Title: Opportunity, support and understanding; the lived experience of four of our first trainee nursing associates.

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Abstract

Aims: This study aimed to capture the lived experience of some of the first Trainee Nursing Associates (TNAs) during the pilot of the role in the January 2017 cohort of TNAs, based at the University of Derby.

Methods: A convenience sampling approach was used to recruit participants to this Phenomenological study. In-depth, semi-structured interviews were carried out with four participants to capture the experience, as lived by the first cohort of TNAs. Transcripts were transcribed verbatim and were analysed using Interpretive Phenomenological Analysis.

Results: Analysis suggests that the participant experience was characterised by six themes namely, challenges relating to NA training, developing new skills, opportunity, support is important, the impact of the NA role and understanding the NA role.

Conclusion: This study adds to our understanding relating to the lived experience of some of the first TNA's taking up training for this role within healthcare, and highlights some of the factors that were most pertinent according to the lived experience of the trainees themselves. We hope that the findings of this study will prove useful for those considering taking up training for the role, or indeed establishments considering implementing the role with their settings.

Background

In 2015, Health Education England (HEE) announced a new role to work alongside registered nurses (RNs) and the Nursing Associate (NA) was introduced to enhance the capacity and capability of the nursing workforce (HEE, 2017). The University of Derby was one of several Higher Education pilot sites selected to work with local hospital Trusts and employers to pilot NA training. The first cohort of trainee nursing associates (TNAs) enrolled onto the University of Derby Foundation Degree programme in January 2017 and completed their training in January 2019. The Nursing and Midwifery Council (NMC) have since regulated the role of the NA, which is described as 'bridging the gap' between RNs and Health Care Assistants (HCAs) (NMC, 2021). The role is now an established apprenticeship programme, and is described within the relevant apprenticeship standard (The institute for apprenticeships and technical education, 2021a) alongside the similar role of the healthcare Assistant Practitioner (AP) (The institute for apprenticeships and technical education, 2021b).

Study design

The aim of the study was to understand the lived experience of TNAs undertaking this pilot training by developing a deeper understanding about the experience of inhabiting the TNA role, within the context of its newness, critique of nursing and debate about the role's introduction. This information would help to understand additional learning needs, and provide important insight for healthcare workers considering enrolling in training to become a registered NA. The data would also offer some insight to convey to others how the role was first received, as experienced, and lived by the trainees themselves. The study design was a qualitative in nature, aiming to uncover meaning as experienced by participants through the careful analysis of their rich descriptions (Parse et al., 1985).

Sample selection

A convenience sampling approach was used, consisting of the provision of information in the form of a participant information sheet (PIS) which was distributed to trainees in the January 2017 cohort of TNAs. We purposively aimed to recruit up to fifteen of the first TNAs, with sample size ultimately being determined by the four participants who volunteered and agreed

to take part in the research. Participation in this study was entirely voluntary, and no rewards or incentives were offered. See summary of participants characteristics in table.1 below.

Participant demographics

	Frequency
Participants (*n*)	4
Mean age	37 years (range 32 – 43 years)
Previous worked as HCA	3
Prior role	Auxiliary/HCA (2) Admin (1) Theatre support (1)
Mean experience (HCA)	7 years (range 0 – 18)
Studied at University before	2
First in family for University	3
Desire to progress to RN	3
Highest qualification held	GCSE (1) NVQ (1) Access course (1) Master's Degree (other country) (1)

HCA: health care assistant, RN: registered nurse

Table.1

Data collection

Semi-structured interviews were used to permit the discovery of experiences and their subsequent textual representation (Patterson and Williams, 2002) as these are considered gold standard for this type of study (Balls, 2009). It is acknowledged that there is contention regarding the structure of interviews (Huberman and Miles, 1988), although the semi-structured approach helped ensure that the data of interest was collected (McNamara, 2009) and reflected issues that were pertinent to the trainees themselves. To this end, two contributors who were TNAs at that time (authors NK and KB) helped develop the interview questions. Prompts were used to seek clarification, illustration and further exploration (Parahoo, 2006), whilst allowing participants to freely express their own experiences and narratives.

The interviews were conducted and audio-recorded by authors DB and EB, who at the time, were not tutors on the programme. We hoped that this would prevent forms of bias such as the participants desire to please the investigators. The data was transcribed and analysed by

the first author (AD), and transcripts were used to help make sense of the participants making sense of their own world (Smith and Osborn, 2007). The method of analysis was consistent with Interpretive Phenomenological Analysis (IPA) (Smith and Osborne, 2008) which is well-suited to the exploration of complex phenomena (Tuffour, 2017). The interviewers verified data following transcription and were also involved in the final determination of themes and their interpretation.

Research ethics

This study was given a favourable ethical opinion, by the Health and Social Care College Research Ethics Committee (CREC) at the University of Derby. After having time to consider the PIS, all participants provided written informed consent. All interviews were conducted in a time and place convenient to participants to help participants feel at ease. Data was anonymised during transcription and pseudonyms used to mask the identify of participants. Study participants were free to withdraw from the study at any time, and without jeopardy or need to provide an explanation.

Results

Six main themes were generated following IPA namely, challenges relating to our training, developing new skills, opportunity, support is important, the impact of our role and understanding our role. The main themes and their characteristics are described as follows.

Challenges relating to our training

Participants discussed the intense and busy nature of their roles. In response to a question about whether the training was as expected, the data reflects the busy nature of the new role both in terms of practice and coursework.

"I just came into it like 'oh it'll be fine, it'll be easy', but it is more intensive than I imagined" (Dean)

"I'm on my feet all day, every day ya know, at work and…It's hard, mentally, physically, emotionally" (Anna).

Some of the discussion about coursework related to problems participants experienced with structure (the challenge of studying year-long modules as opposed to delivery in blocks). Participants identified the need to engage with tutorial time and issues relating to the need for careful planning. Working around family and social life, and the challenge of study alongside

circumstances such as caring for children was also evident. Emphasis was therefore placed upon commitment and the determination required to complete a challenging programme. Nonetheless, participants referred to the enjoyment that they were gaining from training.

"It's all about your self-determination, and make sure that you are also proactive in things" (Betty)

"I've got to be seen as a leader. I lead by example. I wouldn't ask, you know. I've got to step up that bit more, erm to do….I don't know. I feel like I've got to prove myself" (Anna).

"It's just been amazing really. It has, it's been absolutely fantastic" (Claire).

Developing new skills

The development of skills was reflected strongly, described as a desire to develop new skills that could be used to directly improve patient care and to make a useful and valid contribution to nursing teams (see also: impact of our role). A critical awareness of one's own limitations in terms of competence, scope of practice and critical self-awareness was demonstrated, which is reflected in the following direct quotes.

"If there's anything that I can't deal with, I explain to them that isn't something that I can do but, but I'll get one of the nurses that can deal with it" (Claire).

"Ya know, you yourself have to say if your unsure about something or if you can't do something" (Dean).

Clinical skills such as cannulation, venepuncture and observations were discussed, as was the development of knowledge underpinning skills, and how these were then applied within the workplace. This perhaps demonstrates the development of skills during the programme, and the following quotes highlight the resultant changes to practice.

"I want you to tell me. I want to know the whys? Ya know, rather than oh, I'm just taking a set of obs, ya know. Why am I doing this?" (Anna).

"I mean we talked about like ya know, being task orientated and stuff it's like, sure, I'll do a set of observations, but I'm looking at, I'm looking at the last five sets of observations as well. I'm looking for differences and changes" (Dean).

The development of the necessary skills for managing episodes of care and the notion that participants were proactive in identifying relevant opportunities for learning and enhancing the training experience was evident.

"One of the registered nurses would be used to like, managing you and sort of like directing you to do stuff where actually, you'll have your own bay, your own responsibilities" (Dean).

"I'm like, I think I want to learn about this now. Now's the time to learn it. So, I want to go to my educator and say can we learn about this?" (Anna).

Ensuring that time is used wisely, including setting priorities and time management skills was also described.

"Time management is a massive thing, especially as your working in a job as well" (Anna).

"Planning! Make sure that everything's sort of…. that you allocate some time to yourself and structure when your gonna do stuff an not leave things till the last minute" (Claire).

Opportunity

The ideal opportunity to progress, either because participants had reached the limitations of their scope of practice, or because there was a desire to progress was discussed, with two of the participants stating they had never thought they would study at University, and thus, the training offered a route into higher education that might not otherwise arisen.

"I always had this idea of doing it, but it's like 'no, that's something that clever people do' [laughs]. Erm, but then ya know, you just apply for it and then… Yeh, and you end up there [laughs]. So I don't know, yeh, I think it's cool to be honest" (Dean).

Significant life or clinical care experience featured strongly, and this seemed to help with learning and provided participants with an opportunity to build upon pre-existing skills and knowledge. All four participants perceived the training as an opportunity to make a step towards becoming a registered nurse.

"I've worked in healthcare as an auxiliary for two years, erm and while I appreciate that if I'd have stayed at that level, I would have gained more experience and have become better at my role, but I really felt that I was being limited and there was more that I could offer" (Dean).

Placement and insight days were an ideal opportunity to learn about care within other settings, acting as an enabler to improve and enhance their understanding of care, which could be taken back and used meaningfully within the workplace as the following quote about palliative care portrays.

"I probably will change my practice now because of that day. It has really made me think about end of life and what we should be doing as a ward. I wanna take some ideas back and yeh, I'm just glad I've done it now" (Anna).

Participants spoke of how the experience of placement helped develop knowledge and understanding of care, and how this helped to build a bigger picture of care delivered within

other settings. The quote below summarises these experiences using the concept on an incomplete puzzle, which became clearer with pieces falling into place during placements.

"So, it feels like it's a puzzle, but there are bits missing. But, because you have been on this different placement, it feels that little whole there, that little shape, this one, so you can see the whole picture" (Betty).

Support is important

Support was seen as essential to success, in terms of the support given during University and within the workplace. The role of the clinical facilitator was particularly referenced and highly valued, although participants desired spending more time with colleagues and supervisors.

"We have had a really good clinical educator that's done everything possible to give us the best start with all their knowledge and experience" (Claire).

Supernumerary status was valued as and when it was made possible, and participants actively sought opportunities to learn, and in some cases, participants used initiative by negotiating protected learning time within their own workplace. In terms of University work, support was considered paramount, and generally, the level of support made available was valuable.

"The support is there, they're really good, including the module leader or your personal tutor, the hospital's clinical facilitator, your manager. So, they are all there if you want help, they always help you" (Betty).

"Cos we've got the support, we've got a fantastic team, both at Uni and at work, so I think as long as that supports there, then you can do well in your role" (Claire).

"But the main thing there is the support from your Trust and your clinical facilitator because she's really there to help you. If things go wrong, if you don't know anything or if there's a problem you go to your clinical facilitator and she'll sort it out for you and help you" (Betty).

Participants described good support in relation to tutors and colleagues at work, as an important part of the educational experience. This participant described the desire to return to the same higher education provider for further education, which further supports future opportunity and the desire to progress.

"So, if there's an option to be able to top up an do it at Derby. I think, cos I've had such a fantastic experience here, I wouldn't want to go anywhere else. I would want to stop with Derby as well" (Claire)

The impact of our role

Participants spoke of positive feedback that they had experienced relating to their new role. There was reference to the impact that the role had had upon patients, clinical practice, and to skills development.

> *"In the future, all I can see is it will improve the patients care, because of how we are being trained in the University. They have a standard, they need to make sure that you know your English, you know your Mathematics when you give your medication, and the way how your hospital is training you as well, in skills way, it really helps you become a….. a very competent, trained staff" (Betty).*

It was also particularly evident that participants were strong advocates for their own role, and actively sought to promote this during their training.

> *"I'm proud of what I've done and the impact that I've had on the ward that I work on, and the feedback I've got. So for me, that's even more, to push forward and get this role recognised and advertise what we do" (Claire).*

Reference was made to the perception of the relationship participants had with student nurses, sometimes describing that student nurses appeared to be given priority over TNAs.

> *"Whilst I'm on the ward, I feel that they get prioritised over me" (Anna).*

Understanding our role

This was perhaps the strongest theme derived from the interview data. Participants described the new nature of the role, and a lack of knowledge regarding how the role would fit within practice owing to what the new remit of nursing associates would be. A sense of identity was linked to wearing a different uniform, and the need to educate others about the role of the nursing associate.

> *"Some are a bit like, erm….not sure about the role….. some are like positive towards it because they can see the benefit of the role" (Betty).*

> *"So, I feel like I'm half nurse, half healthcare assistant. So, that's how I feel [laughs]" (Betty).*

This sense of identity was also informed by the way participants were perceived within practice, particularly when they felt they were described as 'cheap nurses' or were perceived to be a step towards replacing these roles, and this had a negative impact upon learning and the sense of identity.

> *"It's in the media that we're classed as cheap nurses, and I think we are….. I feel like I'm labelling myself now because I keep hearing it some much and it's so…. it is demoralising" (Anna).*

These experiences seemed to relate to the perceptions of nursing staff, and not the wider multi-disciplinary team. There was reference to the concept of 'bridging the gap' between the role of the healthcare assistant and RNs.

"There should be this role, because from your position you can see there's a… there's a gap that needs to be filled" (Betty).

Negative perceptions experienced by participants within the practice setting was discussed and again, this seemed to relate to a lack of clarity or understanding of what the role entailed.

"The newly qualified's…. sometimes you get a bit of backlash from them. But yeh, some of them don't like us at all" (Anna).

"So, we always explain, we are not here to replace the nurses, we are here to support them because they thought, we are replacing… and they feel really, really threatened" (Betty).

Some other difficulties related to the feeling that participants were asked to continually fill the role of the healthcare assistant and this at times, was perceived to be a barrier to learning.

"Just because the way that the role is going sometimes on the ward if you're not with a HCA you pick up that role" (Anna).

"I think some people fell into a trap of coming into the new role, going onto a different ward and falling into the trap of working in the capacity that were at before. But in fact, it was very self like-directed" (Dean).

Discussion

The landmark role of the TNA was introduced in England to bridge the gap in care delivery between healthcare assistants and registered nurses (HEE, 2017). The role of the NA brings increasing responsibility, and it is worthy of note that since collecting the data for this study, the role is now regulated by the Nursing and Midwifery Council (NMC, 2020) and is therefore subject to a rigorous pre-registration standard (NMC, 2018). However, the scope and identity of TNAs has been fluctuant in perception from both professionals and the public. Several more cohorts have since enrolled into studies, with trainees graduating regularly from The University of Derby every six months. These experiences help convey some of the complex issues relating to the implementation of this new role and as NA's become more prevalent, NHS organisations will need to work hard to understand how to best make use of this valuable role (Mortimer, 2019). This study has revealed the challenges of undertaking the training in addition to the development opportunities and emergence of role identity.

HEE (2018) anticipated a diverse ethnography of the TNA entrants, with which differing learning and support needs predictably arose. The findings of the study indicate a perception from trainees that on entry they are '*not right for university*', reflecting the cohort demographics of first in family to attend tertiary education and the associated historical assumptions that are attributed (Wainwright and Watts, 2021). This concealed barrier to entry onto the programme is potentially damaging to both the self-efficacy of TNAs and the future healthcare workforce, particularly given the recognised advantage of these valuable professionals to our NHS (Mortimer, 2019). Overcoming this barrier is the first step towards developing self-esteem and empowering TNAs to achieve their potential on their programme of study, yet the achievement requires professional and university support and tenacity from the individual. Arguably the first in cohort element might reasonably increase this perceived pressure with the many unknowns not least in terms of identity in the role, as indicated in the '*Understanding our role*' findings.

It is encouraging to see that there is evidence of social mobility in action, where trainees describe an opportunity that has been afforded to them, along with a desire to continually progress to improve care and impact upon teams. Newly established progression routes now provide further opportunities for widening access, such as accelerated entry to nursing programmes within Higher Education Institutions. This to some extent, may help abate some of the concerns regarding the move of the nursing profession to degree level programmes and the subsequent negative impact upon access (Milburn, 2012). The study findings indicate TNAs considered the progression opportunity a key driver, particularly when coupled with a sense of career saturation at the point of entry, these trailblazers were passionate about self-development and recognised from their vast and varied experiences the valuable impact that the role could have on patient care.

The Trainee's experiences suggest a lack of knowledge about their role within clinical settings, and that this had a significant impact on them and the way that they were initially received in practice. It is therefore necessary that a multi-faceted approach including aspects such as raising awareness and training is continued (The Calderdale Framework, 2020). being the first in training was not without its difficulties, associated to which the study Trainees resoundingly attributed their success in progression to the support they received on their learning journey. Support is therefore fundamental in the success of TNA programmes as participants suggested that provision must come equally from university and the workplace to meet their needs.

There is a clear notion of the requirement for a multifaceted approach to support. Trainees referenced several mechanisms of support from across the workplace and in university and differentiated these provisions in terms of meeting changing learning and development needs. Overwhelmingly, Trainees valued their supernumerary status as pivotal in the development of new skills. On discussing expectations of the role and negotiating 'study time', Trainees indicated potential disparities across workplace training providers. There was interesting reference to the perception of support received through direct comparison to nursing student peers, with statements of 'prioritisation' alluding to a hierarchy of support provision. Perhaps an important take-forward is therefore the alignment of expectations. Not only does this require reflexive action of the trainees, but identify expectations of the placement areas is important, as is parity and equity. With ever increasing numbers needed to meet workforce demands, this study is particularly pertinent within the wider context of building the capacity and capability of our nursing workforce.

Limitations

We acknowledge that although the data reported provides some valuable insight into the lived experience of our TNA's, that this study is not without limitations. We had hoped to recruit up to fifteen participants to our study, but this total number of participants was inevitably determined by those who volunteered to take part. However, this demonstrates the high ethical standards and lack of coercion during our recruitment process and may relate to the busy and intense nature of the role. We hoped to mitigate bias in the form on an intent to please during the semi-structured interviews by appointing interviewers who were not tutors on our programmes at the time of conducting the research, although some element of this may still exist, which may explain the overwhelming positivity towards the academic experience. Nonetheless, this coupled with involving our two co-authors in the development and formulation of the interview schedule (NK and KB). A group approach to the analysis and interpretation of the superordinate themes provides assurance of the rigour exercised during the conduct and the reporting of our findings.

Conclusion

This study adds to our understanding relating to the lived experience of some of the first TNA's taking up training for this role within healthcare, and highlights some of the complexity surrounding implementation according to the lived experience of the trainees themselves. We suggest a continued and sustained effort of education to help raise the profile of this new and important role within the nursing family. We also hope that the findings of this study will prove

useful for those considering taking up training for the role, or indeed employers and leaders considering implementing the role of the TNA with their care settings.

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