5). It is also framed as stepping

stone to RN. Following the NA announcement, a Nursing Degree Apprenticeship scheme was launched in 2016, with the explicit desire to link both levels of training[vii] (Department of Health 2016a). At the same time as the launch of the NA role, the DoH announced fundamental changes to the funding of undergraduate nurse education. Previously, students on Nursing Degree programmes (required training for RN) could receive bursaries to help with living costs and their tuition fees were paid by Health Education England (HEE). The December 2015 statement by DHSC announced an end to the bursary and that nursing students would have to pay their own fees (Department of Health / Gummer 2015).

Tuition fees for Nursing undergraduate degrees is not unusual within Europe, where approximately half (48%) of countries charge their students fees (Lahtinen, Leino-Kilpi, & Salminen, 2014). Nordic and a block of Central and Eastern European states do not charge fees and accept only degree level qualifications to nurse registration (Lahtinen Leino-Kilpi, & Salminen, 2014). In contrast, more market-orientated countries, such as the UK & Switzerland, and conservative Catholic countries, such as France and Austria, are more likely to charge tuition fees and also more likely to offer routes of lower academic values, such as a diploma or equivalent. Moreover, nations in which women are valued (measured through indicators such as the gender wage gap) are more likely to have a more professionalized nurse workforce with free access to quality nurse education (Gunn, Muntaner, Ng, Villeneuve, Gea-Sanchez and Chung 2019).

To understand the rationale behind these reforms, we draw on Taylor's concept of the 'social imaginary' as interpreted by Rivzi and Lingard (2010), who describe it as 'a way of thinking shared in a society by ordinary people, the common understandings that make everyday practices possible, giving them sense and legitimacy' (Rivzi and Lingard 2010: 34). Rivzi

and Lingard suggest the social imaginary is implicit within policies, providing the frameworks for what is understandable and legitimate in terms of solutions to problems. Their focus is how the contemporary social imaginary has been shaped by the ideology of neoliberal globalisation, 'which promotes markets over the state and regulation, and individual advancement / self-interest over the collective good and common well-being' (Lingard 2009, cited in Ball 2013, 2). In terms of educational policy, the neoliberal social imaginary means that the dominant way of envisaging how to solve the 'problem' of state education is to provide 'private' solutions (Ball 2013). Our analysis suggests the reforms to nursing education are part of wider global processes of the dominance of the neoliberal social imaginary in shaping educational policy, but also demonstrate how these 'ways of understanding' must incorporate gendered norms in context.

Approach to policy analysis

The starting point for the document sample was the announcement by the Health Minister Ben Gummer in December 2015 regarding the introduction of both the NA role and the removal of the bursary for undergraduate nursing degrees. The official consultation and response publications for these two policies were added to the sample: from HEE on the development of the NA role (Health Education England 2016) and the DoH on the reforms to nursing education funding (Department of Health 2016b; 2016c; 2016d). A search of the website at the point of sampling for the phrase 'nursing associate' returned documents related to Nursing Degree Apprenticeships. Although these Level 6 qualifications are training for RNs, they are linked to the policies under investigation in this paper, as they are framed as a progression for NAs, with explicit reference made to widening participation in the healthcare workforce as part of a wider intention to develop vocational routes. Consequently, the announcement of the new nursing degree apprenticeship by DHSC (2016) was included,

along with a narrative report from HEE on progress on the development of nursing education (Health Education England 2017). A final announcement from DHSC (2017) regarding the government's commitment to widening participation and increasing the number of RNs was also included due to the plans to continue the NA training and offer more places, and continue to develop the Nursing Degree Apprenticeship to further their education.

In order to interrogate these policy documents, a feminist critical policy analysis inspired by Baachi's (2009) 'What's the problem represented to be?' (WPR) approach was conducted. This draws on a Foucauldian perspective on discourse to see 'what type of assumptions, of familiar notions, of established, unexamined ways of thinking the accepted practices are based' (Foucault 1994, cited in Baachi 2009, 16). By exploring policy through this lens, Baachi emphasises that the focus is not on how policy solves 'problems', but how policy generates *problematisations* through representations; it is these problematisations as a form of governance that need interrogating, in order to be able to challenge them. Discourse in the WPR approach is defined as 'socially produced forms of knowledge that set limits on what it is possible, to think, write or speak about' (Baachi 2009, 35). As such, it enables us to generate insights into the discourses that underpin the neoliberal social imaginary (Ball 2012; Rivzi and Lingard 2010) and which problematise nursing education:

> … the neoliberal social imaginary of globalisation is designed to forge a shared implicit *understanding of the problems to which policies are presented as solutions*, seeking a sense of legitimacy (Rivzi and Lingard 2010, 36; our emphasis).

We paid particular attention to how such discourses were gendered, given the feminised nature of nursing.

The sample of policy documents were thematically coded in NVivo to organise our interpretive readings, organised around the 'answers' to six questions posed by Baachi:

1. What's the problem represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of the problem [inspired by Foucauldian archaeology]?
3. How has this representation of the problem come about [inspired by Foucauldian genealogy]?
4. What is left unproblematic in this problem representation?
5. What effects are produced by this representation of the problem?
6. How/where has this representation of the problem been produced, disseminated and defended? (Baachi 2009, 48)

In the analysis that follows, we suggest that the '*problem'* of a nursing shortage is represented to be the result of the RN as a graduate profession, funded by government subsidy. The *solution* is to offer on the job vocational routes and shift the cost of undergraduate nursing degrees to individual students. One of the guiding discourses within these reforms is a particular version of fairness.

Fairness and widening participation

For aspiring RNs, these nursing education reforms are represented as a fairer system than the one currently on offer. The previous scheme, in which RN status is achieved via undergraduate study and funded via a bursary, is represented as *unfair.* This is presupposed, in part, on a widely-documented discourse that has been an organising principle of higher education over the last 15-20 years: that marketization is a fairer system that facilitates expansion, access, choice and thus encourages a more meritocratic society. The argument

rests on the concept that market forces will mean that universities will match demand for places, so that all those who are able can attend. Students are now 'citizen-consumers' (Clarke et al. 2007) who are able to exercise their choice in the marketplace as 'self-responsible, independent and calculating agents' (Wilkins and Burke 2015, 440). This approach to fairness in education was reinforced by the Coalition Government's higher education reforms, outlined in the White Paper *Higher Education: Students at the Heart of the System* (BIS 2011), which proposed an intensification of market competition through variable tuition fees; the liberalisation of number controls for courses with high entry grades; and an emphasis on student choice – all while retaining a commitment to a version of 'fair access' that emphasised facilitating 'bright' students from 'disadvantaged' backgrounds to the best courses (BIS 2011; McCaig 2016).

This principle, of fairness through market competition, forms the basis of the arguments for nursing education funding reform. The demand for undergraduate nursing degrees has, over a number of years, greatly outstripped the places on offer. This was driven by how many places the NHS Bursary scheme had capacity to fund, plus the numbers of clinical placements available. A high ratio of applicants to acceptances meant that in recent years nursing has been one of the most competitive degree courses, with an acceptance rate between 37.9 per cent and 43.3 per cent 2010-2016 (UCAS 2017). This situation was unfair because, according to the funding reform policies, it is the bursary itself which is holding back the aspirations of those who wish to study nursing:

> Rather than denying thousands of applicants a place to study these subjects at university, and seeing the injustice of almost two out of three nursing applicants not being able to get their desired place, we need a long term sustainable funding system. This means that nursing, midwifery and allied health professional courses will, for the

> first time, be available for all those who are qualified by ability and attainment to pursue them and who wish to do so (Department of Health 2016b, 7).

This figure, of two out of three applicants denied a place, is repeated five times in this 25-page document alone (although it does not unpack the reasons why not all applicants are successful, nor offer any evidence). The use of the phrase 'for the first time', suggests that all forms of training that have come before have restricted access.

As well as being designed to facilitate an increased number of places in undergraduate nursing degree programmes, the funding reforms also underscore the apparent widening participation goals by restating six times in one document that more upfront funding will be available:

> The proposed reform… will support widening participation in nursing, midwifery and the allied health professions from disadvantaged groups… full-time students will see the maximum living cost support available from Student Finance England, whilst studying, increase typically by around 25 percent or more when compared with the current NHS bursary living costs package (Department of Health 2016b: 15

As the above quotation demonstrates, this is used to support the case that undergraduate nursing students will be 'better off' and an undergraduate nursing degree will be more 'affordable' to students from lower-income backgrounds. This is evidenced through statements such as:

> We are seeing the highest ever application rates to universities and more applications from disadvantaged students than ever before. By extending our student finance reforms, universities will be able to create up to 10,000 more nursing, midwifery and allied health degree places during this Parliament (Department of Health 2016b, 5).

Yet the fact that this is *debt* is not dwelt upon, nor that nurses are paying tuition fees for the first time. The consultation even tabulates funding to compare the bursary scheme with the reformed proposals, yet the £9,250 per annum additional tuition fees are omitted from the table. Alternative 'solutions' to the 'problem' of a shortage of nurses, such as *more* government funding, are not considered.

Market logic and the 'problem' with nursing

These nursing education reforms add to the considerable evidence base of how educational policy has been colonised by economics (Ball 2013). Within these policies, one of the 'problems' with the RN workforce is represented as a result of the bursary system. As noted above, according to such policies, there are not enough RNs as funded places must necessarily be limited. Instead, the market forces of supply and demand provide a more appropriate means to organise the development of the nursing workforce:

> … these changes will ensure that we can see the significant benefits that student loans have brought to other students spread to those studying nursing degrees. Because the new system provides significant incentives to universities to improve their outreach and the quality of their courses, we have seen record numbers of applicants from low-income families and a significant improvement in quality across the sector. I want to see those important improvements brought to student nurses as well, which is precisely what these reforms will do (Department of Health / Gummer 2015).

The expansion of higher education in the UK has been accompanied by its risks and costs increasingly borne by individuals. Within the neoliberal social imaginary, it is only right and proper that, if RN is a graduate profession, that these students also bear the risks to their training to reap the benefits. The bursary is not only unfair to those aspiring RNs who cannot obtain a place, but it is framed as out of step with other undergraduate students, and the

policies refer to ‘bring nursing students in line’ (Department of Health 2016b) with the rest of student finance:

> The policy aligns with the principle of fair access to higher education placing nursing, midwifery and AHP students on the same student support system as the general student population (Department of Health 2016c, 32).

A special case was made for undergraduate nursing students when tuition fees were introduced in 1997, so that training was funded by the NHS and the students would also have access to bursaries to support their living costs (Traynor 2013, 29-30). This is no longer seen as valid, and aspiring RNs are thus positioned, just like other undergraduates, as agentic consumers. They can make an investment of time, money and resources, and choose their preferred provider to supply their training.

Markets are promoted as a means to increase choice and competition for the student-consumer but the creation of a competitive market in a heavily regulated programme is questionable. Evidence of increased choice as a result of marketization is challenged by Callender and Dougherty (2018) who detail the collapse of non-degree courses as marketized reforms were implemented. Furthermore, the pressure from league tables has encouraged universities to converge on similar programmes, identical prices and concentrate on a narrow selections of profitable programmes (Callender and Dougherty, 2018). The concept of a market for nurse education in the UK is more problematic as curricula and guidelines are tightly controlled by the Nursing and Midwifery Council (NMC). Prospective undergraduate nursing students are faced with slim choices of similar syllabi provided at the same, maximum tuition fee, price.

Market discourses permeate every aspect of the reforms. Alongside the responsibilities of nursing students, the policies also indicate the role of universities within the education market. It is up to HEIs to recruit the required numbers of nurses to fulfil need:

> For universities, the combination of tuition fees and additional teaching grant funding, that the government has allocated to the Higher Education Funding Council for England, will increase the resources available for teaching. In addition, universities can now increase their student numbers, making their provision more sustainable. It is now up to universities to recruit more students (Department of Health 2016b, 23).

Within this framework, universities are training providers supplying a skilled workforce. When questioned in the House of Commons on how clinical placements will be organised within the new system, the then Health Minister Ben Gummer underlined the Government's view of higher education providers: 'Universities are *autonomous private institutions*. It will be for universities to work as part of their local health economy with placement providers to secure extra placements for additional students' (Ben Gummer, House of Commons Debate 14 June 2016 (our emphasis). The Minister could not have made a clearer statement about the government's perspective; RN training is an instrumental requirement, delivered by private institutions to meet the demand of an increasingly marketised healthcare sector. Within the contemporary neoliberal social imaginary, educational reform is based upon a pervasive market logic (Ball 2012; Rivzi and Lingard 2010) and nursing education is no exception. However, there are also conflicts and contradictions that pull against this market logic, which we can see through an exploration of the production of 'the nurse' as a neoliberal subject.

The special case of 'the nurse'

The neoliberal social imaginary is not only based on a shared understanding of problems; it is enacted in policy in ways that are designed to discipline and shape action (Rivzi and Lingard

2010). As Ball (2013) notes, it is the 'anxieties and opportunities' offered by neoliberalism that makes us into neoliberal subjects, for example through the discourse of self-advancement as possible for those who are enterprising (Ball 2012, 145). In this section we analyse the 'subjectification' (Baachi 2009) of 'the nurse': in other words, how this subject is constituted in nursing education policy discourse.

In the new policy reforms, 'the nurse' is interpellated as 'compassionate' (Department of Health / Gummer 2015) with 'skills, values and ambition':

> Nursing, midwifery and allied health professional students deserve the same opportunities as other students … more students will be able to realise their ambition, achieve their potential, study a health degree and secure good employment in the NHS or social care sector (Department of Health 2016b, 9).

Aspiring RNs are both like other students (as they should be subject to the same finance arrangements as other undergraduate students) but also *not like* other students. This is partly for practical reasons, due to the significant amount of time spent on clinical placements, a concession acknowledged in the Government's response to the funding consultation:

> We know that whilst undertaking their courses, healthcare students must complete compulsory training in a clinical placement setting – this aspect of their study makes them unique in the student population (Department of Health 2016d, 5).

This resulted in proposals for targeted funding for travel, accommodation, childcare, and a hardship fund (Department of Health 2016d).

Alongside these unique circumstances, 'the nurse' is a particular sort of person, someone with inherent qualities, which do not require academic engagement. Indeed, inherent qualities undermine the need for education or training. There is clearly 'something special' about RNs;

after all, there is a danger that academic training is producing a nursing workforce that is 'too posh to wash' (Wells and Cunningham 2017, 192). Defining the need for educational reform in this way means that the self-sacrifice and idea of service that frames our understanding of nursing as a profession can be squared with the individual and instrumental self-advancement of neoliberal education. In doing so, this draws on the appealing discourses of widening participation, social mobility and meritocracy. What is notable about these reforms is that they indicate the particular merits that are required to 'get on' as a RN are framed around personal caring qualities, rather than academic qualifications. This is something distinct from the dominant policy discourse around social mobility, which tends to emphasise the importance of educational achievement and credentials (Payne 2017).

This is also apparent in the case for introducing the NA role, and the subsequent introduction of nursing Degree Apprenticeships.

> Along with the recent changes to student funding, … we will ensure the profession is accessible for all those with the skills, values and ambition to choose nursing. We will consult widely in the new year as we want to ensure nursing apprenticeships and this new post are correctly formed (Department of Health / Gummer 2015).

The need to 'bridge the gap' between HCAs and RNs was identified as a key concern for the NHS following the Mid-Staffordshire NHS Foundation Trust scandal, which led to the Cavendish Review (2013) on HCAs and other support workers[viii]. The recommendations included that HCAs should progress their careers via vocational training such as Higher Apprenticeships as a pathway into pre-registration nursing degrees. The NA proposals not only outline the new role itself, but suggest the 'traditional' degree route[ix] is unfair for prospective RNs who do not have the academic qualifications or resources to pursue an undergraduate degree.

Contemporary policies of widening participation / fair access and social mobility concentrate on ensuring bright, academically-able students are free to enter elite institutions and progress to professional careers. In contrast, the NA policy highlights a social mobility route via facilitating vocational *training* into a nursing career. This is more suitable for those with existing skills and the right values (along with ambition) built upon the historical legacy of nursing training as taking place outside the academy. The NA is thus not only a position in its own right, but also a stepping stone pathway to RN status. When announcing the new Nursing Degree Apprenticeship route in November 2016 as a potential next step for qualified NAs, the then Health Secretary Jeremy Hunt stated:

> … the routes to a nursing degree currently shut out some of the most caring, compassionate staff in our country. I want those who already work with patients to be able to move into the jobs they really want (Department of Health 2016a).

Academic higher education is acting as a *blocker*; it is preventing those who have what it takes (crucially, this is explicitly targeting HCAs who are already performing caring roles) to fulfil their potential. The interpellation of 'the [prospective] nurse' as both 'caring and compassionate' and someone who 'really wants' a career again helps to marry the self-advancement of social mobility with qualities of societal service.

The proposals suggest HCAs could take a Higher Apprenticeship to become a NA, then 'top this up' with a Degree Apprenticeship to become a RN. The DHSC stressed that these were widening participation and social mobility policies, explicitly framed as for those whom the academic route to nursing is out of reach:

> Nursing associate is a new role which provides a work-based route into nursing for existing health and care staff or new recruits who may not be able to give up work to study full-time at university (Department of Health 2017).

This is despite the fact that the 'new (lower) professions' like nursing, teaching and social work do not have the same processes of social closure through credential requirements as the more established professions (Payne 2017, 148). The newer professions are also feminised occupations, and the nursing education reforms carry with them the gendered historical legacy of women, and especially working class women, as outside the academy. This is not to disparage the value of vocational education, but to highlight who becomes positioned as suited to particular educational pathways, and the stratification inherent within the ideals of meritocracy. In other words, in the meritocratic 'sorting game', nursing careers are a suitable end point for women from less advantaged backgrounds. The fact that people in such positions *have to* 'earn while they learn' (Health Education England 2017, 12), for example, is not questioned. By using the language of fairness, there is no ground for challenging status hierarchies and inequalities (Lawler and Payne 2018; Littler 2018). These reforms have effects and consequences for aspiring RNs, the current workforce, and the framing of education within the neoliberal social imaginary.

The effects of nursing education reform in the neoliberal social imaginary

The most notable impact of these reforms was the dramatic decrease in applications to undergraduate nursing degree programmes in the first two years following the announcement, which dropped by a quarter in England (UCAS 2018). This exacerbated the nurse recruitment crisis and narrowed the pipeline of new recruits in the wake of the Covid19 pandemic. Clearly, the loss of the NHS bursary has dissuaded significant numbers of aspiring nurses from applying to higher education. Questions remain over exactly who was dissuaded. An

impact analysis conducted by the DoH acknowledged that those who would be most impacted by healthcare funding reforms:

> Nursing, midwifery and AHP students are much more likely to be female, over 25 years of age, have dependants and are slightly more likely to have non-white ethnicity… The current student population is comprised of students from a wide variety of circumstances: those from lower income backgrounds, women, mature students, and people with dependants and those from ethnic minorities (Department of Health 2016c, 31-2).

Ironically, those populations who are supposed to be the very target of widening participation policies – and who are over-represented in nursing – are the same as those who are likely to be most affected. The DoH analysis and other documentation proceeds to introduce measures designed to mitigate these impacts, but the principle – that market-based reform is the only solution to over-subscription – is not questioned.

More recently, nursing degree applications rose in the Summer 2019 UCAS cycle to 54,225, with a record high of 30,390 accepted (UCAS 2019) and have risen a further 13% in the most recent cycle (Ford 2020). The analysis by UCAS cites NHS recruitment campaigns and a rise in younger applicants as being behind these figures, with a 10% increase in applicants aged 18. However, while acceptances are at a record high, the number of *applicants* in 2019 was still a fifth less than before the funding reforms[x]. The profile of nursing students may be shifting away from the mature students identified above; in other words, pre-registration nursing students are becoming more like the wider undergraduate population.

The lived effects of the new NA role are yet to be explored in depth. The scheme was certainly popular; a recent evaluation conducted on behalf of Health Education England

(Vanson and Beckett 2018) notes that out of 8003 applications for the pilot stages, 2021 were accepted. These were overwhelming HCAs, who made up 89% of successful applicants (Vanson and Beckett 2018, 23). Nearly two-thirds were aged between 26 and 45, with 25% from non-White ethnic backgrounds. Potentially it is the NA route that is attracting groups who are the target of widening participation initiatives. The problem here is future progression via the Degree Apprenticeship; there have been delays to its introduction with just 300 new starts in 2017/18 and 1040 in 2018/19 (Department for Education 2019). The TNAs reported benefits in terms of developing their skills and confidence, along with improvements in staffing capacity and patient care; but they also reported challenges in terms of acceptance, awareness and understanding, income pressures, and being treated as 'still HCAs' (Vanson and Beckett 2018). The second stage of the evaluation surveyed the TNAs towards the end of their programme, finding 65% intended to continue working as a Nursing Associate in their current placement and nearly half had plans to enrol on a pre-registration nursing degree programme in the next three years (Vanson and Bidey 2019). How the newly-qualified NAs will experience their role within the workforce, and just how many (and crucially, who) will go on to further training remains to be seen. The vast majority of RNs are still recruited via undergraduate programmes, and the vast majority of care is still carried out by RNs and HCAs.

The discursive effects of policy solutions establish the dominant ways of resolving the 'problem', and set the limits on what can be said (Baachi 2009). We argue that these nursing education reforms are located firmly within the worldview of the neoliberal social imaginary, in which market logic dominates (Ball 2012). This includes the dominant discourse of meritocracy, articulated using what Littler (2018) calls 'neoliberal justice narratives'. These recognise inequalities but put forward neoliberal marketization and individual responsibility

to participate in competition as the solution. From within the neoliberal social imaginary, the public funding of RN training must have limits. At the current level, the needs of the NHS are not being met, and turning the funding of undergraduate nursing degrees over to the market is the only solution. Fundamentally, these reforms present a defence of the marketisation of higher education. They present a world in which tuition fees promote widening participation and in which universities are private institutions that need to supply the number of training places the market demands. The subject of the undergraduate nursing student is produced as a consumer of higher education, just like any other, freed by the restraints of the bursary system to *choose* nursing – and a suitable 'provider' (Reay, David and Ball 2005). But unlike other students, there is also an additional subjectification effect at work. Here, the student as 'citizen-consumer' (Clarke et al. 2007) comes up against the gendered personal qualities of the ideal 'nurse', in which care work needs to be undertaken by those have the inherent virtues.

Despite the widespread acceptance of the improvements in patient outcomes with graduate RNs, the message from the introduction of the NA role, and follow-on Degree Apprenticeships, is that academic-centred education is not necessary. The vocational model of training, according to these policy reforms, helps to widen access to the profession for those who are caring and compassionate, which is more important than academic credentials. This echoes critics of the move to an all-graduate profession from within nursing itself; those who 'complained that the new changes will restrict entry to the profession and put academic study above practical work, caring and compassion' (Glasper 2010, 923). Lawler (2018) has identified how social mobility policy produces the right kind of neoliberal subject, who needs to have the right kind of 'personality' and skills to meet the demands of the neoliberal market. For Lawler, this is a form of 'class talk', in which the qualities associated with, for

example, middle-class parenting strategies, are misrecognised as personal attributes. We suggest that the right kind of RN is also produced through this policy, but requires something different, which is based on ideal feminised, 'respectable' lower-middle/working class work.

Conclusion

The nursing education reforms we analyse in this paper work to bring nostalgic, historical views of 'the nurse' in the neoliberal social imaginary. The gendered historical discourses of nursing endure: 'the nurse' learns skills, develops competence, and defers to authority; undertakes work that is feminised, domestic and caring; and for whom vocational, rather than academic, training is required. Through appealing to dominant understandings of fairness and meritocracy and recognising the 'special case' of nursing, the contradictions that confront the marketization of nursing education can be dealt with. More choices of training routes are available, and the reforms are seen to facilitate the realisation of individual potential through the utilisation of the widening participation / social mobility discourse. In this way, the reforms attempt to reconcile the instrumentalism of neoliberalism with idealised, gendered notions of care and service to others.

Our use of the concept of the neoliberal social imaginary has aimed to uncover processes that are both local – the gendered history of nursing education in England – and global – the force of neoliberal globalisation in education policy. This is not only to expose the effects that are at work, but as a starting point to 'critically engage with these processes in order to develop alternatives to their hegemonic expressions' (Rivzi and Lingard 2010: 35). Baachi (2009) asks us to consider how resistance to policy problematisations can occur, including how discourses are assets that can be objects of struggle (Foucault 1972, cited in Baachi 2009, 68). It would be of benefit to explore this further, to consider how RNs, NAs, nursing

educators, students and HCAs have responded to the policies examined here, in the manner of Wilkins and Burke's (2015) work on widening participation professions working against dominant neoliberal WP discourses. Following campaigns from the Royal College of Nursing and others, in 2019 the newly-elected Conservative government announced that undergraduate student nurses would be eligible for a maintenance grant of least £5,000 per year from September 2020. The 'special case' of this discipline clearly highlights the way that marketization of nursing education is not working. Our aim has also been to draw attention to the wider contradictions of neoliberalism, and the endurance of gendered discourses that 'women's work' is less valued and less rewarded; in doing so, we hope to contribute to more general debates that lead to *alternative* social imaginaries.

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Notes

[i] To work in the UK, a nurse must have completed training approved by the Nursing and Midwifery Council (NMC), exclusively a degree since 2013, and be registered with the NMC. In this paper, we refer to these fully qualified and registered professionals as RNs, and 'nursing' as the academic discipline and clinical practice associated with this profession.

[ii] Nursing Associates (NAs) are trained within the discipline and practice of nursing; must complete a NMC-approved Foundation Degree; and be registered as an NA, but are a lower grade than RNs. The role was created in 2016 and the first cohort of NAs qualified in early 2019.

[iii] Healthcare assistants (HCAs) provide direct care work under the guidance of a qualified healthcare professional, usually a nurse. There are no set entry requirements.

[iv] In 1986, the educational reforms of Project 2000 meant that the minimum exit award for entry to the Professional Register became a Diploma, and student nurses were to have supernumerary status (i.e. they were students during their placements rather than employees) (UKCC 1986). It was not until 2010, with the launch of new nursing standards, that the role of RN became an all-graduate profession for all those starting training from September 2013 (Willis 2012).

[v] Now the Department of Health and Social Care (since January 2018).

[vi] Prospective NAs can now also apply directly to Nursing Associate Foundation Degree courses via UCAS, which charge tuition fees but maintain the focus on work-based placements. For clarity, in this paper we focus on the initial Higher Apprenticeship NA schemes as outlined in the policy announcements in December 2015.

[vii] A higher apprenticeship equivalent to a foundation degree. A degree apprenticeship is equivalent to a Level 6 or 7 bachelor's or master's degree. In both cases, apprenticeships work for their employer with a study element, usually a day per week.

[viii] A number of investigations and reports into the higher than expected deaths at Stafford Hospital, run by the now-dissolved Mid-Staffordshire NHS Health Trust, exposed serious lapses in care.

[ix] As already discussed, this 'traditional' degree route is relatively new, and had only been a compulsory requirement for a few years before the reforms were announced.

[x] 54,225 applicants for degrees in nursing in 2019, compared with 66,730 in 2016 (UCAS 2019).

References

Abbott, P.A. and Wallace, C.D. 1990. 'Social Work and Nursing: A History', in Abbott, P.A. and Wallace, C.D. (eds) *The Sociology of the Caring professions.* London: Routledge/Falmer, 10-28.

Baachi, C. 2009. *Analysing Policy: What's the Problem Represented to Be?* Frenchs Forest NSW: Pearson Australia.

Ball, S.J. 2012. *Global Education Inc.: New Policy Networks and the Neoliberal Imaginary.* London: Routledge

Ball, S.J. 2013. *Foucault Power and Education.* London: Routledge

BIS. 2011. *Students at the Heart of the System.* Cmd 8122. London: BIS

Cavendish, C. 2013. *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings*. London: Department of Health.

Callender, C. and Dougherty, K.J., 2018. 'Student choice in higher education—reducing or reproducing social inequalities?' *Social Sciences*, 7(10): 89.

Clarke, J., J. Newman, N. Smith, E. Vidler, and L. Westmarland. 2007. *Creating Citizen-Consumers: Changing Publics and Changing Public Services*. London: Sage.

Department of Education. 2019. *Apprenticeships and traineeships data*. Available at: https://www.gov.uk/government/statistical-data-sets/fe-data-library-apprenticeships

Department of Health. 2016a. *New nursing degree apprenticeship* 30 November 2016. Available at https://www.gov.uk/government/news/new-nursing-degree-apprenticeship

Department of Health. 2016b. *Reforming healthcare education funding: creating a sustainable future workforce*. Available at http://dera.ioe.ac.uk/26169/2/NHS%20bursary%20consultation%20April%202016.pdf

Department of Health. 2016c. *Equality Analysis (Consultation stage): Reforming healthcare education funding: creating a sustainable future workforce*. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/515028/EANHS_bursary.pdf

Department of Health. 2016d. *Reforming healthcare education funding: creating a sustainable future workforce Government Response to public consultation.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539774/health-education-funding-response.pdf

Department of Health. 2017. *Health Secretary announces nursing workforce reforms* 3 October 2017 Available at: https://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms

Department of Health / B. Gummer. 2015. *Creating a modern nursing workforce* 18 December 2015. Available at https://www.gov.uk/government/speeches/creating-a-modern-nursing-workforce

Ford, M. 2020. *Students accepted onto UK nursing courses up by 13%.* Nursing Times, 13 August 2020. Available at: https://www.nursingtimes.net/news/education/students-accepted-onto-uk-nursing-courses-up-13-13-08-2020/

Francis, R. 2013. *The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationery Office.

Gkantaras, I., Mahfoud, Z. R., Foreman, B., Thompson, D. R., Cannaby, A. M., Deshpande, D. H., … Gray, R. 2016. "The effect of Nurse Graduateness on patient mortality: a cross-sectional survey (the NuGaT study)" . *Journal of Advanced Nursing.* 2(12):3034-3044.

Glasper, A. 2010. “Widening participation in pre-registration nursing”, *British Journal of Nursing*, 19(14): 924-924.

Gunn, V., Muntaner, C., Ng, E., Villeneuve, M., Gea-Sanchez, M., & Chung, H. 2019. ‘Gender equality policies, nursing professionalization, and the nursing workforce: A cross-sectional, time-series analysis of 22 countries, 2000–2015’. *International Journal of Nursing Studies* 99: 103388.

Hallett, C. 2005. “The ‘Manchester scheme’: a study of the Diploma in Community Nursing, the first pre-registration nursing programme in a British university”. *Nursing Inquiry* . 12(4): 287-294

Harrison, N. 2018. “Patterns of participation in a period of change: social trends in English higher education at 2000 to 2016” In *Higher education and social inequalities: University admissions, experiences, and outcomes*, edited by R. Waller, N. Ingram and M.R. Ward, 54-80. London: Routledge.

Health Education England. 2016. *Building Capacity to Care and Capability to Treat: A new team member for Health and Social Care in England, Health Education England’s response to the consultation conducted 28 January 2016 to 12 March 2016*. Available at: https://recipeforworkforceplanning.hee.nhs.uk/Portals/0/HEWM_LinksAndResources/Response%20to%20Nursing%20Associate%20consultation%2026%20May%202016.pdf?ver=2016-06-29-110005-797

Health Education England. 2017. *Raising the Bar: Nurse Education Programme.* Available at: https://www.hee.nhs.uk/sites/default/files/documents/Raising%20the%20bar_nurse%20education%20programme_narrative%20report_Mar%202015-Apr%202017.pdf

Huppatz, KE. 2010. Class and career choice: Motivations, aspirations, identity and mobility for women in paid caring work. *Journal of Sociology*, 46(2): 115-132.

Keogh, B. (2013) *Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England: Overview Report*. London: NHS.

Lahtinen, P., Leino-Kilpi, H., & Salminen, L. (2014). 'Nursing education in the European higher education area — Variations in implementation'. *Nurse Education Today.* 34(6): 1040-1047.

Lawler, S. 2018. "Social mobility talk: Class-making in neo-liberal times" in *Social Mobility for the 21st Century: Everyone a Winner?* edited by S. Lawler and G. Payne, 118-132. Abingdon: Routledge.

Lawler, S. and G. Payne. 2018. "Introduction: Everyone a winner?" in *Social Mobility for the 21st Century: Everyone a Winner?* edited by S. Lawler and G. Payne ', 1-12. Abingdon: Routledge.

Littler, J. 2018. *Against meritocracy: Culture, power and myths of mobility*. London: Routledge.

McCaig, C., 2016. "The retreat from widening participation? The National Scholarship Programme and new access agreements in English higher education" *Studies in Higher Education*, 41(2): 215-230.

McDowell, J. 2015. 'Masculinity and Non-Traditional Occupations: Men's Talk in Women's Work' *Gender, Work and Organization*, 22(3): 273– 29

Meerabeau, E. (2006) 'Poor relations?: nursing and medicine in the English academy' Higher Education Quarterly, 60(1): 52-73.

O'Connor, S.J., 2007. Developing professional habitus: A Bernsteinian analysis of the modern nurse apprenticeship. Nurse Education Today, 27(7), pp.748-754.

Payne, G. 2017. *The New Social Mobility: How the Politicians Got it Wrong*. Bristol: Policy Press.

RCN. 2017. *The UK nursing labour market review 2017*. Available at: https://www.rcn.org.uk/professional-development/publications/pub-006625

RCN. 2020. *The UK nursing labour market review 2019*. Available at: https://www.rcn.org.uk/professional-development/publications/rcn-the-uk-nursing-labour-market-review-2019-uk-pub-009135

Reay, D., M.E. David, and S.J. Ball. 2005. *Degrees of choice: Class, race, gender and higher education*. Stoke on Trent: Trentham Books.

Rivzi, F. and Lingard, B. 2010 *Globalizing Education Policy*, Abingdon: Routledge.

Rosser, E. 2017. 'The Changing Nature of Nurse Education: Preparing our future workforce', in *Nurses and Nursing: The Person and the Profession*, edited by P. Ó Lúanaigh, 39-58. Abingdon: Routledge.

Traynor, M. 2013. *Nursing in Context: Policy, Politics, Profession*. Basingstoke: Palgrave Macmillan.

UCAS. 2017. *End of Cycle Report 2017: Patterns by Subject.* Available at: https://www.ucas.com/file/136531/download?token=A0UpZoEd

UCAS. 2018. *End of Cycle Report 2018*. Available at: https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-reports/2018-end-cycle-report

UCAS. 2019. 'Nursing: Summary of applicants and acceptances data', End of Cycle Report 2019. Available from: https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-reports/2019-end-cycle-report

UKCC. 1986. *Project 2000: A New Preparation for Practice*. London: UKCC.

Vanson, T. and A. Beckett. 2018. *Evaluation of Introduction of Nursing Associates – Phase 1 Evaluation Report*. London: Traverse Ltd. Available at: https://www.hee.nhs.uk/sites/default/files/documents/Phase%201%20OPM%20Evaluation%20Report%20(002).pdf

Vanson, T. and Bidey, T. 2019. Introduction of Nursing Associates – Year 2 Evaluation Report. London: Travese Ltd. Available at: https://www.hee.nhs.uk/sites/default/files/documents/15.1%20-%20Trainee%20Nursing%20Associate%20Year%202%20Evaluation%20Report_0.pdf

Wells, J. S. G. and J. Cunningham. 2017. "Political and Policy Influences on Health Care: Are nurses political and do they need to be?", in *Nurses and Nursing: The Person and the Profession*, edited by P. Ó Lúanaigh, 185-199. Abingdon: Routledge.

Wilkins, A. and P.J. Burke. 2015. "Widening participation in higher education: the role of professional and social class identities and commitments*" British Journal of Sociology of Education*, 36(3): 434-452.

Willis, P. 2012. *Quality with Compassion: The Future of Nursing Education*. Report of the Willis Commission on Nursing Education. London: Royal College of Nursing.

Young, K. 2016. "Working towards widening participation in nurse education", *British Journal of Nursing*, 25(2): 112-116.