

This study was undertaken by the University of Gloucestershire, 2019.

# Becoming a Nursing Associate

A narrative study of working and learning

Dr Liz Berragan<sup>1</sup> and Samantha Hughes<sup>2</sup>

University of Gloucestershire

<sup>1</sup>*School of Health and Social Care*

<sup>2</sup>*School of Natural and Social Sciences*



UNIVERSITY OF  
GLOUCESTERSHIRE



**Gloucestershire**  
Clinical Commissioning Group

**Contents**

Acknowledgments..... 3

Funding Declaration..... 3

Citation..... 3

Executive Summary..... 4

Introduction ..... 6

    Aim of the study..... 6

Ethical considerations ..... 7

Method ..... 8

    Design..... 8

    Participants ..... 8

    Materials ..... 8

    Procedure..... 8

    Data analysis ..... 9

Findings ..... 9

Discussion .....26

Conclusions and Recommendations ..... 31

References ..... 34

Appendices..... 41

    Appendix 1 Interview schedule..... 41

## Acknowledgments

We are indebted to Dr Joy Darch, Dr Marion Andrews-Evans and Professor Hazel Bryan for identifying the possibilities for this study and championing and supporting its progress. Our thanks and appreciation also go to all of the participants who shared their experiences with us and who provided such valuable insight into their experience of the nursing associate pilot programme. We would also like to thank Nursing Associate Andy Barnes (a member of our first trainee nursing associate cohort) who worked with us on the data analysis process.

## Funding Declaration

The study was supported by funding from Gloucestershire Clinical Commissioning Group and The University of Gloucestershire Research Priority Areas: Sport, Exercise, Health and Wellbeing and Learning and Professional Contexts.

## Citation

To reference this report, please use the following citation: Berragan, E. and Hughes, S. (2019). *Becoming a Nursing Associate: A narrative study of working and learning*. University of Gloucestershire, U.K.

© 2019 Copyright of the University of Gloucestershire. This document and the contents thereof are the Copyright of the University of Gloucestershire and shall not be copied in whole or in part, by any means, nor distributed beyond the addressee (or their authorised representatives, having need to know such contents, for the purposes of which the document was provided) without prior consent of the University of Gloucestershire.

## **Executive Summary**

### **Introduction**

This report explores the experience of becoming a nursing associate from the perspective of trainees who enrolled onto a Nursing Associate Pilot Programme at the University of Gloucestershire.

### **Aims**

The aim of the study was to explore the trainees experience of working and learning through the programme. We also sought to establish the role of the programme in relation to widening participation and access to learning from the student's perspective. Finally, our intention was to provide qualitative data to support the ongoing development and delivery of the programme both locally and nationally and to support future policy development in relation to workforce recruitment, training and retention.

### **Method**

This study adopts a narrative case study approach reflecting the different perspectives of becoming a nursing associate at an experiential level. Qualitative data was collected through semi structured interviews during the programme and focus group conversations conducted at the end of the programme.

### **Findings**

Eight themes emerged from the analysis; four related to the challenges associated with the NA programme and four related to positive aspects of the course. These were: lack of awareness of the NA role, perceptions and attitudes towards NA role, placement structure and organisation, lack of work-life balance (impact on health and well-being), learning and gaining knowledge, enhanced self-confidence, support for learning and working and, increasing awareness and information of the NA role.

### **Conclusions and Recommendations**

The Nursing associate pilot programme has had a significant personal and professional impact upon participants in this study. The TNAs reported a growing sense of self-awareness and enhanced self-confidence. Recognition of the growth of academic and practical confidence and competence was also highlighted where students identified personal examples of self-belief and persistence in their journey towards Nursing Associate status. Engagement with peer collaboration, role modelling and social participation in university and in practice placement environments supported the development of professional identity, this was enhanced through participation in the programme. In relation to widening

participation and access participants felt that a place on the nursing associate pilot programme offered opportunities for their future careers.

Whilst there is much to celebrate, there are also a number of areas that warrant further discussion and evaluation. It is clear that awareness of the nursing associate role is an area for further thought and activity. Whilst considering awareness of the nursing associate role, recruitment for future cohorts and retention of those who have recently registered with the NMC is a crucial focus. This piece of work has revealed some of the vital features required by students engaging with apprenticeship learning models in healthcare. These include protected time for learning, supernumerary status and professional identity (worker and/or learner status). A focus on the learning environment should also consider approaches to mentorship, practice assessment and placement models.

Given the interest in this piece of work and others locally and nationally, a South West collaborative programme of evaluation and research offering a view of the long-term effectiveness of the role will be our next step.

## Introduction

This report explores the experience of becoming a nursing associate (NA) from the perspective of trainees who enrolled on a Nursing Associate Pilot Programme at the University of Gloucestershire. The aim of the study was to explore their experience of working and learning through the programme. We also sought to establish the role of the programme in relation to widening participation and access to learning from the student's perspective. Finally, our intention was to provide qualitative data to support the ongoing development and delivery of the programme both locally and nationally and to support future policy development in relation to workforce recruitment, training and retention.

Nursing has been inundated with challenges and changes which have according to some commentators (Buchan, 2017; Glasper, 2018) caused ambiguity and instability for a number of years. These changes include the phasing out of the enrolled nurse role (Briggs, 1974); the move from schools of nursing to higher education and Project 2000 offering diploma and degree level nursing programmes (Greenwood, 2000; Carpenter et al, 2012), and the move to all degree-level nurse education. Difficulties with recruitment and retention compound the situation and suggest that the profession will continue to face challenges for some time to come. The increasing requirement for registered nurses (Francis 2013), reductions in training places (Stubbs, 2015), retirements and resignations and the Brexit effect have combined to create a deficit of what has been estimated could be as much as 40,000 (Lintern, 2017, Rafferty, 2019). In 2015, Lord Willis published his Shape of Caring Review which sought to address workforce concerns and suggested, as one of the recommendations, a care role that would act as a bridge between the unregulated care assistant workforce and the registered nursing workforce (HEE, 2015, p63).

Further detail about this "bridging role" was unclear with healthcare organisations, commentators and authors offering their own suggestions which included: a role intended to address a skills gap between health care assistants and registered nurses (NMC, 2019); akin to the enrolled nurse position which was phased out in the 1990s (Aiken et al, 2017), a cheap substitutes for nurses (Brindle, 2018).

In December 2015, the Government officially announced the plan to create a new nursing support role. This new role was developed to educate practitioners who would work alongside care assistants and registered nurses to deliver care, focusing on ensuring that patients and service users receive the compassionate care they deserve. Its introduction, according to Health Education England (HEE) (HEE, 2016), has the potential to transform the nursing and care workforce providing clear entry and career progression points and addressing the needs of patients, trainees and the service (Willis, 2012; Francis,

2013; Cummings, 2016).

A national curriculum framework for nursing associate education was published by HEE in November 2016. NHS England commissioned a number of partnership sites to deliver over 1000 nursing associates (first pilot phase), those courses began in December 2016. A second pilot phase began in April 2017 and the University of Gloucestershire were part of this second phase enrolling 33 students onto the programme. HEE suggest that the creation of this career pathway offers opportunities for existing health care assistants to develop their skills and offers job satisfaction to those who want to progress in the nursing profession (HEE, 2016). They highlight a desire to create a new type of care worker with a higher skill-set to assist, support and complement the care given by registered nurses (HEE, 2016).

There has been a range of opinion shared in relation to this new role from across the health and social care field in the UK (Ball, 2016; Gasper, 2018; Leary 2017; Lintern, 2017; Roulston and Davies, 2019). However, as a new and emerging role, whilst there will be different views shared, it is important to examine and evaluate the experience and effectiveness of the programme from the perspective of those who are enrolled on the course. This report offers such a perspective and highlights the local experience of a small number of trainee nursing associates (TNAs).

## **Aim of the study**

This study aims to explore the experience of becoming a nursing associate from the perspective of trainees who enrolled on a Nursing Associate Pilot Programme at the University of Gloucestershire.

To address the aim of the study, this study has three objectives:

1. To explore the experience of working and learning for a small group of trainee nursing associates
2. To explore the role of the programme in relation to widening participation and access to learning from the student's perspective
3. To provide qualitative data to support the ongoing development and delivery of the programme locally and nationally and to support future policy development

## **Ethical approval**

The study received ethical approval in April 2018 from the University of Gloucestershire's Research Ethics Committee (Ref: REC 18.48.3.2).

## **Method**

### **Design**

This study adopts a narrative case study approach reflecting the different perspectives of becoming a nursing associate at an experiential level. Qualitative data was collected through semi structured interviews during the programme and focus group conversations conducted at the end of the programme.

### **Participants**

Twelve individuals, all female, with a variety of prior experience in the Health and Social Care field (ranging from 2 to over 35 years and spanning adult, mental health, acute, community, private, independent or voluntary, and NHS services) participated in this study. Of the 12 individuals only one had previous experience of studying at Higher Education level.

### **Materials**

A semi-structured interview schedule (Appendix 1), informed by current literature (Denzin and Lincoln, 2017; Stake, 2017) was devised by the study team to guide the discussion in accordance with the aims of the study.

### **Procedure**

Individuals who were enrolled onto the University of Gloucestershire Nursing Associate Pilot Programme, who began their course in 2017 and had completed their first year of training, were invited to participate in the study. The cohort were invited, both via email and face-to-face at University seminars, to share their experiences of the programme with a member of the study team. Individuals who were interested contacted a team member and suitable dates and times to conduct the interviews were arranged by email communication. The interviews were carried out following a semi-structured interview schedule (described in the methods section above) in a quiet space at the University of Gloucestershire's Oxstalls Campus between October 2018 and February 2019. The interviews lasted between 29 minutes and 1 hour 5 minutes and were recorded using a Dictaphone. The recordings were transcribed verbatim. A focus group was held in April 2019 enabling participants to share their experiences of the programme having completed their timetabled studies.



## Data analysis

The transcripts were analysed using inductive thematic analysis techniques (Braun & Clarke, 2006, Nowell et al., 2017).

These included the following phases:

1. Familiarisation with the data - transcripts were read and re-read, with brief notes recorded to create preliminary ideas for the next phase of the analysis.
2. Codes of interest were generated by extracting and collating pertinent excerpts of the data.
3. Emerging codes were organised into broad themes that reflected the content and meaning of the data, and reflected the study aims and objectives.
4. Themes were reviewed and refined in relation to the generated codes and the entire data set.
5. Themes were labelled and defined, attempting to capture the essence of the data it contained.

NVivo 11 was used to manage the storage and data analysis process.

## Findings

Findings that emerged from the data analysis are presented in themes. Due to the small size of the group, it must be noted that these outcomes are not generalizable. Furthermore, the small size also means that anonymity is difficult to maintain, and therefore we have not included pseudonyms or reference numbers to quotations (Guenther, 2009).

Eight themes emerged from the analysis; four related to the challenges associated with the NA programme and four related to positive aspects of the course. These together with the related subthemes are presented below:

1. Lack of awareness of the NA role
2. Perceptions and attitudes towards NA role
3. Placement structure and organisation
4. Lack of work-life balance (impact on health and well-being)
5. Learning and gaining knowledge
6. Enhanced self-confidence
7. Support for learning and working

## 8. Increasing awareness and information of NA role

### **Lack of awareness of the NA role**

All of the participants perceived that there was a lack of information regarding the NA role. Not only did this limit awareness of the role's existence, *"I feel like nobody has really heard of [the NA role]"* but additionally, it created confusion over the purpose and expectations of the TNAs. The quotes below highlight how other staff's lack of understanding and clarity made it particularly challenging for the TNA's to carry out their role and, in some instances, they felt limited their learning:

*"No-one really knew what was expected of us and what the role actually entailed...So the first six months I was kind of doing what I was doing as a healthcare assistant; it was very difficult."*

*"So...people not knowing what we do, what we can do. It was very difficult to get learn[ing] opportunities in placement, definitely."*

*"Nobody knows what you are. Nobody knows what you're doing. Nobody knows what you're supposed to be doing, or what you shouldn't be doing. And you have to go through the whole spiel in your head. Well, I'm a trainee nursing associate...."*

However, it was not only the other staff's lack of awareness that the students acknowledged as challenging, but also their own. One person describes this below:

*"Other staff couldn't quite find the difference [between] me as a healthcare assistant to a trainee nursing associate. It wasn't just them, it was myself really; it was really hard to like transition over and understand what I needed to do and what I couldn't do."*

A further factor that was perceived as particularly challenging for the TNA's was the amount of time that it took for the Standards of Proficiency Guidelines to be released because this created uncertainty around the role, as one TNA describes:

*“We had no definition of what the role was going to look like. So, it was very uncertain and I think I struggled with that. I think a lot of people did because you’re going into the unknown.”*

Another participant expressed that for them, the delay in publishing these guidelines had a detrimental impact on their opportunity to learn:

*“It was very difficult. [The standards coming out so late] hindered our learning...because it was time wasted...they could’ve brought it out sooner and had everything planned and it would’ve enhanced my learning rather than hindered it...I could’ve had more experiences than I was having then.”*

However, although the perceived lack of understanding of the role was viewed as *“annoying,” “frustrating” “confusing” and “tiring to explain”* a number of the TNA’s accepted that this was inevitable *“[be]cause [the programme was] a pilot”* and consequently *“the goal posts were [bound to] move on numerous occasions.”* They also went on to acknowledge that *“since [the] NMC has released the skills annexe... it’s going to be a lot easier for the next cohorts coming in”* because there will be more clarity regarding expectations of the role. Although, highlighted in the quotes below, it was recognised that in order for understanding and awareness of the role to be enhanced, not only for the staff and the students themselves but also for the wider community, more and a wider dissemination of information is still required:

*“A lot of the patients I looked after were elderly, so either they didn’t have access to the internet to know what was going on and what the new role that was coming in [was] and it wasn’t on television, it wasn’t in the newspapers, it was all internet-based to publicise it. So not many of them [were aware of TNA’s].”*

*“There still needs to be a lot more [information] out there in the media and generally in hospitals and all the care settings, what is a trainee nursing associate, what can they do, what can’t they do?”*

*“They need to make a poster on each ward, “you are going to have one of these [a TNA] coming to your ward, this is what [TNA’s] can do, this is why we bought them in” because people in the*

*staffroom will stand there and they'll read things, but so far, I've not seen any boards with anything about [TNA's]. There's a big board for student nurses, there's nothing about TNAs."*

*"I think more needs to be in the media generally, like nationally, for it to sort of filter through locally as well. Maybe...a poster on the wards and they would put it up and say, who are we? What do we do? Now that they know more, perhaps the standards of procedures and requirements and all that could be put up in the wards. Because they are now official."*

### **Perceptions and attitudes of NA role**

As a likely consequence of the lack of awareness and information regarding the NA role, the participants reported a number of inaccurate and / or "negative" perceptions and attitudes towards the position. Firstly, some people who had been in the nursing profession for some time perceived the TNA's to be "like the old enrolled nurses." In such cases there seemed to be "a lot of cynicism" about the NA role because the state enrolled nurses had previously "fizzled out". Although this was "frustrating" for some of the TNAs, it was interesting that they too defined the NA role as "an old state nurse" when attempting to describe it to others because, as one person stated, "it is the only way I can think of explaining it to people [so] that they kind of understand." Secondly, the TNA's were viewed negatively because other staff members were fearful of the implications that this new role would have on their future career. This is highlighted in the quotes below:

*"Some student nurses I found were a little bit negative [be]cause they were frightened that we were going to take their jobs."*

*"I've had nurses say I'm not going to help you because you're here to take my job."*

*"I think I was seen as a threat from the Nurses because there was this stigma that we were coming along and stealing all their jobs."*

Thirdly, the TNA's were perceived to be "student nurses" by a number of people. Although one participant stated that this "is absolutely fine because we're students, we are all students" they also recognised the need to distinguish their role from that of a student nurse so that people's expectations of what they are

required and not required to do is clear. However, as depicted by one participant below, trying to challenge these assumptions was particularly difficult and consequently, the TNA's often gave up trying:

*"Some people just call me a student nurse all the time. I don't know how many times you can correct somebody, you just get to a point where you're like, "Right, okay, we're done!" We're done correcting people...you know, when you get like, "This is the fifth time on this shift that you've called me a student nurse!""*

The above discussions highlight the difficulties in attempting to change peoples pre-established ideas and assumptions as to what the role entails.

### **Placement structure and organization**

The TNA's perceived that returning to their original workplace (i.e. the ward that they were working on prior to enrolling on the course) for their initial placement was *"pointless."* The students felt as though they had an already established identity as a Health Care Assistant (HCA), having previously worked in that environment, and thus the staff struggled to view them as anything other than an HCA. This is depicted in the quotes below:

*"I think everybody was [back in their original environment]. Where we had been as a healthcare assistant. And...you just felt like a glorified healthcare assistant. Because I'm not getting to do any more than what I [was] doing, and people's perceptions of me and my colleague who was also on the same ward...wasn't really any different. It was just like, oh yes, it's you guys again. We weren't really seen as students, we were just seen as oh, they're back again, they've obviously been on annual leave or something. Which we hadn't, we'd been doing the [course]."*

*"People just go back in and it's like oh it's [name] the healthcare assistant, not [name] The trainee nursing associate. It's difficult to suddenly change your identity to people over night... and people look at you sometimes with the same expectations which is really frustrating."*

In the discourse below one TNA continued to suggest that going onto a new ward for their first placement may have engendered a more positive experience for them as well as for other people that were involved in the process:

*“I think...if you went somewhere else...as soon as I went to my second base, it was like a whole new world had opened up to me because I wasn’t [name] the healthcare assistant, I was [name] the TNA, and I didn’t have to work that identity because I’d come in fresh. They didn’t know me before. So, although it would have been putting us out of our comfort zone straightaway, I think that would have helped...And actually some of the people that would have gone to my base instead of me if that had happened, might have given them a clear idea of what they should be expecting of me as well when I went back.”*

A further organisational factor that was challenging for the TNA’s was that they were counted “in the healthcare assistant numbers.” As such, they had very limited time and opportunities to “actually assist the nurses with the tasks that [they are going to] being doing when they qualify.” The statements below highlight the difficulties in trying to negotiate the role of a TNA while also being counted in the HCA numbers:

*“Because we are in the healthcare assistant numbers...if I get a chance I can do extra with a nurse, but if I don’t, I’m a healthcare assistant. You know, Monday I was the only one for a ward of 39 patients, so there’s no opportunity, you are seen as, and other people see you as a [HCA].”*

*“I didn’t get much protected learning time...it wasn’t a choice; it was just because of the pressure of the ward and the [nurses not being able to] give me the time and make the ward safe at the same time. I did a couple of handovers; I went on maybe two or three drug rounds. I did a couple of in-house training with the Trust but it was quite difficult to get that experience on the ward because of the pressure of the ward at the time.”*

*“So you’ve kind of got a healthcare assistant role while trying to get learning opportunities for yourself and if you’re on a really busy ward, it’s very, very difficult. You get like a crossover between shifts where there’s like two hours where you’ve got the early staff and the late staff on but then if you get staff that’s on long days, the numbers are reduced even more.”*

While the students accepted that being counted in the HCA numbers was not necessarily negative, they proposed that the introduction of “protected learning time” would further promote their development:

*"Having just one day a week or one day every two weeks where you're stepping out of the numbers where you can actually assist the nurses with the tasks that we're gonna be doing when we qualify would help tremendously."*

*"In a way [being] within the healthcare assistant numbers, it also benefits...[you] get the one-to-one-patient care. Whereas with the students sometimes you would follow a nurse and if they don't get chance of that patient contact you won't experience it. So maybe having one day where there's a set day when you're with other staff and not in the numbers that would benefit, I think a bit of a mixture would maybe more beneficial."*

However, the TNA's did state that when they qualify the NA "would have to be a role in its own right" if it is to be effective long-term:

*"We couldn't be in the healthcare assistant numbers once we are qualified. We also couldn't be in the nursing numbers...it's going to have to be [introduced] carefully because [otherwise] it's just going to flop"*

The students stated that "we didn't get any choice [over our] placements." This was a further challenging factor expressed by the TNA's for a number of reasons including:

1. It restricted their learning opportunities:

*"As an individual I've found my placements haven't really been very... I've come from an acute setting so acute medicine is my background I've done that for a long time, my first two placements were acute medicine which that's great if I'm gonna stay doing acute medicine. I didn't learn...I did learn things from it and I did gain from the experience 'cause I was there in a different role but I didn't feel I got as much out of it as I could of"*

2. The placements often lacked relevance to the student's future career aspirations:

*"Mental health, yes, we all need to do a placement, but I think they need to look into our experience before this course. I did 2 years in mental health, I left it for a reason, I'm not going back into it, I don't need to do 6 months. I felt very uncomfortable where I was placed...I just*

*think maybe they need to look, for the future, look into where people have come from and see what is actually going to help their role in the Trust they are going to go into, like a health visitor placement, let's be honest, isn't really going to help me going forward in an acute setting."*

3. The placement settings, on occasions, provoked safety concerns:

*"I had such a bad experience on my spoke [placement], I got threatened by a patient, and...I was really scared, and the OT said, right okay, this patient is making threats against you, walk with me, keep your hand on your alarm at all times, I'm going to take you to the office, don't open the door, don't come out. You know, just stay in there. Keep the doors locked, keep your alarm on...For me, that's really scary because I'm not used to it...it massively freaked me out."*

4. Some placements were detrimental to the TNA's health and well-being:

*"Well for me, I mean...I just went home and cried and cried and cried, because I hated it so much. I mean, I've had my own mental health problems ongoing for like 9 years now, and for me [the placement setting] was like a massive trigger. I was in a bad place, and over the summer when they said oh you've got to go back there, my hair was coming out, I wasn't sleeping. I was just completely in a real state."*

*"I got told I failed one of my assignments at the same time I got told I was going to that placement, and it was like my whole life's going off a cliff."*

*"I had an operation last year...And I asked to swap my SPOKE, and I couldn't swap. They said, "wherever we put you now, there's no other thing" ...Well, let's be realistic, they could have put me anywhere, other than health visiting, there are numerous different jobs that I could have done and it would have been less pressure, [be]cause I had some health problems...and I had to come back earlier than I should have...to keep up with hours and to keep up with Uni days."*

The TNAs expressed that more consideration needed to be placed upon understanding them as a person, and that placements should be allocated based on their individual needs and their prior experience. This is highlighted in the quotes below:



*“At one point I felt like we were just pegs being put in holes. And I thought no, it shouldn’t be like that. It should be looking at each person individually. Because we are all very strong characters and we are all totally different. You know, and we’ve all got what we like and what we don’t. I mean I love palliative, but some people would absolutely hate that. So, I think they just need to recognise [that].”*

*“My friend who’s in mental health, got placed in a community hospital. And you know, for him that was not a good fit. For me it would have been great, I would have been singing and dancing every day. But, I think they need to spend more time matching people to the appropriate areas, and especially because it was our last semester, I thought well even if my mental health issues and my fears and anxieties and all that, weren’t an issue, I still wouldn’t want to go there as a base for my final placement, because that’s getting me ready for a job that I will never do. I think they’ve got to look at what is actually relevant and reasonable for people.”*

#### **Lack of work-life balance (impact on health and well-being)**

All of the students identified difficulties in trying to balance the course alongside their home and social life. In the excerpts below, the TNA’s depict how their perceived lack of work-life balance negatively impacted their physical, social and emotional health and well-being:

*“[The course is] very challenging, because it’s a full-time course in one day a week... [so I am] doing a lot of it in my own time. It’s tiring and stressful.”*

*“It’s been horrendous. We just don’t have time, that’s the biggest issue... We work 37.5 hours a week...so all of our assignments have to be done in our own time. I have three children...that I need to look after, so it is tough...I look after my grandparents as well and I feel like I haven’t done what I should have been doing for them for the past 18 months.”*

*“It was so difficult to manage my time with my family and my friends. It got to a point where I didn’t see my friends for like three months [be]cause I was so busy with work and everything else.”*

*“Trying to find time to do Uni work on top of social life; it is a nightmare. It’s really, really hard.”*

*“Time wise I don’t have any free time anymore...I do find that I’m either at work, I’m at university or I’m sat on a computer at home, I get very little free time to actually do things that I used to do...I don’t spend as much time doing things with my grandchildren, I don’t take them out like I used to financially and time wise... My husband moans he doesn’t get my attention as much as he used to but then I think he’s just getting old and grumpy!”*

*“I think I’ve lost a lot of people in my personal life and stuff because of the course, because I’ve not been able to see people...I’ve lost a lot for this and I can’t at the moment see that it’s actually been worth it.”*

*“It is a struggle to try and fit in parenting duties and everything. I did a lot of my assignments when my son was playing drums, in his drum lessons I’d just sit in the corner and just ignore everything. As they’ve got older it’s harder [be]cause they don’t go to bed so early so you can’t do it after bedtime. My partner’s been very supportive as well. But...it’s not a very nice me sat there on the computer until half ten, 11 o’clock at night when we should be watching TV together or chatting and things like that.”*

These views highlighted the significance and impact that the TNA programme contributed towards their ability to balance personal life, roles and responsibilities with their programme of study.

### **Learning and gaining knowledge**

The students had the opportunity to work in a diverse range of settings. Consequently, they were exposed to, and able to learn about, a variety of roles and specialties. This was not only enjoyable for the TNA’s but additionally, it challenged the student’s perception of healthcare and their role within it. This is depicted in the quotes below:

*“I love it! I love it! I had a placement in Recovery to begin with, and that massively changed my mind about my career and everything. Don’t get me wrong, I’m going back into mental health, and I’m gonna do mental health nursing, but I’d like to be dual trained. It’s massively opened up my eyes to something different. And then I had Neurology and then I had a Community Hospital. And then I’ve had health visitors, I’ve got that district nursing thing, and my BASE placement,*

*which is supposed to be mental health actually. Another was a community hospital, physical health for older people. So, I've had a lot of variety in respect of the different places, I've enjoyed the difference experiences."*

*"Seeing the different specialities, I think has been really good, the idea that you get to do one medical, one surgical. For me it means that although I started the course thinking I never want to work on a ward, I never want to do anything like that, now there are definitely some of the specialities that I've worked in that I could work on very happily, which I didn't expect."*

Furthermore, the TNA's no longer felt constrained by their duties as HCA's and thus they were able to progress and develop new skills and competencies that they previously had not had the opportunity to pursue. One individual describes their experience of this below:

*"[The best part of the course for me has been] being able to progress on my learning and gaining more skills to help with patient care...As a healthcare assistant you're very much doing certain jobs, whereas since we've come out of that role, we've been able to do a little bit more of what the nurses can do; so like catheterisation and compression bandaging, those types of things. So those extra competencies we can put into practice and getting the knowledge behind them as well."*

As highlighted above, the TNA's appreciated their opportunities to learn new skills and additionally, valued the opportunity to be able to develop the knowledge and understanding underpinning specific procedures and guidelines; this was viewed as advantageous. The following dialogue supports this view:

*"You know, I mean before I would do a set of obs on somebody and I'd be like you know, there's [the] blood pressure, there's the pulse, there's the heart, there's the respirations or whatever. And now, I can look at it and go hmmm that looks a bit high, or that looks a bit low. Or, what have they just been doing, or what time of day is it? What medications have interacted with it...And you think actually, well why do we do this? And then you realise...And so that bits really useful."*

*"I am having to be academic .... to think things through ... to use the learning from class and use it for my patients. At first, I thought I was never academic ... I could do the practical nursing things but not the academic side ... now I am doing it, I'm being challenged, I need to know what I am doing and why".*

*"Yes, when I get to graduation that's when it'll really sink in .... I am using my learning, I know more of the reasons behind it ... I am being academic, finding and using evidence ..."*

Having the opportunity to work across a range of different settings meant that the TNA's were able to transfer the knowledge that they had gained from one area and apply it in another. In the quote below, one participant shares their experience of knowledge transference and highlights its value in practice:

*"I've been able to go into mental health and it really brought to light some of the issues that I'd had with some patients in acute medicine. So one of my main placements was back in acute medicine and I was able to take that new information, new learning back and it gave me a whole different way of looking at mental health patients coming in who were acutely ill...[For example] I've got a patient who came into acute medical admission unit who was suicidal who was getting quite verbally aggressive, I was able to sit down with him and divert his mind and calm him down, just stop him leaving the ward at the time, for the rest of the time that I was there so that was quite good."*

### **Enhanced self-confidence**

All of the participants stated that they gained confidence as a result of undertaking the programme. They went on to suggest that this had a positive effect upon autonomy, patient and service user engagement and using their initiative in delivering care as is described below:

*"I've grown in confidence, I've gained loads of confidence because of this course. I would go into a placement and hardly talk to anybody...now I talk to [everyone] and [my role] fits in, I just get on with [the job]. I think my attitude has massively changed in these past two years, I've grown as a person and gained that bit of confidence in myself."*

*“I’ve got more confident. I won’t just sort of stand there in the corner going oh I don’t really know, and I don’t really want to ask [as I would have before. Now] I’ll go, right, what do you want me to do? Is there anything I need to be doing? Or, what’s that you’re doing, can I come and watch?”*

*“I think as I’ve gone forward with [the course] the more confident I’ve got and the more initiative I’ve taken on the ward.”*

*“Each time I pass an assessment I am like ... I know more, I’ve proved it, I feel more confident, I am getting there ... I am competent” .... “Yes, I know what you mean – you feel good, confident, ready for the next thing ...”*

Student’s recognition of self-confidence helped them to seize opportunities and to execute their role with initiative; it has also enabled them to engage with patients in a more assured manor:

*“I think knowledge is power and because we know more now, we’re able to come across to our patients like we know what we’re talking about. So, we can reassure our patients, we’ve got confidence in talking about what we need to talk about and we don’t have to say, oh I don’t know about that, we can see the whole [patient journey] through.”*

*“I can explain better to relatives who ask questions. I don’t feel frightened about it if somebody asks me a question [anymore]. I feel quite confident in replying or if I can’t, I now know where to go to find out the answers.”*

The students enhanced self-confidence enabled them to recognise the possibilities and opportunities for learning as they developed the skills, knowledge and demeanour of a Nursing Associate.

### **Support for learning and working**

The support that the participants received from each other and the University throughout the course was perceived to be important. The TNA’s described a range of approaches to support which included:

Peer support:

*"We couldn't have done it without each other, ... being there for each other when one of you is going through a tough time, failed an assignment, ... has a tricky placement. Its being there for each other".*

Academic support:

*"I struggled...I've never been in a higher education setting [before], I didn't particularly do very well at school either. So it was a big learning curve for me. But I think the university have been really supportive with the academic side."*

*"They've helped us to kind of want to learn, to do it for ourselves, to do the reading and write the assignments, to know how to study and to keep going when it feels really hard."*

Emotional support:

*"It was actually the university who stepped in [when I was having problems with placement]. Like seriously, she was like, "well we can't have that, you were obviously in distress". She was kind of joking and saying well .... "we can't leave you off the course". Because at one point practice said that I might have to step off the course. And I felt they were asking me to choose between my health and my career? And I just wanted to duvet cocoon myself...[But] the University were incredibly supportive. Really good."*

Organisational support:

*"I think the lecturers themselves...I mean fair play to them, because they've had nothing but winging usually given back to them. And they put in so much effort with us. And I just think actually, credit where credit's due, they have really tried like 110% to make this manageable for us and to make sure we're happy. Every semester, every module, every time we all give feedback and they actually say, okay, right, we've taken this on board and we're going to do this this way now and...they have been pretty good at listening to us and making improvements."*

*"I've found the group really supportive, encouraging me to keep going ... that's really helped."*

One TNA continued to highlight the importance of feeling listened to and supported stating that *“that is what has held [the cohort] together really [and got us through the course], rather than the placements or anything else.”*

### **Increasing awareness and information of NA role**

Participants acknowledged that whilst they had identified some issues with perceptions and attitudes towards the NA role, awareness of and information about the NA role was gradually increasing as they progressed through their programme. Visual cues contributed significantly to the perceived increase in awareness. In the excerpts below, two of the participants state how the introduction of a distinct TNA uniform prompted questions and recognition of the role:

*“I think once we got the uniforms, it was a bit easier, because we were then distinguished from the healthcare assistants. But also, from the nurses.”*

*“A lot of patients have questioned what the role is because we wear a different uniform...they’re keen to know about the role [and] keen to know what we’re going to do.”*

Furthermore, depicted in the extracts below, the participants perceived that the consistent presence of TNA’s on certain wards helped to raise recognition of the role:

*“It is good actually to be seen on the wards because then at least patients are getting a bit of an idea like, okay there is something else [TNA’s] out there.”*

*“With regards to familiar[ity]. You’ve had one [TNA], you’re gonna have another, you’ve had another, you’re gonna have another. And I think just that continuity of us going in has helped [to raise awareness].”*

*“I think with more wards having TNA’s understanding [will increase] and then with us going into post, I think it will [help even more].”*

Word of mouth and the presence of authoritative figures has also helped to enhanced the TNA’s profile:

*“So, [someone said to me] “you can tell you're a student nurse”, I went “no, I'm a trainee nurse [associate],” and then over time, [people started to say] “you're one of those TNA's, aren't you?” ... so [people] are getting it now, slowly people are [getting it].”*

*“I've had a few people actually say...my friend really wanted to go into that role [NA]. How did you get into it? Even patients have said...I'd quite like to get into nursing, did you find this was good or...my friends really interested, and my cousin...”*

*“It was quite nice the other day because we had [name], the Director of Nursing, just pop up on the ward. And she's like oh here's one of our trainee nursing associates.”*

Moreover, the publication of the nursing associate proficiency standards (NMC, 2019) represented a significant turning point in the appreciation and acceptability of the NA role:

*“When we started the course we didn't really know [about the NA role] ourselves. It was very much jumping in at the deep end...whereas now we've had...the nursing proficiency standards from the NMC... we can present “this is what I'm here to do, this is what I can do. This is what I still need to do and I need to learn.” So that's been really helpful having that information, something in print from, a recognised board that people understand.”*

*“I think we were as informed as we could have been at the start, but we didn't really [understand]...since then the standards have come out and the NMC have released a lot more information about [the TNA]...So, I suppose now, we do know a bit more about it...I mean you can come [onto our ward] and [people] will go oh yes, nursing associate, oh yes, yes.”*

*“Since NMC has released the skills annexe...documents about what they expect us to do and what our Trusts would expect from us...there's been a lot more, “oh well that's fine I can take you to do this,” or the [other staff] kind of treat you more like a student rather than just a healthcare assistant. So that has helped.”*



However, the participants did appreciate that, as with any change, the integration of the NA role will take time; *“I think it might take a couple of years and a few cohorts”* to become established within the practice environment.

Nevertheless, regardless of their experiences of the TNA programme, all of the participants perceived that it had helped them to progress, both career wise and in terms of their self-development, from where they had been prior to enrolling onto the course. Consequently, as depicted in the quotes below, the students were pleased and grateful that they had pursued the course:

*“[The course] has been hard, it's been stressful, I've had a lot go on in the last two years, good and bad...and I've had a lot of ups and down in certain placements as well, but I'm glad I did [the course]. I have gained confidence in myself and gained a lot of knowledge in Uni and from placements, so I'm glad I did it.”*

*“The way I see it is, I'm better off now than what I was. Because, when I was a healthcare assistant, I was Band 2. Just for being on the course I got put up to Band 3, which was then more money...But also, I know a lot more now. I've had a lot more experience and I've met a lot more people.”*

*“I'd like to go on and qualify as a nurse [but] if I were to stay at this role at the end of the day it's still a progression...so it's always going to have been worth it.”*

*“I am so excited to start my new role as a Nursing associate – they've [the ward] already told me they are looking forward to me starting and I've got a nurse already assigned to me who'll be helping me through the first few weeks. They've seen us go through the course, they know what we can do ... I think it will be great to have more NAs on the ward as other groups finish”.*

These narratives offer a snapshot of the lived experience of the trainee nursing associates who volunteered to share their views and opinions with us. For all of the participants in the study this was an opportunity to share personal and professional experiences of the impact of the nursing associate pilot programme; in doing so they were able to articulate their challenges and accomplishments through the programme.

## Discussion

### Exploring the experience of working and learning for a small group of trainee nursing associates

To enhance the discussion of our findings, we have taken the eight narrative themes which emerged from the analysis and condensed them into three key topics offering a focused consideration of our findings.

#### **The Nursing Associate Role: perceptions of a new role for healthcare**

Participants were unanimous in their observations of understandings and interpretations of this new role by both health and social care colleagues and by the public. At the beginning of the pilot programme TNAs sensed that they were having to clarify to colleagues and patients and service users the functions and boundaries of the nursing associate role. This is not altogether surprising recognising the time required for new roles to become established and understood and acknowledging the proliferation of roles and job titles within the nursing workforce (Leary et al., 2017). The TNAs felt that clarity and support to introduce their role was needed, which whilst ostensibly provided by the NMC (Glasper, 2018) was less obvious to them locally. In addition to this, initial published discussions of the nursing associate role by healthcare organisations, commentators and authors offered varying and different suggestions about the new role including: a role intended to address a skills gap between health care assistants and registered nurses (NMC, 2019); akin to the enrolled nurse position which was phased out in the 1990s (Aiken et al, 2017), and a cheap substitute for nurses (Brindle, 2018). It was in this context with a range of comments being shared about the nursing associate role, that the participants commenced their programme of study.

Whilst recognizing the initial challenges highlighted by their peers, participants in the focus group offered an improving view of perceptions of their role. Some TNAs took the opportunity to adopt an informal nursing associate ambassador role (NMC, 2018), seizing the chance to explain their role and responsibilities and in doing so gain confidence, developing their professional habitus (Bourdieu, 1990; Berragan, 2013a) and beginning to establish their place within the healthcare team. Drawing upon this ambassadorial approach and profile development from the participants themselves, there is a sense that more support for the role from within local organisations is still needed. Helping others to understand the breadth of the role and the impact that it could have within local healthcare teams was highlighted as important by the participants. This has been a feature for other TNA cohorts in England (Coghill, 2018, Davey, 2019).

### **The professional impact of the TNA pilot programme**

All of the participants, through interview dialogue or during the focus group discussion, highlighted their enhanced self-confidence. For this group of trainee nursing associates there was a sense not only of learning but also the notion of starting to know nursing (Berragan, 1998). The opportunity to build upon previous foundations of healthcare work and to question previously held assumptions about care (Song, 2016), enabled these TNAs to develop their self-awareness and self-belief, often illustrated in their narratives with descriptions of taking learning from university and putting it into practice (Flott and Linden, 2016). Whilst developing confidence in practice was clearly illustrated and articulated, confidence around programme assessment outcomes was also revealed. The TNAs suggested that passing a module assessment enabled them to feel as if they were progressing, moving through the programme and moving towards their goal of becoming a nursing associate. The words used suggested progression, confidence and achievement and highlighted the impact of the programme for their professional development (Khalaila, 2015). This sense of progression was also articulated through discussions of learning and gaining knowledge; developing or becoming competent was cited as an indicator of success (Lejonqvist et al, 2016).

Challenges for learning and gaining knowledge were also acknowledged with a number of participants highlighting the challenges of being recognised as a *learner* rather than a *worker*. For the participants the opportunity for supernumerary status and recognition of their new role in their hub placement featured strongly in their conversations with us. This challenge and the drive to be recognized as learners has been raised in the nursing literature (Coghill, 2018; Gray, 2017; Shepherd and Uren, 2014). Enabling learners to learn and providing an environment in which this can take place alongside care delivery has been a consistent feature of debate within healthcare. The apprenticeship model of learning is part of the focus here. Fuller and Unwin (2004) suggest that focusing upon the ways in which different organisations construct apprenticeship programmes provides a window on the wider culture of learning in organisations. They advocate that organisations which offer an expansive approach to apprenticeship are more likely to create learning opportunities for all their employees which foster 'deep learning' (Marton et al, 1984), 'investigative deep-level learning' (Engeström, 1994), and 'the work of the imagination' (Wenger, 1998). This also resonates with Fuller and Unwin's (2003) work on workplace learning and the potential of the expansive-restrictive framework to illuminate dimensions of organisations, such as 'learning culture', relevant to the creation of learning environments (Cole, 1999; Daniels, 2004). Nursing

has, for some time, highlighted the importance of the clinical environment for learning (Fretwell, 1982). The move to an expansive learning culture where the emphasis is upon participation, questioning, and reflection supports this view, yet may offer an approach which some students may find difficult. The previous health care experience and personal assumptions concerning abilities to carry out the fundamentals of nursing care held by some, may be challenged by these new approaches including the introduction of new roles.

From our findings it is clear that the TNAs began to develop a way of conducting themselves (a habitus of practice) formed from new understandings, new skills and judgments and new perceptions (Benner and Sutphen, 2007). In essence they were developing their professional identity. There are many issues pertinent to the development of professional identity, such as the role of the mentor, the role of the educator, the notion of practice, the role of employment and the need to acquire practical and theoretical knowledge (Scholes, 2008; Berragan, 2013b). There are also aspects of peer collaboration, role modelling and social participation, which benefit and support the development of professional identity for trainee nursing associates. This development of professional identity is so important, offering valuable opportunities to enable TNAs to begin to understand the complexities of nursing (Scholes, 2008; Davey, 2019). Morgan (2006) suggests that it is important that the development and formation of professional identity takes place in a setting which can provide support, encouragement and feedback in order to help the individual to gain confidence; this is supported by Green (2019) in her illustration of the nursing associate experience. Professional identity may then be further enhanced and nurtured within clinical practice and higher education institutions through role modelling and mentorship (Gordon, 2005; Stonehouse, 2019).

### **The personal impact of the TNA pilot programme**

For many in this group of TNAs, this programme was their first experience of higher education. The challenge of academic study and studying at university was expressed by participants as exciting and disquieting in equal measures (Slater and Cusick, 2017; Fortune, 2019). The experience of moving from worker to learner was seen by participants as requiring different sets of skills and “being academic” was a term used to describe their nursing associate journey. This new way of being required a different approach, one which they suggested took them out of their “comfort zone” to discover new ways of learning and working supported by new knowledge and understandings of healthcare. This required different approaches from the participants which included the acquisition of self-directed learning skills (Alharbi, 2018), in order to achieve learning outcomes and proficiency. Persistence (Granato, 2018) was

another feature of the personal impact of the programme. For many participants getting to the end of the programme, achieving Nursing Associate status and realizing personal ambitions provided motivation to keep going. As one participant suggested *“They’ve helped us to kind of want to learn, to do it for ourselves, to do the reading and write the assignments, to know how to study and to keep going when it feels really hard.”* Naturally, perseverance and persistence demand commitment and application. A number of the participants in the study expressed a lack of work-life balance as a concern highlighting the impact of this upon their health and well-being. This is not unique to the TNA programme (Gale et al, 2015; Thomas and Revell, 2016; Fortune, 2019) and a number of authors highlight the need for resilience for students embarking upon nursed education programmes noting that faculty and practice awareness of the importance of resilience in students can better prepare students for the role of the professional nurse. Thomas and Revel (2016) assert that support from family, friends and faculty impact a student's resilience. They advise that through closely working with students in advisement, the clinical arena and the classroom faculty can promote resilience. For some TNAs this notion of resilience was reinforced and strengthened through formal and informal support networks that they had developed. This included peers, HCAs and other health and social care students who often provided the motivation to persevere. Horgan et al (2016) discuss the importance of peer support in their study focusing upon depressive symptoms, university adjustment and peer support among undergraduate nursing and midwifery students. Similarly, Zhao at al. (2016) in their study focusing upon subjective well-being and its association with peer caring and resilience suggest that educators should promote peer caring and resilience in order to improve students' wellbeing.

The personal impact of the programme was also illustrated by claims from the participants of learning and gaining knowledge, which engendered for them a sense of satisfaction. The TNAs described positive experiences of learning and the transformational impact this had had on their self- confidence, competence and ambition with some considering further study in the future. These views are echoed by TNAs across England (Fortune, 2019; Green, 2019; Davey, 2019) illustrating and illuminating the pride and determination of this new group of registered practitioners.

## Exploring the role of the programme in relation to widening participation and access to learning.

Widening participation in health and social care education is vitally important to health and social care providers and to society as a whole. A more representative workforce enables health and social care providers to work towards greater equality, diversity and social mobility and to provide services that better meet the needs of the communities it serves, both as providers of care and as employers (HEE, 2014; Thomas et al., 2016). Putting aside the challenges of defining widening participation (Thomas et al., 2016; Thomas et al., 2017) there is a sense that clearer career pathways for HCAs that include apprenticeships and associate nursing roles offer initiatives for widening *access* to nursing.

Our study revealed that there was some diversity amongst the participants with men being under-represented, and higher than average reporting about socio-economic status. In addition, some participants did not identify as having specific diversity characteristics, but rather were aware of the interplay of their characteristics and context. Some TNAs were aware of not being 'typical' students but did not necessarily view this negatively. Retrospective views from participants revealed that once they had commenced the programme, they largely felt pleased with their decision. Importantly, we found that the participants in this study are strongly motivated by their passion and commitment to enter a registered career in nursing. This view of course must be tempered recognizing the study participant recruitment approach (given that it was these motivated participants who volunteered to join the study).

However, a significant challenge identified by the students to both accessing and continuing in higher education is financial. The costs involved in undertaking placements (including travel and childcare) should not be underestimated. Indeed, while the majority of students and graduates have overcome the financial challenges of studying in HE this has often only been achieved through the financial and/or practical support of family members, undertaking paid work (e.g. provision of childcare, partner working). For these students the apprenticeship model has many attractions.

Employability and mobility were also of interest to participants. A consideration in relation to this area is the decision made in Scotland, Northern Ireland and Wales to not implement or regulate the nursing

associate role in their countries. According to Glasper (2018) this could be challenging for registered nursing associates who wish to seek employment in the other countries of the UK.

Another key feature was concern about the academic challenges associated with higher education study – especially those who were not considered ‘good students’ in secondary education. In particular the volume of work and juggling academic study, placement, and personal commitments (e.g. family) was challenging. And indeed, professional placements presented a range of challenges to participants: some learning on placements was felt to be personally undermining, some placement environments were disliked by the participants and the practical issues of attending placement (including cost and childcare). Participants were all aiming to become registered nursing associates in the health sector, and ideally to continue their employment in the NHS. In relation to coming from under-represented groups they largely voiced that it would either have a positive impact on their progression in the healthcare workforce, or make no difference, as they perceived that other characteristics and experiences would be of greater value. As one participant stated, *“I’d like to go on and qualify as a nurse [but] if I were to stay at this role at the end of the day it’s still a progression...so it’s always going to have been worth it.”*

Thus, in terms of widening *access* to nursing, participants felt that a place on the nursing associate pilot programme offered opportunities for their future careers. It offered a route in to registered practice for individuals from different walks of life and presented access to HE that had previously been denied or thought not possible. *“I never thought that I would go to university, I wasn’t good at school and I thought that I had reached my level as an HCA. This has been unbelievable”.*

## **Conclusion and Recommendations**

This report has explored the experience of becoming a nursing associate from the perspective of trainees who enrolled on a Nursing Associate Pilot Programme at the University of Gloucestershire. We also sought to establish the role of the programme in relation to widening participation and access to learning from the student’s perspective. Finally, our intention was to provide qualitative data to support the ongoing development and delivery of the programme both locally and nationally and to support future policy development in relation to workforce recruitment, training and retention. Findings of the study have shown that the trainee nursing associate experience of the pilot programme has revealed a range of perspectives and areas for further focus for the programme, an acknowledged outcome of a narrative case study approach (Stake, 2004; Simons, 2009).

Our conversations with the participants for this study have shown:

- The Nursing associate pilot programme has had a **significant personal and professional impact** upon participants in this study. TNAs reported a growing sense of **self-awareness** and **enhanced self-confidence**. They described a sense of progression articulated through discussions of **learning and gaining knowledge** where developing **proficiency** and becoming **competent** was cited as an indicator of success.
- Recognition of the growth of **academic and practical confidence** and **competence** was also highlighted where students identified personal examples of **self-belief** and **persistence** in their journey towards Nursing Associate status. For some this was about realizing **personal ambitions** and part of a future ambition to become a **registered nurse**; for others it was about **progression and achievement**.
- Engagement with **peer collaboration, role modelling** and **social participation** in university and in practice placement environments supported the development of **professional identity**, this was enhanced through participation in the programme. For a new healthcare role this was important for participants who envisage that their professional identity will continue to develop over time.
- In relation to **widening participation** and **access** participants felt that a place on the nursing associate pilot programme offered opportunities for their future careers. It offered a **route in to registered practice** for individuals from different walks of life and presented access to HE that had previously been denied or thought not possible.

Whilst there is much to celebrate, there are also a number of areas that warrant further discussion and evaluation:

- It is clear that **awareness** of the nursing associate role is an area for further thought and activity. As evidenced in this study and other national studies (Coghill, 2018) and comment from nursing associates, we still have some way to go in relation to **publicising and promoting** the programme and the role. A start has been made through celebratory events and we believe that within Gloucestershire it is our first cohort of nursing associates supported by their employers who will play a significant part to impact and influence professional and public awareness.
- Whilst considering awareness of the nursing associate role, **recruitment** for future cohorts and **retention** of those who have recently registered with the NMC is a crucial focus. **Workforce**



**planning** and **programme development** are important here and work between practice partners and the university will ensure that there this remains a permanent workstream.

- This piece of work has revealed some of the vital features required by students engaging with apprenticeship learning models in healthcare. These include **protected time for learning**, **supernumerary status** and **professional identity** (worker and/or learner status). These features are important for successful learning and require careful consideration to ensure that learners can be supported to learn whilst delivering safe and effective care for patients and service users.
- A focus on the **learning environment** should also consider approaches to **mentorship**, **practice assessment** and **placement models**. How might we use placement models and new practice assessment guidance (NMC, 2019) to address the numbers of students who require assessment and supervision in practice?

This report offers qualitative data to support the ongoing development and delivery of the Nursing Associate programme locally and nationally and to support future policy development. We look forward to the opportunity to follow those who have completed the Nursing Associate programme, to further explore the personal and professional impact of the programme and the wider development of the role. Current discussions with colleagues across the South West have highlighted that a South West collaborative programme of evaluation and research offering a view of the long-term effectiveness of the role will be our next step.

*“If we, as the profession have accepted the nursing associate role then we need to embrace the role, support our colleagues and, through collective leadership, empower our teams with the confidence to enhance the quality of care and to challenge appropriately” (Rosser, 2016; p27).*

## References

Aiken, L.H., Sloane, D., Griffiths, P., Rafferty, AM., Bruyneel, L., McHugh, M., Maier, C.B., Moreno-Casbas, T., Ball, J.E., Ausserhofer, D. and Sermeus, W. (2017) For the RN4CAST Consortium, Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care. *British Medical Journal Quality and Safety* 26, 559-568. Available online at: <http://qualitysafety.bmj.com/content/26/7/559>

Alharbi, H. A. (2018) Readiness for self-directed learning: How bridging and traditional nursing students differs? *Nurse Education Today*, 61, 231-234.

Ball, J. (2016). Who cares? Nursing Associates and safe staffing. Available online at; <http://www.southampton.ac.uk/healthsciences/news/2016/04/who-cares-jane-ball>

Benner, P. and Sutphen, M. (2007) Learning across the professions: the clergy a case in point. *Journal of Nursing Education*. 46, 3, 103-108.

Berragan, E. (1998) Nursing practice draws upon several different ways of knowing. *Journal of Clinical Nursing*, 7, 3, 209-217.

Berragan, E. (2013 a) Learning nursing through simulation : towards an expansive model of learning ETHos Available at: <https://ethos.bl.uk/OrderDetails.do?did=1&uin=uk.bl.ethos.576193>

Berragan, E. (2013 b) Conceptualising Learning through Simulation: An Expansive Approach to Professional and Personal Learning *Nurse Education in Practice* 13, 4, 250-255.

Bourdieu, P. (1990) *The logic of practice* Stanford, California; Stanford University Press.

Briggs, A. (1974). *Report of the committee on nursing*. London: HMSO.

Brindle, D. (2018) Nursing associates: will they become a cheap substitute for nurses? The Guardian Available at: <https://www.theguardian.com/healthcare-network/2018/mar/06/nursing-associates-cheap-substitute-nurses>

Buchan, J. (2017) Looking less united Nursing Standard 32, 13, 30.

Carpenter D, Glasper A, Jowett R, Nicholls P (2012) Celebrating 30 years of integrated undergraduate nursing at The University of Southampton, Working Papers in Health Sciences 1(2): 1-6. <http://tinyurl.com/z6pltd>

Coghill, E. (2018) An evaluation of how trainee nursing associates (TNAs) balance being a worker and a learner in clinical practice: an early experience study Part 2/2 British Journal of Healthcare Assistants 12, 7, 356-359.

Cole. M. (1999). Cultural psychology: some general principles and a concrete example. In Y. Engeström, R. Miettinen, & R.L. Punamaki (Editors.). Perspectives on activity theory (pp. 87-106). Cambridge: Cambridge University Press.

Cummings, J. (2016) There are big opportunities to improve care by making common-sense changes to how the NHS works. NHS England Available at: <https://www.england.nhs.uk/blog/jc-local-proposals-health-care/>

Daniels, H. (2004) Activity theory, discourse and Bernstein. Educational Review. 56, 2, 121-132.

Davey, M. (2019) My trainee nursing associate journey. British Journal of Healthcare Assistants 13, 3, 131-133.

Denzin, N.K. and Lincoln, Y.S. (2017) The Handbook of Qualitative Research (Fifth edition) Thousand Oaks, California: Sage Publications.

Engeström, Y. (1994) Training for change: new approach to instruction and learning in working life Geneva: International Labour Office.

Flott, E.A. and Linden, L. (2016) The clinical learning environment in nursing education: a concept analysis. *Journal of Advanced Nursing*, 72, 3, 501-513.

Fortune, R. (2019) My Nursing Associate Journey *British Journal of healthcare Assistants* 13, 2, 58-60.

Francis, R. (2013). *The Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: TSO.

Fretwell, J.E. (1982) *Ward Teaching and Learning: Sister and the Learning Environment*. London: Royal College of Nursing.

Fuller, A. and Unwin, L. (2003) *Fostering Workplace Learning: looking through the lens of apprenticeship*. *European Educational Research Journal*. 2, 1, 41-55.

Fuller, A. and Unwin, L. (2004) *Expansive Learning environments: integrating personal and organizational development*. In: Evans, K., Hodkinson, P., Rainbird, H. and Unwin, L. (Editors) *Improving Workplace Learning*. London: Routledge.

Gale, J., Ooms, A., Newcombe, P. and Marks-Maran, D., 2015. Students' first year experience of a BSc (Hons) in nursing: A pilot study. *Nurse Education Today*, 35(1), pp.256-264.

Glasper, A. (2018) The regulation of the nursing associate profession: an overview. *British Journal of Healthcare Assistants* 12, 1, 38-41 Available online at: <https://www.magonlinelibrary.com/doi/pdf/10.12968/bjha.2018.12.1.38>

Gordon, S. (2005) *Nursing against the odds*. Cornell University Press: New York.

Granato, C. (2018) *A Phenomenological Study on Persistence to Program Completion of Students of a Second Language in Associate's Degree in Nursing Programs in Central New York*.

Gray, M. (2017) *What Happens When Student Nurses Go Out into Practice? A Grounded Theory Study* SAGE Research Methods Cases Part 2 Available at: <https://methods.sagepub.com/case/what-happens-when-student-nurses-go-out-into-practice-grounded-theory>

Green, EM. (2019) As a nursing associate, I wanted more: to understand the evidence base. *British Journal of Healthcare Assistants* 13, 5, 246-247.

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

Guenther, K. (2009) The politics of names: rethinking the methodological and ethical significance of naming people, organisations, and places. *Qualitative Research*; 9: 411–421.

Health Education England (2014) *Widening Participation It Matters! Our strategy and initial action plan*. NHS/Health Education England.

Health Education England (HEE) (2015). *Raising the bar shape of caring: A review of the future education and training of registered nurses and care assistants*. HEE: London.

Health Education England (HEE) (2016) Health Education England announces training places for over 2,000 Nursing Associates. Retrieved from <https://hee.nhs.uk/news-events/news/%E2%80%8Bhealth-education-england-announces-training-places-over-2000-nursing-associates>

Horgan, A., Sweeney, J., Behan, L. and McCarthy, G. (2016) Depressive symptoms, college adjustment and peer support among undergraduate nursing and midwifery students. *Journal of Advanced Nursing*, 72, 12, 3081-3092.

Khalaila, R. (2015) The relationship between academic self-concept, intrinsic motivation, test anxiety, and academic achievement among nursing students: Mediating and moderating effects. *Nurse Education Today*, 35, 3, 432-438.

Leary, A., Maclaine, K., Trevatt, P., Radford, M. and Punshon, G. (2017) Variation in job titles within the nursing workforce. *Journal of Clinical Nursing*, 26(23-24), pp.4945-4950.

Lejonqvist, G.B., Eriksson, K. and Meretoja, R. (2016) Evaluating clinical competence during nursing education: A comprehensive integrative literature review. *International journal of nursing practice*, 22, 2, 142-151.

Lintern, S. ( 2017). NHS trust replacing qualified nurses with nursing associates. *Health Service Journal* 10th March, 2017. Available online at; <https://www.hsj.co.uk/hsj-local/providers/east-and-north-hertfordshire-nhs-trust/nhs-trust-replacing-qualified-nurses-with-nursing-associates/7016401.article>

Marton, F., Hounsell, D. and Entwistle, N. (Editors) (1984) *The Experience of Learning*, Edinburgh: Scottish Academic Press.

Morgan, R. (2006) Using clinical skills laboratories to promote theory–practice integration during first practice placement: an Irish perspective. *Journal of Clinical Nursing*. 15, 2, 155–161.

Nowell, LS., Norris, JM., White, DE., and Moules, NJ., (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria *International Journal of Qualitative Methods* 16: 1–13.

Nursing and Midwifery Council (2018) *Standards of Proficiency for Nursing Associates* Available at: <https://www.nmc.org.uk/standards/standards-for-nursing-associates/standards-of-proficiency-for-nursing-associates/>

Nursing and Midwifery Council (2019) *Becoming a Nursing Associate* Available at: <https://www.nmc.org.uk/education/becoming-a-nurse-midwife-nursing-associate/becoming-a-nursing-associate/>

Nursing and Midwifery council (2019) *Practice Assessment*. Available at: <https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/practice-assessment/>

Rafferty, AM. (2019) Professor of Nursing Policy Kings College London and President, Royal College of Nursing – keynote RCN Congress, Liverpool.

Rosser, E. (2016) Nursing associate: a new role to enhance care. *Nursing in Practice*, 90, 26-27.

Roulston, C. and Davies, M., 2019. Development and delivery of the trainee nursing associate pilot curriculum. *British Journal of Nursing*, 28(7), pp.457-460

Scholes, J., (2008) Coping with professional identity crisis: Is building resilience the answer? *International Journal of Nursing Studies*. 45, 7, 975-978.

Shepherd, P., Uren, C., 2014. Protecting students' supernumerary status, *Nursing Times*, 110, 20, 18-20.

Simons, H. (2009) *Case Study Research in Practice* London; Sage Publications.

Slater, C.E. and Cusick, A., 2017. Factors related to self-directed learning readiness of students in health professional programs: A scoping review. *Nurse Education Today*, 52, pp.28-33.

Song, W.J. (2016) 'Caring' an understanding of professional identity by first-year nursing students. *Whitireia Nursing and Health Journal*, 23, p.37.

Stake, R. (2004) *Standards-Based and Responsive Evaluation* London; Sage Publications.

Stake, R.E. (2017) Qualitative case studies. In: N. Denzin & Y. Lincoln (Editors), *The Sage Handbook of Qualitative Research* (Fifth edition.) (Part iii 2.14) Thousand Oaks: Sage Publications.

Stonehouse, D. (2019) Support workers and nursing associates as coaches. *British Journal of Healthcare Assistants*, 13, 1, 44-46.

Stubbs, E. (2015) *Training our NHS Health Workers: Should the UK train more of its staff?* Civitas; London  
Available at: <https://www.civitas.org.uk/pdf/TrainingourNHSHealthWorkers>

Thomas, L.J. and Revell, S.H., 2016. Resilience in nursing students: An integrative review. *Nurse Education Today*, 36, pp.457-462.

Thomas, L., Lander, V., Duckworth, V., Allan, D., Kaehn, A., Birken, G., Moreton, R. and Rodríguez-Cuadrad, S. (2016) NHS funded healthcare education programmes: Building the evidence for supporting widening participation: Final Report. Edge Hill University and CFE Research for HEE.

Thomas, L., Board, M., Heaslip, V. and Duckworth, V. (2017) Diversity, recruitment and retention in nurse education programmes: Catalyst Event Report. Edge Hill University and Bournemouth University.

Wenger, E. (1998) *Communities of Practice: learning, meaning and identity*. New York: Cambridge University Press.

Willis Commission (2012) *Quality with compassion: the future of nursing education*. Report of the Willis Commission on Nursing Education. Royal College of Nursing, London. Available at <https://www.macmillan.org.uk/documents/newsletter/willis-commission-report-macmail-dec2012.pdf>

Zhao, F., Guo, Y., Suhonen, R. and Leino-Kilpi, H. (2016) Subjective well-being and its association with peer caring and resilience among nursing vs medical students: A questionnaire study. *Nurse Education Today*, 37, 108-113.



## Appendices

### Appendix 1 Interview schedule

#### **Becoming a Nursing Associate: a narrative case study of learning and working**

##### **Interview Schedule (topic guide)**

The following are offered as a guide to support semi-structured interviews:

- What was it that made you want to come on the nursing associate programme?
- Can you tell me about your previous experience before coming on to the nursing associate programme?
- What were your expectations of the programme?
- Can you tell me about the things that were important for you in preparation for starting the FDNA programme?
- Reflecting back on the last year what have been the opportunities and challenges of being a trainee nursing associate?
- Which elements of the programme have worked well for you?
- Which elements would you change and why?
- Can you describe the impact that being a trainee nursing associate has had on your life, health and wellbeing ... what has been the impact of the programme on you?
- What are your plans/hopes/aspirations following completion of the programme?
- Has the programme been what you expected? Can you explain this?
- Is there anything else that you would like to share with us about your experience of being a trainee nursing associate?