

AN EXPLORATION AND ANALYSIS OF THE RELATIVE IMPORTANCE OF EMPLOYABILITY SKILLS FOR UNDERGRADUATE NURSING STUDENTS AS PERCEIVED BY STAKEHOLDERS – A MIXED METHODS APPROACH

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ABSTRACT

Background: Current challenges in healthcare environment require nurses to develop and be equipped with transferable employability skills in addition to discipline specific skills. Recently, Higher Education Institutions and healthcare providers have focused on more collaboration and working in partnerships to develop the requisite employability skills in undergraduates. **Objective:** To identify and develop an employability skills questionnaire as informed by the stakeholders including service users. **Methods:** A mixed method study using the Delphi technique to develop items of the Employability Skills Questionnaire, and statistics to examine quantitative results. **Setting:** A modern university in London. Undergraduate nurses, academics, managers in healthcare and service users who regularly use National Health Service participated in the study. Focus groups and Delphi technique was used to obtain the general consensus in the Questionnaire, and surveys to obtain numerical data to establish the reliability of the questionnaire and the differences in the stakeholders' responses applying ANOVA. **Results:** The Delphi technique yielded a consensus of 75% to the Questionnaire. Quantitative findings showed good internal reliability of the Questionnaire and all stakeholders attributed high value to all the items therein. Data indicated that service users play a significant role in identifying undergraduates' employability skills as consumers of the healthcare service and gave more weight to the importance of evidence-based information demonstrating their awareness of the importance of evidence-based practice in healthcare. **Conclusion:** It is crucial that nurses keep abreast of current research to translate research findings into practice and to adapt to different ways of working to improve patient care.

KEYWORDS: Employability skills, undergraduate, healthcare, stakeholders, service users, higher education institutions.

INTRODUCTION

The changing landscape of healthcare environment necessitates the development of requisite skills in healthcare professionals (National Health Service (NHS), 2019). Employability skills are becoming more complex hence the continual development of student nurses' employability skills as lifelong learners are vital to meet these diverse needs (Van Sheppingen et al, 2015). As nurses form a significant part of the healthcare workforce, they need to develop the flexibility to adapt to any unforeseen challenges, to identify any gap in service and to take appropriate actions to address them. There is a need to explore and analyse these employability skills as identified by key stakeholders, in

order to guide the development of graduates' employability skills, enabling them to practice safely in the complex and challenging healthcare environment. Higher education in the United Kingdom has focused on developing theoretical knowledge and technical skills, creating the theory and practice gap in clinical practice (Draper et al, 2014). However, in recent years there has been more collaboration and working partnerships between Higher Education Institutions (HEIs) and healthcare providers to develop these employability skills in undergraduates, thereby addressing this gap (HESA, 2019).

Williamson *et al.* (2020) identify that key employability skills as perceived by various stakeholders such as academics, employers and undergraduates had been reported in published literature but the views of service users as the recipients of the healthcare service had not been explored. Due to the increasing emphasis on patient centred care, the voice of the service user is seen as paramount in evaluating and improving services in healthcare (NHS, 2019). This paper explores the essential employability skills perceived by various stakeholders in nursing, including the service user, resulting in the creation of an employability skills questionnaire.

BACKGROUND

Employability refers to the development of undergraduates' requisite skills during their training at university, which are transferable into the real work setting. The current job market demands that undergraduates possess a range of relevant and transferable skills to meet the everchanging needs of employers and healthcare environments (Harvey 2001; Collet, Damian and du Plessis, 2015). Yorke and Knight (2003) develop the Employability Skills Framework and Graduate Attributes as commissioned by the Higher Education Academy (HEA) recognising the need for identifying employability skills and providing HEIs with direction in developing employability skills in undergraduates within specific disciplines.

According to Knight and Yorke (2001) employability skills are a combination of personal qualities, as well as cognitive, social, emotional and behavioural skills. Sumanasiri *et al.* (2015a) identify a relationship between the employability skills of undergraduates and their course content and emphasise the need for more integration of employability skills into educational courses. Additionally, Yorke and Knight (2003) assert that HEIs should focus on undergraduate learning and in particular the development of transferrable employability skills, including the development of professional competencies and core employability skills. Hadley (2017) reports that employability skills of the newly graduate does not meet the expectations of the employers; therefore, university needs to work in collaboration with the employers to ensure that the curriculum meets the expectations of employers and contribute to wider society. Hence, industry and educational institutions need to be more student-focused and to jointly consider how undergraduates acquire their employability skills. Additionally, Sumanasiri *et al.* (2015b) suggest that an undergraduate's individual understanding of the importance of employability skills is vital so that they are accountable for their own learning in developing requisite skills. In a multicultural society, self-reflection and self-development play a vital role in the maintenance of the level of individual undergraduate's competencies (Saunders and Zuzel, 2010).

There is an increasing emphasis in the NHS on patient centred care leading to service users' greater expectations from their healthcare provider in the context of evidence-based practice (NHS, 2019). Hence, the skill required to translate research evidence is an important skill to improve practice. Undergraduates need to take responsibility for their own ongoing development, through continuing education, peer feedback, reflection on practice, resilience, and revalidation ensuring that they are up to date in their knowledge and skills as lifelong learners (Nursing and Midwifery Council (NMC), 2018); Health and Care Professions Council (HCPC), 2018). Service users, being the centre of healthcare, play an important role in the development of the healthcare workforce by providing feedback to provide safe and quality care (NHS England, 2016; Garwood and Hassett, 2019).

As there is no literature regarding service users' perceptions of employability skills, the authors felt it was important to design the Employability Skills Questionnaire (ESQ) (Appendix1) for use in measuring these employability skills amongst undergraduates. The present study focuses on developing an employability skills questionnaire portraying undergraduate attributes in healthcare as perceived by the stakeholders to enhance undergraduates' employability skills. The questionnaire so developed will help undergraduates to increase their awareness of the skills required as resilient and self-directed life-long learners.

A developmental, exploratory and descriptive research design was used to achieve these objectives: (1) To identify undergraduates' employability skills as perceived by the stakeholders, (2) To develop an employability skills questionnaire (ESQ), (3) To test the reliability of the ESQ (4) To compare the responses of various stakeholders.

METHODOLOGY

This study was conducted using mixed research methods. The qualitative research approach was used to explore, develop and analyse the perceptions of the key stakeholders regarding the employability skills of graduates in healthcare using the deliberative Focus Group and Delphi Technique of research method to identify the validity of the ESQ. Sequentially, the quantitative research approach was used to establish the internal reliability of the ESQ (Creswell, 2014). The responses of the stakeholders were compared and the variations between the different groups were identified.

Ethics

The study was approved by the University's Research Ethics Committee. Informed consent was obtained from the study participants. Both the qualitative and quantitative data collected were stored securely and analysed in Microsoft Excel and SPSS 26.

Phase 1

Development and validation of the ESQ: Development of the ESQ comprised of two parts.

Part 1 was a scoping review to identify the employability skills of undergraduates in health and social care from various sources of literature. The scoping review was published in a professional, peer-reviewed journal. This review was to delineate the attributes of undergraduates to develop an ESQ. A list of 75 employability skills were identified from the literature. This list was then presented to a focus group for a critical review and to gain an in-depth understanding of the attributes of the employability skills and terminology used to refine the statements of the ESQ. The focus group participants (n=25) were homogenous to the intent of the study. From the deliberation of the focus group discussion a total of 66 skills were selected for the ESQ. These were then further arranged in 11 broad categories; with six skills/attributes allocated to each category. ESQ is a semi structured questionnaire. Each broad categories have an 'any other' option, enabling stakeholders to include relevant items deemed to be important to them. (Appendix 1).

Part 2 is the validation of the ESQ

Delphi technique was used to finalise the items of the ESQ. The first round of the Delphi technique involved distribution of the 66 item ESQ to the study participants to obtain their opinions regarding the clarity and

applicability of the statements of the ESQ. It was stipulated that for an item to be retained in the ESQ at least 75 % agreement was required from the participants; the items with less than 75 % agreement were to be modified and placed in the second round and the items with less than 40 % were to be deleted. The study participants approved the ESQ except two items which needed revising: 1.6 Group interaction and 10.3 Commercial awareness (see Appendix 1), as they were deemed to be unclear in their wording. In the second round of the Delphi technique, all the 66 items in the ESQ were agreed and approved by the participants. Consequently, the 66 ESQ items were retained with 75 to 100 % consensus of the participants. Thus, there was no need for further round of Delphi technique and the validity of the ESQ was established.

Sample and Sampling

The study was conducted in a London university. A purposive and convenient sampling technique was used to recruit the participants in this study. Employers, academics, service users, and final year undergraduate nurses were selected from the university as the target population. As users and providers of NHS, they were easily accessible for both qualitative and quantitative study purposes. The inclusion criteria of the participants are presented in Table 1

Table 1: The inclusion criteria of study participants' selection.

Stakeholders (Study participants)	Inclusion criteria
Employers	Managers responsible for recruitment of nurses with a minimum of 2 years working in the NHS.
Academics	Teaching academics with a minimum of 2 years teaching experience or a minimum of 5 years post qualification work experience in their area of expertise.
Students	Final year undergraduates at the university.
Service Users	Non-academic staff working in the university registered with the NHS.

Phase 2

Data collection

Two surveys were conducted to obtain sufficient data for the study. Following the initial analysis of the first survey, a second survey was undertaken to further establish the reliability and outcomes of the ESQ. A total of 91 participants completed the questionnaire and were included in the analysis. Of these, 31.9% (n=29) academics, 46% (n=42) students, 12% (n=11) service users and 9.9% (n=9) employers. Academics reported a mean of 16 years of experience, students reported 2.4 years (a mean of three indicating that they were predominantly in their third year of study) and employers reported a mean of 25 years' work experience.

Data Analysis

All the participants' responses were analysed and summarised by using descriptive and inferential statistics using Microsoft Excel and SPSS 26. As part of the quantitative analysis, Cronbach's Co-Efficient alpha was

computed for each subscale to determine internal consistency (Field, 2013). To compare the responses of different stakeholders, a four (stakeholders) by eleven (attributes) mixed analysis of variance was conducted.

RESULTS

Internal consistency

Cronbach's alpha was computed for each subscale. In every case, alpha was greater than seven, and in six of the 11 scales it achieved a score greater than eight. The remaining scales had achieved a score greater than seven. This can be taken to indicate good internal consistency in all scales, especially given that each subscale contained only six items (see Table 2 for the alpha values). All academics and employers completed all scales, however, there was a small amount of missing data from the students and service users. Only 10 service users completed all items. For each scale only 39 students completed all items, though not exactly the same 39 in each case.

Table 2: Cronbach's alpha for each subscale of the Employability Skills Questionnaire.

Scale	Alpha
Working With Others (WVO)	.73
Communication (Comm)	.79
Demonstrating Professionalism (DP)	.74
Self-Awareness (SA)	.87
Self-Management (SM)	.78
Thinking Critically (TC)	.86
Analysing Evidence Based Information (AEBI)	.88
Problem Solving (PS)	.84
Responsibility and Accountability (RA)	.77
Initiative and Enterprise (IE)	.89
Emotional Intelligence (EI)	.81

Comparing responses of stakeholder categories

Analyses of variance was used to examine the effect of undergraduate attribute (within participants, eleven conditions) and stakeholder category (between participants, 4 conditions) upon importance rating.

Kolmogorov-Smirnov tests of normality revealed that of all tests across the 44 cells of the analysis (eleven main attribute category x 4 stakeholder category), 45% were not normally distributed, at $p > .05$. The data were typically negatively skewed, indicating that there was a

tendency for most participants to rate the attributes as important or very important, with few lower ratings given (see Appendix 2). Therefore, despite ANOVA being robust to such violations of assumptions, the results should be taken with caution, and as an indication of the need for further development of the scale rather than as a test of hypotheses.

To examine the effect of attributes, the data did not have sphericity and therefore the Greenhouse-Geisser adjustment is presented. This indicated a significant effect of attribute on rating, at $F(6.8, 565.9) = 19.17, p < .001$, with partial eta squared indicating a medium to large effect of .188. With no a priori prediction as to the most important attributes, post hoc tests were conducted. Pairwise comparisons with Bonferroni correction indicated that Initiative and Enterprise (IE), which was rated as the least important attribute with a mean of 3.15, was significantly lower than all others except Analysing Evidence Based Information (AEBI) (all mean and SD values are presented in Table 3). AEBI is itself significantly lower than a number of other attributes – see Table 4. While this indicates that IE and AEBI are the least important attributes, it is harder to say which was considered the most important. With very high ratings for a number of attributes, a ceiling effect may have been present.

Table 3: Descriptive statistics for attribute by stakeholder category.

	Academic	Student	Service User	Employer	Total
WVO	3.48 (0.35)	3.64 (0.37)	3.45 (0.43)	3.50 (0.48)	3.55 (0.38)
Comm	3.68 (0.39)	3.68 (0.38)	3.67 (0.27)	3.69 (0.33)	3.68 (0.36)
DP	3.43 (0.39)	3.60 (0.40)	3.43 (0.33)	3.41 (0.43)	3.50 (0.43)
SA	3.53 (0.43)	3.75 (0.36)	3.45 (0.35)	3.35 (0.44)	3.60 (0.41)
SM	3.45 (0.45)	3.68 (0.32)	3.45 (0.44)	3.52 (0.52)	3.56 (0.41)
TC	3.43 (0.47)	3.50 (0.51)	3.35 (0.34)	3.37 (0.33)	3.45 (0.46)
AEBI	3.30 (0.49)	3.29 (0.66)	3.50 (0.39)	3.20 (0.40)	3.31 (0.56)
PS	3.61 (0.48)	3.68 (0.38)	3.53 (0.36)	3.52 (0.31)	3.62 (0.40)
RA	3.58 (0.43)	3.75 (0.35)	3.67 (0.22)	3.70 (0.29)	3.68 (0.36)
IE	3.01 (0.60)	3.26 (0.63)	3.12 (0.52)	3.13 (0.29)	3.15 (0.58)
EI	3.59 (0.47)	3.76 (0.36)	3.62 (0.26)	3.65 (0.45)	3.68 (0.40)

Table 4: Pairwise comparisons for effect of attribute on importance rating, using Bonferroni corrections. Mean difference values are shown, a negative value indicates that the attribute for that row had the greater value. As all comparison values are < 1 the lead zero has been omitted for clarity.

	Comm	DP	SA	SM	TC	AEBI	PS	RA	IE	EI
WVO	-.16*	.05	-.00	-.01	.10	.19	-.07	-.16	.39***	-.14
Comm		.21***	.16	.15	.26***	.35***	.09	0.00	.55***	.02
DP			-.05	-.06	.05	.14	-.12	-.21***	.34***	-.19***
SA				-.00	.11	.20	-.07	-.16	.39*	-.13
SM					.11	.20	-.06	-.15**	.40***	-.13
TC						.09	-.17*	-.26*	.29***	-.24***
AEBI							-.26***	-.35***	.20	-.33***
PS								-.09	.46***	-.07
RA									.55***	.02
IE										.53***

* $p < .05$

** $p < .01$

*** $p < .001$

There was no significant effect of stakeholder category, $F(3, 83) = 1.13, p > .05$, partial eta squared = .039, indicating that, overall, no one stakeholder group considered graduate attributes as being more or less important than did any other group. While Figure 1 indicates that students considered almost all attributes more important than did all other groups (the exception being AEBI), this was not to a significant extent. It is also worth noting that students showed the greatest level of negative skew across all of their data, suggesting a ceiling effect for that stakeholder category in particular.

There was also no significant interaction between attribute and stakeholder category, $F(20.5, 565.9) = 1.15, p > .05$, partial eta squared of .040. However, examination of Figure 1 indicates certain trends – for instance, that students rate self-awareness (SA) more highly than any other group. When compared with all three other groups they also seem to over-estimate the importance of demonstrating professionalism (DP), Self-management (SM) and Thinking Critically (TC). It should also be noted that service users rate Analysing Evidence Based Information (AEBI) as being more important than do any other group.

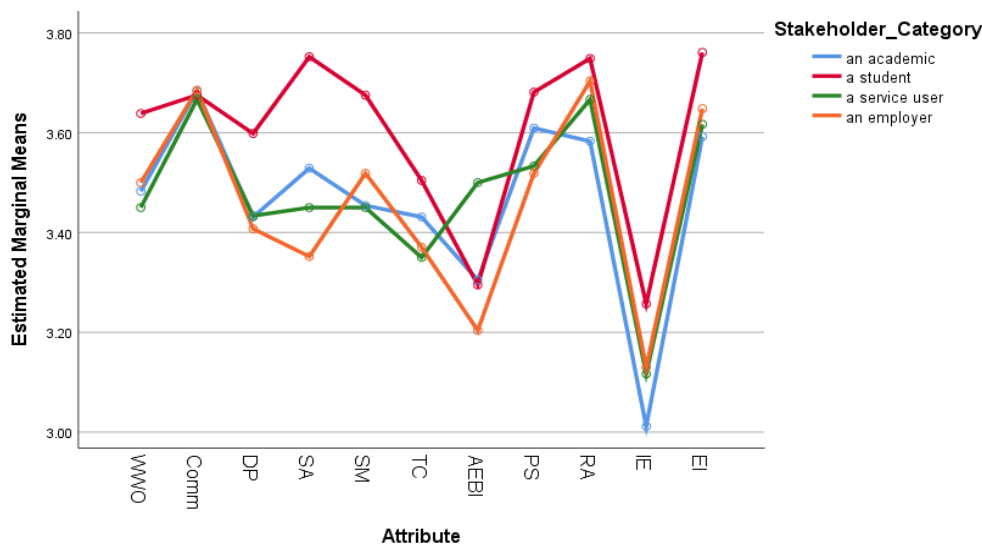


Figure 1: The various stakeholders' responses to the eleven ESQ attributes.

DISCUSSION

The aim of the study is to identify the employability skills perceived as important by the various stakeholders with the intention to develop ESQ for undergraduates in nursing. This would help to inform HEIs in embedding these attributes in the overall development of undergraduates. The ESQ is developed using the Delphi technique where the attributes were identified through the general consensus of the stakeholders. The Delphi technique is found to be useful to develop the ESQ with the Cronbach's alpha; with all the attributes achieving more than 0.7 (Table 2) which demonstrates good internal-reliability of the ESQ.

ANOVA shows that each group of stakeholders follow a similar trend in their rating of the attributes, with no significant effect of stakeholder group on importance rating. This demonstrates that all the stakeholders' categories share the same perception of the importance of the different attributes of the ESQ. However, if all stakeholders are considered as one group there is a significant effect of attribute, with IE (Initiative and

Enterprise) and AEBI (Analysing Evidence Based Information) being rated as significantly less important than the other attributes.

Although there was no significant interaction between stakeholder condition and attribute, it was noted that the students constantly value all the attributes higher than the rest with the exception of AEBI, which is rated more highly by the service users. This could be due to the fact that service users are aware of evidence-based practice and they expect undergraduates to possess the requisite skills for this from early on in their careers (Belt, Drake and Chapman, 2010). In contrast, the employers had scored this attribute the lowest. A similar finding has also been reported by Khalil, Mohebbifar and Rafiei (2019) highlighting service providers' weaknesses to implement evidence-based practice. This may be an area for concern as research informed patient centred care is becoming more important in healthcare practice signifying more attention should be given to this attribute (Davies and Gray, 2016).

There is also a notable difference between the students' perception of the importance of SA (Self Awareness) and EI (Emotional Intelligence) and that of the other stakeholders' categories. This may be linked to the introduction of students to the concepts of self-awareness and emotional intelligence as part of their reflective practice, which in turn may have impact on their perceptions regarding the importance of these skills. Remarkably, academics rated IE lowest among the different stakeholders. This may be due to the fact that academics are more focussed on the development of student's discipline specific knowledge and competence relating to their practice. Additionally, both employers and service users also had rated it as not the most important. However, this does not mean that these skills are not important, rather they may deem it less crucial than other essential skills. The undergraduate curriculum is intensive with the theory and practice elements, which limits the attention given to the development of IE by academics. Additionally, they may regard IE aspect of development is the responsibility of students themselves. This has been reflected in Figure 1 that the students themselves had rated IE the highest amongst the stakeholders. Considering the changing milieu of healthcare environment where healthcare is considered as an industry due to the limited financial resources, IE should be given more emphasis for effective and efficient healthcare service. This is to enable the new graduates to develop resilience and networking skills to overcome challenges and good clinical decision-making skills. The development of international dimensions for networking is crucial in meeting the global healthcare needs (Craig and Piskur, 2012).

There is a misconception in healthcare studies that employability skills are usually within the remit of the employers and employees (Messum *et al.*, 2016). However, in the healthcare industry, the service user plays an important role in identifying the employability skills as the receiver of the service. Furthermore, academics are equally responsible to guide and support undergraduates in their development as competent healthcare practitioner. There were differing opinions on the importance of some attributes amongst the stakeholders, which had highlighted certain aspects that the academics need to reconsider to inform their teaching such as the IE and AEBI. The role of service user has been increasingly recognised as being crucial to improve healthcare delivery. They are the recipients of the healthcare service, thereby, contributing in the evaluation of care delivery, training, education and research. Garwood and Hassett (2019) observe that service users' involvement is a key indicator of the successful completion of the student's journey as their feedback is vital to assess student's performance and capability, subsequently providing guidance and support to the student's development.

Limitations

The use of service users is a strength of the study, however, the sample size is small. Future research should therefore aim to recruit more from this difficult to reach population. Small sample sizes, especially of service users and employers, may be hiding significant differences that do exist in the population. It is clear which attributes are valued less overall which are IE and AEBI; nonetheless, the data give less differentiation between the most valued scales. Furthermore, there is a clear ceiling effect, with the mean all being more than three, on a scale of four (see Table 3). Future research may consider using a wider scale to encourage greater variation within the data. This study is based on nursing undergraduates which has limited generalisation to the other disciplines.

Recommendations

As this study had utilised a small convenience sample, this limits generalisation. Therefore, a larger replication study is recommended. The ESQ can be adopted to allow transferability to other disciplines for future research. A bigger sample size for future research is recommended. Future research should also examine the reasons for the different ratings on the attributes by the different stakeholder groups.

CONCLUSION

The development of employability skills is a lifelong process. This should not only be the responsibility of educational institutions but also of employers, academics, employees and the undergraduates. A collaborative partnership working between HEIs and employers is essential in promoting and sustaining employability skills in graduates. The current study has included service users and in doing so this study has highlighted important differences in the priorities given by the stakeholders to undergraduate skills. This research findings highlight the need for the HEIs to rethink the curriculum to enhance the development of competencies for graduate employability.

The development of undergraduates' transferable employability skills alongside their discipline specific skills is paramount. A semi structured ESQ with 66 items perceived as important by the stakeholders has been developed. Undergraduates had deemed all the attributes to be important with the exception of Analysing Evidence Based Information, with the employers rating this aspect as the lowest. In contrast, the service users had rated it the highest amongst the stakeholders. This implies that employers' and undergraduates' engagement in evidence-based practice needs to be given more attention to improve healthcare service delivery.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

Author contributions

All authors contributed to the research and research process:

SW, LP contributed to the development of the Employability Skills Questionnaire, data collection and initial analysis of data, review of initial draft.

RS contributed to data analysis (quantitative), data curation, writing drafts, review & editing and visualization.

SW, KT contributed to data analysis and interpretation and writing original draft, synthesis of findings.

SW, LP and KT contributed to the revisions, reading draft manuscript.

SW and KT contributed to the revisions, refinement of manuscript, proof reading and editing to finalise the manuscript.

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Appendix 1**Employability Skills Questionnaire/Inventory**

The current job market demands that graduates possess relevant employability skills to meet the ever-changing needs of employers in the Health and Social Care setting. Employers expect graduates to demonstrate a range of skills and attributes that have been listed below.

Please consider each of the following *employability skills statements* in each broad category and place X to identify where on the scale of **4, 3, 2, 1** and **do not know**, you would rate these skills.

Key to note: The scale is graded as:

Extremely important = 4; Very important = 3; Somewhat important = 2; Slightly important = 1

For 'any other' option, please state additional 'employability skills' you think appropriate.

Employability skills	4	3	2	1	Do not know
1. Working with others					
1.1. Team working					
1.2. Adaptability					
1.3. Collaboration					
1.4. Conflict resolution					
1.5. Influencing others					
1.6. Group interaction					
Any other					
2. Communication					
2.1. Written communication					
2.2. Verbal communication					
2.3. Listening skills					
2.4. Cultural and diversity awareness					
2.5. Providing and receiving feedback					
2.6. Valuing information shared by others					
Any other					
3. Demonstrating professionalism					
3.1. Setting goal to perform a task					
3.2. Autonomy					
3.3. Multi-tasking					
3.4. Time management					
3.5. Evidence based practice					
3.6. Professional ethics					
Any other					
4. Self-Awareness					
4.1. Reflect on own strengths and weaknesses					
4.2. Personal development					
4.3. Emotional awareness					
4.4. Life-long learning					
4.5. Building confidence					
4.6. Self-motivation					
Any other					
5. Self-management					
5.1. Self-control					
5.2. Self-reflection					
5.3. Stress tolerance					
5.4. Work/life balance					
5.5. Enabling people to support themselves					
5.6. Leadership skills					
Any other					
6. Thinking critically					
6.1. Knowledge and understanding of relevant issues					
6.2. Appreciation of others' views					
6.3. Identification of gaps/limitations in practice					
6.4. Comparison of theories and explanations					

6.5. Evaluation of evidence					
6.6. Apply research to practice					
Any other					
7. Analysing evidence based information					
7.1. Numeracy					
7.2. Search information					
7.3. Information management					
7.4. Translation & interpretation					
7.5. Technology					
7.6. Debate and draw conclusions					
Any other					
8. Problem Solving					
8.1. Analysis and diagnosis of an issue					
8.2. Reasoning					
8.3. Logical					
8.4. Awareness of sensitive and complex situations					
8.5. Prioritisation					
8.6. Decision making in a timely manner					
Any other					
9. Responsibility and accountability					
9.1. Organisational culture awareness					
9.2. Work ethics					
9.3. Personal responsibility					
9.4. Accountability – both professional and legal					
9.5. Appropriate delegation of responsibilities					
9.6. Record keeping					
Any other					
10. Initiative and enterprise					
10.1. Creative ideas					
10.2. Initiation of action					
10.3. Commercial awareness					
10.4. Change management through innovations					
10.5. Networking					
10.6. Engagement of stakeholders					
Any other					
11. Emotional intelligence					
11.1. Recognising triggers					
11.2. Commitment					
11.3. Trustworthiness					
11.4. Optimism					
11.5. Resilience					
11.6. Empathy					
Any other					

Appendix 2

Attribute	Stakeholder Category	Skewness	SE of skewness	Z
WVO	Academic	0.072	0.434	0.17
	Student	-0.76	0.378	-2.01*
	Service User	-0.649	0.687	-0.94
	Employer	-0.61	0.717	-0.85
Comm	Academic	-0.909	0.434	-2.09*
	Student	-0.921	0.378	-2.44*
	Service User	-0.191	0.687	-0.28
	Employer	-0.324	0.717	-0.45
DP	Academic	-0.046	0.434	-0.11
	Student	-1.082	0.378	-2.86*
	Service User	0.482	0.687	0.70
	Employer	-0.871	0.717	-1.21

SA	Academic	-0.151	0.434	-0.35
	Student	-1.832	0.378	-4.85*
	Service User	0.227	0.687	0.33
	Employer	-0.638	0.717	-0.89
SM	Academic	-0.716	0.434	-1.65
	Student	-0.727	0.378	-1.92
	Service User	-1.156	0.687	-1.68
	Employer	-0.974	0.717	-1.36
TC	Academic	-1.024	0.434	-2.36*
	Student	-0.929	0.378	-2.46*
	Service User	0.634	0.687	0.92
	Employer	0.715	0.717	1.00
AEBI	Academic	-1.312	0.434	-3.02*
	Student	-1.496	0.378	-3.96*
	Service User	-1.695	0.687	-2.47*
	Employer	-0.479	0.717	-0.67
PS	Academic	-1.599	0.434	-3.68*
	Student	-1.254	0.378	-3.32*
	Service User	-0.07	0.687	-0.10
	Employer	-0.052	0.717	-0.07
RA	Academic	-1.191	0.434	-2.74*
	Student	-2.102	0.378	-5.56*
	Service User	0.352	0.687	0.51
	Employer	-0.248	0.717	-0.35
IE	Academic	-0.51	0.434	-1.18
	Student	-0.851	0.378	-2.25*
	Service User	2.163	0.687	3.15*
	Employer	-0.134	0.717	-0.19
EI	Academic	-0.852	0.434	-1.96*
	Student	-2.242	0.378	-5.93*
	Service User	0.403	0.687	0.59
	Employer	-1.395	0.717	-1.95

* $p < .05$