

**NHS CADET SCHEMES: STUDENT EXPERIENCE, COMMITMENT, JOB  
SATISFACTION AND JOB STRESS**

Jan Draper BSc PhD RGN  
Programme Director  
BSc (Hons) in Gerontological Nursing  
Room 411  
RCN Institute  
Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN  
Tel: 01430 425989  
E-mail: [jan.draper@rcn.org.uk](mailto:jan.draper@rcn.org.uk)

Debbie Halliday BA MSc RGN  
Research and Development Co-ordinator  
School of Medicine, Health Policy and Practice  
University of East Anglia  
Norwich  
formerly Project Co-ordinator  
Florence Nightingale School of Nursing and Midwifery  
King's College London  
London

Sandra Jowett BA MA PhD  
Director  
Institute for Health Services Research  
University of Luton  
Luton

Ian Norman BA MSc PhD RN CQSW  
Professor of Nursing and Inter-disciplinary Care  
Florence Nightingale School of Nursing and Midwifery  
King's College London  
London

Roger Watson BSc PhD RGN CBiol FIBiol ILTM FRSA  
Professor of Nursing  
School of Nursing and Applied Health Studies  
University of Hull  
Hull

Jenifer Wilson-Barnett BA MSc PhD SRN FKCL FRCN DBE  
Head  
Florence Nightingale School of Nursing and Midwifery  
King's College London  
London

Charles Normand BA DPhil FFPH  
Professor  
Department of Epidemiology and Population Health  
London School of Hygiene and Tropical Medicine  
University of London

Kieran O'Brien  
Undergraduate student  
Florence Nightingale School of Nursing and Midwifery  
King's College London  
London

Requests for offprints to JD

# **NHS cadet schemes: student experience, commitment, job satisfaction and job stress**

## **ABSTRACT**

In the context of various policy initiatives concerning widening access to and strengthening recruitment and retention in the health services, cadet schemes - predominantly in nursing - have proliferated over the last few years. As part of a larger national evaluation of National Health Service (NHS) cadet schemes, this paper reports on a survey of senior cadet students across 62 cadet schemes in England and examines their experience of being a cadet on such a scheme. Cadets forming the most senior cohort from each of the 62 schemes (n=596) were surveyed using a questionnaire. The questionnaire included self-rated measures of job satisfaction, job stress and commitment. A 5% sample of these cadets participated in follow-up telephone interviews. Cadets reported high satisfaction with their courses. One of the most positive aspects of the schemes was the first hand experience of working in the NHS they provided, whilst also giving cadets the opportunity to gain recognisable skills and qualifications. Cadets scored highly on the job satisfaction scale and, on the job stress scale, showed low stress overall. A significant positive correlation was found between satisfaction and stress, indicating that the cadets who are most satisfied are also more highly stressed. A negative correlation was found between stress and the dimensions of commitment indicating that those cadets who are stressed are less committed to the NHS. A negative correlation was also found between satisfaction and the dimensions of commitment, suggesting that commitment to the NHS is not contingent on high satisfaction. The implications for the findings of the survey are discussed.

## **INTRODUCTION**

Although cadet nursing courses in the United Kingdom (UK) existed in the 1950s, 60s and 70s, the ‘modern’ cadet schemes began in the 1990s in response to policy initiatives around recruitment and retention (Department of Health [DoH] 1998, 1999, 2000a, 2000b, 2000c), widening access (Higher Education Funding Council for England [HEFCE] 2001) and pre-registration education and training (DoH 1999). The purpose of these schemes is to combine theoretical and practical experience in order to prepare participants without the traditional entry qualifications for entry into healthcare professions (Draper and Watson 2002, Culley and Genders 2003). The number of these schemes increased in the late 1990s and early 2000s with 62 schemes identified in September 2002. As schemes have developed primarily in response to local recruitment and retention challenges, there is great diversity across the country with respect to: recruitment and entry qualifications, length of scheme, qualification outcomes, funding, structure and curriculum models (Taylor et al 2001). Consequently, cadets’ experiences of such schemes is also likely to vary significantly. This paper draws on data from a national evaluation of NHS cadet schemes and examines cadets’ experiences.

## **BACKGROUND**

Student experience of healthcare education is a significant barometer of the quality of that education. Within the higher education sector in the UK, considerable efforts are employed to ensure that Higher Education Institutions (HEIs) evaluate student experience and then subsequently demonstrate how course development has occurred in response to student evaluation. Module and course evaluation has been a cornerstone of HEI quality assurance processes for the last 20 years and ‘student experience’ a key

domain of previous and current Quality Assurance Agency (QAA) and Higher Education Funding Council for England (HEFCE) audit processes (see for example QAA 2003, HEFCE 2003a, HEFCE 2003b).

In addition to student experience being a key quality assurance aspect of HEIs, there has also been considerable research into the experiences of healthcare students in general and nursing students in particular. This research includes, for example, examination of: student's experiences of the introduction of major educational innovations (Jowett et al 1995); students' involvement in suggesting future directions for curriculum development (Cheek and Jones 2003); student views on how well the curriculum prepares them for clinical practice (Fulbrook et al 2000); tensions between students as 'workers' and 'learners' (Greenwood 2000); and the overall usefulness of courses to professional development and career progress (Brown 2000).

In the context of the large increase in the number of NHS cadet schemes in the last 3 years, it is important to establish cadet's experiences of their learning on these schemes. The purpose of these schemes is to provide a wider access route into healthcare education for those without traditional entry qualifications and schemes' success, therefore, is very much dependent on whether they retain cadets and produce students who subsequently enter pre-registration training and then a chosen healthcare profession.

There are a small number of recent research studies that have examined cadet's experiences of their cadet scheme. Clifford and Wildman (1999) and Clifford et al (2000) undertook a longitudinal evaluation of cadets at Sandwell Healthcare NHS Trust and Draper and Watson (2002) examined former nursing cadet's experiences of a

scheme in the North of England 9 months after their transition to nurse education. In the context of a sparse literature with respect to cadet's experiences of their learning whilst on these schemes, other literature (Taylor et al 2001, Taylor et al 2002, Culley and Genders 2003) has identified considerable diversity across the country with respect to recruitment and entry qualifications, length of scheme, qualification outcomes, funding, structure and curriculum models. As a consequence, cadet's experiences of such schemes may also vary. In the absence of a clear national perspective, this paper draws on data from a larger national evaluation of NHS cadet schemes and examines their experiences of being an NHS cadet.

## **METHOD**

As part of a larger national evaluation of NHS cadet schemes, this paper reports on a survey of senior cadet students across 62 cadet schemes in England. The survey was conducted in two parts using questionnaires and follow-up telephone interviews. Multi-centre research ethics committee approval was obtained prior to the start of the study.

The objectives of this survey were to ascertain the following:

- Cadets' motivations for undertaking the scheme
- Cadets' concerns prior to commencing the scheme
- The main benefits and drawbacks of being a cadet
- Cadets' experiences of clinical and classroom learning
- The extent to which the scheme prepared the cadets for higher education
- Cadets' commitment to the local NHS trust and to the NHS more generally
- Cadets' overall satisfaction with the course.

## **Questionnaire survey**

Cadets forming the most senior cohort from each of the 62 schemes (n=596) were surveyed using a questionnaire. The questionnaire was designed specifically for the purposes of the study and was informed by the national survey conducted by Taylor et al (2001, 2002) and consultations with key stakeholders. The questionnaire was divided into four sections. Section A covered demographic information including gender, age, ethnic group and cultural background, marital status, dependants, disability status, date of enrolment on the course and highest educational qualification before starting the course. Section B was concerned with past employment and future career plans and included questions on employment status prior to starting the course, previous experience of formal or informal health and/or social care work, intentions to enter health or social care training following completion of the course and the rationale. In Section C questions focussed on cadets' experiences of the cadet scheme including their perceptions of the balance between theory and practice, the quality of practical and classroom teaching, the availability and use of study facilities, whether they had ever considered leaving the course and why, whether they would recommend the course to a friend, the main benefits and drawbacks of the course and the extent to which the scheme is a preparation for pre-registration education. Section D included measures of commitment, stress and satisfaction using the job satisfaction scale (Warr et al 1979), role stress scale (McLean and Andrew 2000) and commitment scale (Meyer et al 1993). These previously validated scales were selected as they have been successfully used by members of the research team in the past. This paper reports predominantly on Sections B, C and D.

In order to enhance the response rate, questionnaires were distributed via the cadet scheme leaders (who had participated in a previous survey) and cadets had the option of

returning their questionnaire either via the cadet scheme leader or individually in a pre-paid envelope. A further incentive was to include names of cadets who had returned questionnaires into a prize draw worth £200. These combined approaches led to a 69% response rate (n=411). Data were analysed using the Statistical Package for the Social Sciences (SPSS). Tests included independent t-tests for differences between means and Pearson's correlation.

### **Follow-up interviews**

Questionnaire respondents were invited to take part in a follow-up telephone interview and 62% (n=253) accepted this invitation. A 5% sample of all senior cadets on the 62 schemes (n=30) was selected using the criteria of: geographical location, gender, ethnicity and age. An interview schedule containing 5 open-ended questions (and probes) was developed to explore in more detail cadets' motivation to begin cadet training, their main concerns prior to starting the course and the positive and negative aspects of the course. All the interviews were conducted by the same researcher (O'Brien) and, following assurances of anonymity and confidentiality, recorded on audiocassette. A total of 29 interviews was conducted and subsequently transcribed verbatim. Data were analysed using an adapted version of thematic content analysis as described by Burnard (1991).

## **FINDINGS**

### **Questionnaire survey**

#### *Demographics and previous employment*

The characteristics of the cadet respondents are illustrated in Table 1. Ninety percent of the cadets were female, 83% were single and the mean age was 20.8 years. The vast



majority of cadets had no previous experience of formal health or social care work with only 33% (n=133) citing such experience (mean length of time 39.9 months). Older cadets were significantly more likely to have been in previous employment ( $p<0.01$ ) and were significantly more likely to have had experience of formal health or social care ( $p<0.01$ ).

Twenty four percent of the cadets (n=91) had previous experience of informal health or social care work (mean length of time=22.7 months), with older cadets significantly more likely to have had such experience ( $p<0.004$ ). Ninety four percent of respondents (n=388) indicated that they planned to enter a health or social care career with the vast majority of cadets planning to enter nursing (see Table 2). Those intending not to enter health or social care careers (n=11) gave a wide range of reasons for this including ill-health, shift work and low pay.

#### *Cadet's experiences of the scheme*

Table 3 illustrates that, overall, cadets felt the balance between the practical and classroom elements of the course was appropriate, although proportionately more respondents (27.3%) felt there was too little time spent in class compared with 11.6% who felt there was too little time spent in practice. Tables 4 and 5 provide further information about cadets' perceptions of the course and illustrate that, overall, they felt accepted by their peers and by both practice and college based staff. Ninety six percent rated the teaching quality in practice as good or very good and a similar proportion rated the teaching quality in class as good or very good. Ninety seven percent rated the course overall as good or very good.

Whilst the majority reported never considering leaving the course, 27% of respondents (n=107) had considered this, the most frequent periods being during the first three months (n=38) and halfway through the course (n=55). A wide range of reasons was cited but the most common were the demands of the course and heavy workload, financial worries due to the poor pay, lack of support in both classroom and practice settings and changes in personal circumstances. However, although these students had considered leaving, they did not and the most common reasons given for this was their commitment to be a nurse, their determination to overcome any obstacles and achieve their goals and the support they received from staff, family and friends.

Ninety five percent of respondents said they would recommend the course to a friend and, in free-text responses, the most common reasons provided for this were that the course provided: hands-on practical experience; an insight into the healthcare professions; an opportunity to expand their skills and gain a recognised qualification; a good way of accessing the healthcare professions, particularly for those without traditional entry qualifications; and greater career opportunities.

Cadets were asked to provide, in free text responses, the three most important benefits and three most important drawbacks of being on the course. With respect to the benefits, a wide range of responses was provided which suggest that cadet schemes:

- Provide practical experience in a range of healthcare settings
- Extend cadets' knowledge and enabled them to gain a recognised qualification
- Provide insight into a range of healthcare careers
- Provide career opportunities for the future
- Provide a foundation for pre-registration education

- Facilitate access to university education, including guaranteed places or interviews and Accreditation of Prior Learning
- Enable cadets to feel part of a team
- Provide an opportunity for cadets to be paid whilst training.

The three main drawbacks of the course were:

- Lack of pay, with most cadets experiencing some degree of financial hardship
- Difficulties associated with travel to college and placements
- Too much work and insufficient time in which to complete it
- Difficulties with work/life balance and managing the resulting stress
- Lack of understanding of the cadet role.

Despite these challenges, 58.5% of cadets felt that they were learning ‘a lot’ and 38.5% felt they were learning ‘quite a lot’ on the course and Table 6 illustrates that, overall, cadets felt prepared for the classroom and practical aspects of professional training.

#### *Stress, satisfaction and commitment*

Table 7 shows the overall self-rated job satisfaction and stress scores. With a cut off of 70+ for a high satisfaction score, the mean score of 76.07 (SD11.84) indicated high satisfaction overall. Similarly with a cut off of 50+ for high stress, the mean score of 36.69 (SD 10.47) indicated low stress.

Three themes associated with the definition of commitment are identified in the Meyer et al (1993) commitment scale: affective commitment - which is associated with attachment to the organisation; normative commitment - which is associated with an obligation to remain in the organisation; and continuance commitment - which is associated with the cost associated with leaving the organisation. All three dimensions

of commitment were explored with respect to cadets' commitment to both the NHS Trust and the NHS more generally. Cadets' mean scores ranged from 3.37 to 2.95 across all aspects of commitment indicating high commitment overall. Table 8 illustrates a small but significant difference in the relationship between affective commitment to the NHS Trust and the NHS more generally. However, the effect size is only 0.1 and this difference is unlikely to be meaningful. Therefore it can be concluded that there is no real difference between cadets' commitment to the NHS Trust and the NHS in general.

Table 9 illustrates correlations between satisfaction, stress and the different dimensions of commitment. As can be seen, there is a positive correlation between levels of satisfaction and stress, indicating that cadets who are more satisfied are also more stressed. The negative correlation between stress and dimensions of commitment indicates that those cadets who are stressed are less committed to the NHS Trust and the NHS generally. However the negative correlation between satisfaction and dimensions of commitment is less well understood and perhaps suggests that whilst cadets might report overall satisfaction this does not necessarily mean they are committed to either the NHS Trust or the NHS more generally.

### **Interview data**

Twenty nine interviews were conducted with the cadets and demographic data are summarised in Table 10. Two of the cadets had recently completed their schemes, 14 had commenced schemes in 2001 and 12 in 2002. One cadet had started in April 2003 but had subsequently taken a break in studies.

### *Reasons for starting the course*

Cadets had become aware of schemes via a number of different routes, including advertisement in local newspapers or open days at the local NHS Trust. A number of cadets had friends already doing similar schemes or had family members in a hospital that was running such a scheme and had therefore come into contact with cadets in this way.

Cadets were asked what had initially attracted them to the scheme. They most often described how schemes offered an alternative, more practical route into pre-registration nursing or allied health professions education, primarily for young people who did not have the qualifications to enter through the more traditional route (5 General Certificates of Secondary Education (GCSE) or above). For example, one cadet said:

*'I wanted to do nursing and the scheme would give me the qualifications'.*

Many of the cadets described how they had always wanted to be a nurse or that they viewed nursing as a positive career choice. They felt the schemes provided a 'shop window' for people who knew little about working in the NHS or other health or social care setting and this often was a key attraction:

*'good to get experience as a cadet as opposed to doing the training straight away and hating it'.*

And

*'we were told we'd have placements on wards and see what happened up there...and that sold it for me'.*

#### *Concerns before starting the course*

Cadets were asked whether they had had any concerns prior to entering the scheme. Almost a third of respondents, which included a higher proportion of older students, cited written work as a cause for concern, indicating that those who had been out of education for longer were more likely to have academic worries. For example, one student said:

*'I thought the written work would be hard, but it worked out OK as staff helped'.*

A few of the cadets indicated that they were concerned with the expectations placed on them, particularly with respect to bodily care of patients. Some were anxious about placements, particularly those that were out-with their current life experience. A number had financial worries, with some students describing how they had taken part-time jobs or used personal savings to enable them to manage their finances better.

#### *Positive aspects of the course*

On the whole, cadets were positive about their experiences, with positive responses considerably outnumbering less positive responses. They frequently cited the support from their college-based teacher as a positive aspect of the course. The placements or the 'practical side' including the range, variety and length of placements, were also positively evaluated. Some of the cadets reported how the scheme was preparing them for university whilst the range of placements was helping them to make decisions about which branch of nursing, or which healthcare profession, to enter. Other positive aspects

related to working in a team, working with colleagues of a similar age and meeting new friends.

Cadets felt that gaining practical knowledge and skills were *the* biggest benefits to being on a cadet scheme. Many of them felt that gaining practical skills and qualifications was taking them one step closer to a healthcare career:

*'The practice side [is the best], being able to work with so many different people, both patients and staff...you get to learn a lot of different ways of working'.*

*'I like the patient contact and seeing people recover'.*

Several cadets felt they had increased their interpersonal skills by being on the scheme. Increased confidence, understanding other people's values and beliefs and an ability to embrace other cultures were some of the examples cadets gave. The newly gained knowledge and skills reassured them that they would be able to cope with pre-registration nursing or other allied health or social care education:

*'I've just learned so much being moved around the different areas...so I think I'll be a lot more prepared when I go to university'.*

#### *Challenging aspects of the course*

Cadets expressed some drawbacks to being on a scheme and the most frequently cited challenge was problems associated with new schemes. Some of these schemes experienced teething problems in the form of disorganisation and lack of cohesion which, although potentially unavoidable, were disruptive to cadets:

*'The course is new and hence there are still hitches...for example we do not know placement details until the last minute'.*

Some found the amount of academic work demanding and needed to work very hard to complete their assessments on time. Several cadets felt they needed extra time within the course for study purposes. Cadets, therefore, struggled at times with the competing demands of the course and their personal life:

*'Not enough time for the written side...[we] should have private study time one day a week'.*

Different shift patterns, fixed annual leave and time spent travelling to placements were all aspects of schemes that cadets grappled with. A small number of cadets mentioned low pay as a drawback although one or two cadets felt it was a benefit to learn and be paid at the same time. There were also some issues concerning cadets' lack of status and tensions between staff in practice.

## **DISCUSSION**

As one component of a larger national evaluation of cadet schemes, the aims of this survey were to explore cadets' motivations for entering cadet schemes, describe their experiences of being a cadet and explore their overall satisfaction. Findings from the questionnaires and follow-up interviews were consistent and indicated that, overall, cadets were satisfied with their courses.



In the context of the current policy to expand NHS cadet schemes in order to widen access to healthcare professions, cadet satisfaction with existing schemes is an important factor to elicit. The success of the schemes depends ultimately on the extent to which the cadets themselves are satisfied with their courses. Satisfied customers will remain on the cadet scheme and then enter into pre-registration healthcare training.

Findings indicate that, overall, cadets' experience is a positive one. The vast majority rate the theoretical and practical components and overall quality of the course highly. A further indicator of cadets appraisal was that 95% said they would recommend the course to a friend. These findings are consistent with Clifford and Wildman (1999), Clifford et al (2000) and Draper and Watson (2002) who all found that cadets positively evaluated local schemes.

The practical aspects of the cadet schemes, and the subsequent shop-window they provided into the NHS, was highly valued by cadets. Being able to learn on the job, to be able to see at first hand the daily nitty-gritty reality of caring in the NHS was seen as *the* major contribution of these schemes. The policy intention for the rapid expansion of schemes appears to have been born out by the responses of these cadets. However, although it would appear that the conceived purpose of the schemes is being realised, it is still too early to say with confidence that NHS cadet schemes lead to increased recruitment and retention. This evaluation has been able to determine that cadets appreciate the practical aspects of the schemes, but further longitudinal research is required to determine whether a cadet completing such a scheme and entering pre-registration education in 2003 is more likely to remain in the NHS longer than a student who also enters pre-registration education in 2003 via a more conventional route.

Another component to this debate is the extent to which schemes are able to attract students who would not have otherwise considered entering an NHS career. A small number of cadets taking part in this evaluation suggested that the scheme provided them with such an opportunity, indicating they would not have considered a career in the NHS had the option of undertaking the cadet scheme not been available to them.

The cadet schemes appear to be providing cadets with a foundation for pre-registration health or social care education, clearly a key policy objective. However, although cadets described this within both the questionnaires and follow-up interviews, these cadets had not yet made the transition into higher education. In their small study of a local scheme in the North of England, Draper and Watson (2002) found that a significant proportion of former cadets who were one year into pre-registration nurse training, were finding the transition to higher education challenging. Future longitudinal work, therefore, will be required beyond the scope of this current evaluation, to establish whether cadet schemes do indeed provide a strong platform to launch cadets into pre-registration education and beyond.

Of particular interest related to all of the above discussion are the data relating to cadet's levels of self-rated satisfaction, stress and commitment. The purpose of including these previously validated scales within the questionnaires was to move beyond reported perceptions toward a more objective measure of cadets' experience. As described earlier, one aim of cadet schemes is to increase recruitment to and retention in the healthcare workforce. Therefore, if cadets demonstrate high satisfaction, low stress and high levels of commitment to either the NHS Trust or the NHS in general, it could be suggested that recruitment and retention may be enhanced. The mean score for satisfaction was 76.07 and with a cut off of 70+ for a high satisfaction score (possible

range 0-105, the higher the score the greater the satisfaction), this indicates high overall satisfaction. With a cut off of 50+ for high stress (possible range 0-75, the higher the score the greater the stress), the mean stress score was 36.69 indicating overall low stress.

However a significant positive correlation was found between high levels of satisfaction and high levels of stress, which suggests that those cadets who are more satisfied are also more stressed. It is difficult to understand this correlation, as it was expected that high levels of satisfaction would correlate with low levels of stress. These findings are different to previous research in this area which has found an inverse relationship between satisfaction and stress (see for example, Redfern et al 2002). A tentative explanation for the positive correlation between satisfaction and stress is that the same things that are responsible for high satisfaction are also responsible for high stress. In their study on job stress and personal achievement among consultant doctors, Deary et al (1996) found that high self-rated workload was both a source of stress and burnout but also a source of positive feeling of personal achievement.

A significant negative correlation between stress and dimensions of commitment was found indicating that those cadets who are stressed are also less committed to both the NHS Trust and the NHS generally. A significant negative correlation between satisfaction and dimensions of commitment was also found, which is surprising as it suggests that those cadets who are satisfied are not committed to either their local NHS trust or to the NHS more generally. This finding is in contrast to Redfern et al (2002) who, in their study of care workers working in a nursing home for older people, found that staff with low satisfaction had high levels of commitment to the job.

## **CONCLUSION**

Findings indicate high levels of satisfaction with cadet schemes across England. Schemes offer first hand experience of working within the NHS, whilst giving cadets the opportunity to gain recognisable skills and qualifications in preparation for higher education. Cadets enjoy being cadets and report low levels of roles stress and high satisfaction and have an extremely positive view of the quality of learning and teaching on the schemes. They also report high levels of commitment to working in the NHS and in their local Trust. Of interest however, is whether these high satisfaction and commitment and low stress scores are retained once cadets enter higher education and ultimately make the transition to the healthcare workforce.

### **Disclaimer**

This work was undertaken by the collaborative research team (King's College London, University of Hull, RCN Institute, University of Luton, and London School of Hygiene and Tropical Medicine) which received funding from the Department of Health. The views expressed in the publication are those of the authors and not necessarily those of the Department of Health.

**Table 1**

Characteristics of cadet questionnaire respondents

Characteristics		Value
Age		20.8 years (mean) 7.54 (SD)
Gender	Female	90%
	Male	10%
Family circumstances	Single	83%
	Married	10%
	Separated/divorced	3%
	Other/not stated	4%
	Children	16%
Ethnicity	White	87%
	Black or Black British	7%
	Asian or Asian British	4%
	Mixed	2%

**Table 2**

Occupations cadets intended to enter

Occupation	No.	%
Nursing	293	77.7
Speech and language therapy	34	9
Physiotherapy	18	4.8
Midwifery	10	2.7
Occupational therapy	8	2.1
Social work	6	1.6
Chiropody/podiatry	4	1.1
Healthcare assistant	4	1.1

**Table 3**

Balance between practice and theory components

	Too much %	Enough %	Too little %	Undecided %
Time spent in practice	5.1	78.7	11.6	4.6
Time spent in class	7.8	61.6	27.3	3.3

**Table 4**

Cadets' evaluations of their course

	Very well %	Well %	Not well %
Accepted by college staff	67.3	30	2.7
Accepted by practice staff	54.2	40.4	5.4
Accepted by peers	71.5	26.8	1.7
Settled into student group	78.2	21.6	0.2
Settled into practice	63.4	34.9	1.8
Settled into class	68.2	30.6	1.2

**Table 5**

Cadets' perceptions of quality

	Very good %	Good %	Not good %	Poor %
Teaching quality in practice	39.3	56.6	3.3	0.8
Teaching quality in class	38	57.8	3.7	0.5
Quality of course overall	47.5	49.3	2.2	1.0

**Table 6**

Cadets' perceptions of their preparation for professional training

	Very well %	Well %	Not well %	Not at all %
Preparation for classroom aspects of professional training	32.3	57.3	10.2	0.2
Preparation for practical aspects of professional training	56.7	36.6	6.4	0.3

**Table 7**

Job satisfaction and stress scores

	N	Mean	SD
Job satisfaction	325	76.07	11.84
Stress	299	36.69	10.47

**Table 8**

Relationship between commitment to the NHS Trust and the NHS more generally  
(paired samples T test)

	Mean	Difference between means	t	p	Effect size
Affective commitment NHS Trust	3.3129	-0.0616	-2.572	<0.011	0.1
Affective commitment NHS	3.3746				
Continuance commitment NHS Trust	2.9940	0.0394	1.775	<0.077	0.06
Continuance commitment NHS	2.9546				
Normative commitment NHS Trust	3.1513	0.0164	0.835	<0.404	0.03
Normative commitment NHS	3.1249				

**Table 9**

Pearson correlation matrix of satisfaction, stress and commitment

	Satisfaction	Stress
Satisfaction		
Stress	0.369**	
Affective commitment to Trust	-0.409**	-0.142*
Continuance commitment to Trust	-0.098	-0.047
Normative commitment to Trust	-0.308**	-0.171**
Affective commitment to NHS	-0.321**	-0.118*
Continuance commitment to NHS	-0.106	-0.151*
Normative commitment to NHS	-0.308**	-0.157*

\* p<0.01 (2 tailed)

\*\* p<0.05 (2 tailed)

**Table 10**

Characteristics of interview participants

Characteristics		Value
Age		22.4 years (mean) 16-43 (range)
Gender	Female Male	76% (n=22) 24% (n=7)
Family circumstances	Single Married with children Separated/divorced Single parent	21 4 1 3
Ethnicity	White British White African Indian Black Caribbean Black Africa	22 1 5 1

## References

Brown, S. E. (2000) Does a multi-disciplinary health degree provide a satisfactory post-registration course for nurses? A follow-up survey of health science studies graduates, *Nurse Education Today*, 20, pp.613-619.

Burnard, P. (1991) *Experiential learning in action*. Aldershot: Avebury.

Cheek, J. Jones, J. (2003) What nurses say they do and need: implications for the educational preparation of nurses, *Nurse Education Today*, 23, pp.40-50.

Clifford, C. Wildman, S. (1999) *Evaluation of Nursing Cadet Scheme at Sandwell Healthcare NHS Trust Interim Report (1)*. School of Health Sciences, University of Birmingham

Clifford, C. Wildman, S. Werrett, J. (2000) *Evaluation of Nursing Cadet Scheme at Sandwell NHS Trust Interim Report (2)*. School of Health Sciences, University of Birmingham

Culley, L. Genders, N. (2003) Nursing cadet schemes in the British NHS - challenges and opportunities, *Journal of Advanced Nursing*, 41(6), pp.607-614

Deary, I. J., Blenkin, H., Agius, R. M., Endler, N. S., Zealley, H., & Wood, R. A. (1996). Models of job-related stress and personal achievement among consultant doctors. *British Journal of Psychology*, 87, pp.3-29



Department of Health (1998) *Working Together: securing a quality workforce for the NHS*. Department of Health, London.

Department of Health (1999) *Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and health care*. Department of Health, London.

Department of Health (2000a) *The NHS Plan*. Department of Health, London.

Department of Health (2000b) *Meeting the Challenge: A Strategy for the Allied Health Professions*, Department of Health. London.

Department of Health (2000c) *Recruiting and Retaining Nurses, Midwives and Health Visitors in the NHS: A progress report*. Department of Health, London.

Draper, J. Watson, R. (2002) Cadets and nursing students: same destination - different route, *Journal of Advanced Nursing*, 40(4), pp.449-456

Fulbrook, P. Rolfe, G. Albarran, J. Boxall, F. (2000) Fit for practice: Project 2000 student nurses' views on how well the curriculum prepares them for clinical practice, *Nurse Education Today*, 20, pp.350-357.

Greenwood, J. (2000) Critique of the graduate nurse: an international perspective, *Nurse Education Today*, 20, pp.17-23.

Higher Education Funding Council for England (HEFCE) (2001) *Strategies for Widening Participation in Higher Education A Guide to Practice*. Report 01/36. HEFCE, London.

Higher Education Funding Council for England (HEFCE) (2003a) *Collecting and using student feedback on quality and standards of learning and teaching in Higher Education. A report to HEFCE by the Centre for Higher Education Research and Information (Open University), NOP Research Group and SQW Ltd*. HEFCE: London.

Higher Education Funding Council for England (HEFCE) (2003b) *Report of the Student Feedback Project Steering Group*, HEFCE: London.

Jowett, S, (1995) Nurse education in the 1990's - the implementation of the pre-registration diploma course, *Nurse Education Today*, 15 (1), pp.39-42

McLean, J. Andrew, T. (2000) Commitment, satisfaction, stress and control amongst social services managers and social workers in the UK, *Administration in Social Work*, 23, pp.93-117

Meyer, P. Allen, N. J. Smith, C. A (1993) Commitment to Organisations and Occupations: Extension and Test of a Three-Component Conceptualisation, *Journal of Applied Psychology*, 78(4), pp.538-551

QAA (2003) *A brief guide to quality assurance in UK higher education*, Quality Assurance Agency for Higher Education, London

Redfern, S. Hannan, S. Norman, I. Martin, F. (2002) Work satisfaction, stress, quality of care and morale of older people in a nursing home, *Health and Social Care in the Community*, 10(6), pp.512-517

Taylor J., Fell C., Day N. (2001) *A study to explore the feasibility of a nurse cadet scheme in West Suffolk* West Suffolk Hospitals NHS Trust, Bury St Edmunds.

Taylor, J. Fell, C. Day, N. (2002) Teenage hang-ups. *Health Service Journal*, 112 (5791), 28-29.

Warr, P. Cook, J. Wall, T. (1979) Scales for measurement of some work attitudes and aspects of psychological well-being, *Journal of Occupational Psychology*, 52, pp.129-148