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Title page: A local stakeholder perspective on Nursing Associate training

Steve Robertson, Programme Director[1], Emeritus Professor[2], Adjunct Professor[3]

Rachel King[1], Research Associate

Beth Taylor[1], Research Associate

Sara Laker, Visiting Fellow[1,] Associate Professor[4]

Emily Wood[1], Research Fellow

Michaela Senek[1], Research Associate

Angela Tod[1], Professor

Tony Ryan[1], Professor

Affiliations:

1. RCN Strategic Research Alliance, Division of Nursing & Midwifery, Health Sciences School, Barber House Annexe, 3a Clarkehouse Road, Sheffield S10 2LA
2. Leeds Beckett University, Leeds, UK
3. Waterford Institute of Technology, Ireland
4. Department of Nursing, Winona State University, US

Corresponding Author: Steve Robertson, Division of Nursing & Midwifery, Health Sciences School, Barber House Annexe, 3a Clarkehouse Road, Sheffield S10 2LA Email: s.robertson@sheffield.ac.uk

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A local stakeholder perspective on Nursing Associate training

Abstract

Nursing associates have now been part of the health and social care system workforce in England for three years and research has begun to highlight the benefits and challenges as the role becomes embedded. However, there has been less of a research focus on how various stakeholders have experienced the training aspects of this new role. This paper reports findings from interviews (n=19) with stakeholders from an Integrated Care System in the North of England conducted at two time points one year apart. Findings focus on three themes; Workforce and education planning, role ambiguity, and support. The work highlights how clarity of role, understanding of support needs and discussions around career aspirations are essential for all organisations involved in TNA programme development and delivery. It also shows the need for good partnership working across health and education sectors to adequately support both the TNAs and those working with them.

Introduction

The Nursing Associate (NA) role, developed to bridge the gap between registered nurses (RNs) and healthcare assistants (HCAs) and to offer a new route into registered nursing (HEE 2015), is now becoming well established in England. Health Education England (HEE) commissioned an evaluation of the introduction of the role (Vanson & Bidey 2019) highlighting the challenges but also the enthusiasm of those involved in the early Trainee Nursing Associate (TNA) cohorts. Other research and published personal accounts of the training (Coghill 2018a, 2018b; Davey 2019; King et al 2020; Dainty et al 2021) confirm many of the national evaluation findings including: the difficulties in balancing academic, employment and personal demands; the local, affordable career opportunity the training offers; the importance of support in succeeding and the ambiguity and uncertainty about the fit and scope of the role.

In addition to this focus on TNA experiences, research is also taking place on how the NA role is being embedded into workplaces once training is completed (Kessler et al 2020; Lucas et al 2021). These studies highlight a range of issues concerning the rationale, process and consequences of developing and implementing the NA role.

However, there remains a research gap when considering how stakeholders understand the motivations, experiences and career aspirations of TNAs. While the national evaluation (Vanson & Bidey 2019) did consider stakeholder views on the experiences and career aspirations of these early NA trainees, little research has subsequently explored stakeholder views on NA training experiences. This is particularly important given that most trainees since the initial pilots are now under the apprenticeship programme which has different demands and requirements to those experienced by the first pilot TNA cohorts or by direct entry TNAs. In addition, there is no research to date that considers how stakeholder views of NA training experiences might be changing over time.

Study Aim:

This study aims to explore the TNA programme from the point of view of a small group of stakeholders in an Integrated Care System (ICS) system in the North of England over a one year

period. It is intended to give initial insights into emerging issues that may be of interest to those in policy and practice, and that could form the basis for future research.

Study Design:

This is a longitudinal study collecting interview data from the stakeholders at two time points one year apart. Importantly, the first interviews were undertaken prior to the Covid-19 pandemic and the second interviews were completed during the pandemic.

A convenience sample of potential participants were approached through the Chair of an education and careers group with links to the ICS and via a local Higher Education Institution (HEI) where NA training took place. We wanted the stakeholder group to be diverse in their roles to ensure a broad range of views. Table 1. describes the participants recruited. Note that in the second set of interviews two participants did participate – one failed to respond to two contacts and one had moved post and no longer worked with TNAs - and one new participant was recruited. Also, two participants changed jobs during the year but still had involvement with TNAs and therefore remained in the study.

Table 1. Stakeholder roles

Code	**Interviewed yr1**	**Interviewed yr2**	**Title**	**Involvement with TNAs**
LS1	Yes	Yes	Year 1 - TNA teacher (HEI) Year 2 – TNA Programme Lead (HEI)	Year 1 - responsible for teaching them throughout the two years Year 2 – Programme Lead, role evolved to include involvement in strategic planning and networking.
LS2	Yes	Yes	Chair & Deputy Director of Education	Workforce planning, commissioning and strategic lead.
LS 3	Yes	Yes	Head of Department (HEI)	Developed HEI tender, recruitment, operational strategy meetings. By yr2, deputy chair for locality TNA strategic group.
LS 4	Yes	Yes	Deputy TNA Programme Lead (HEI)	Direct contact with TNAs in HEI and clinical settings. Networking and contact with TNA employers [Trusts] and in strategic partnership meetings.
LS 5	Yes	No	L&D Co-ordinator – Trainee Nursing Associates (TNAs), Learning & Development	Operational and strategic lead. Recruitment and induction of Trainee Nursing Associates and in placement mapping and allocation.
LS 6	Yes	Yes	Clinical educator (HEI)	Supporting TNAs in clinical settings and HEI link.
LS 7	Yes	Yes	Year 1 - Clinical educator	Year1 – Supporting TNAs in clinical settings and HEI link

			Year 2 - Learning Development Facilitator	Year 2 – Recruitment, organising placements and assisting strategic planning.
LS 8	Yes	No	Clinical Learning and Development Co-ordinator (Palliative Care)	Workforce and strategic planning, liaising with clinical educators, TNA support in clinical setting.
LS9	Yes	Yes	Year 1 – TNA Course Leader (HEI) Year2 – Specialist Nurse	Course planning and implementation including linking with commissioning organisations. Working with occasional TNA in clinical setting, looking to establish NA post.
LS 10	No	Yes	Director of Apprenticeships (HEI)	Responsible for aspects of governance and compliance with ESFA and Ofsted, managers clinical educators. Previous joint TNA Programme Lead.

Prior to the study commencing, ethics approval was received from the University of Sheffield Ethics committee. Members of a local stakeholder group and university nursing department were sent email invitations via the Chair of the education and careers group. Any participant interested was sent an information sheet and consent form and a suitable interview date and time agreed once the completed consent form had been returned. The right to withdraw from the study, and strategies to promote anonymity and confidentiality, were made clear in the information sheet.

Semi-structured interviews were used to gather views from the stakeholders. This data collection method has been shown to be helpful when exploring areas that require a specific focus, but that also allow participants flexibility in their responses (Braun & Clarke 2013). Interviews were conducted in early 2020 and again in early 2021 and were guided by data from the interim national evaluation (Vanson & Beckett 2018) and pilot focus groups with TNAs (King et al, 2020). The interviews were either in-person or via a telephone/video link and lasted from 24-61 minutes (average 39 minutes). Due to Covid-19, all interviews in 2021 were undertaken remotely. Interviews were recorded and transcribed at the earliest opportunity with any identifying information being anonymised during this process.

The interviews were analysed following the six step approach outlined by Braun & Clarke (2006). Initial coding was completed by BT and SL. These codes were further developed into categories and themes by SR, BT and SL. Final themes were agreed by all research team members.

Results:

Results focus on three themes: Workforce and education planning; Role ambiguity; and Support.

Workforce and education planning:

It was clear from those involved in commissioning NA training that recruitment should be linked to workforce need and getting this right was seen to provide a relatively quick way to begin to address current workforce shortages. NAs were therefore viewed as key to bridging the gap in the registered nursing workforce:

> "In my cohort there was a really high retention rate of students on the course. So in two years, 52 new NAs were out and ready to work. If we can replicate that it's making a big dint in the gaps that are clearly there." (LS7;yr2)

Planning to recruit experienced staff from within organisations to become TNAs was seen as yielding benefits for both individual development and to the organisation in retaining committed staff with experience who share organisational values:

> "What we have from an employee point of view is people loyal to the organisation have now been given an opportunity and are supported to do it. And why wouldn't you do that for staff you know are good, that have consistently proved they care, and are capable of progressing?" (LS7;yr2)

> "They've got a wealth of experience and they live and breathe the NHS values, and they have the ability." (LS2;yr1)

However, there were planning challenges as organisational need and the aspirations raised through training did not always match. Employers were concerned that they could lose staff as TNAs might become inspired to move clinical area or get frustrated if further progression was not forthcoming:

> "It's like a sieve, isn't it, because you get your TNAs in, you get them into NAs, and then some of them fall out of the bottom of the sieve and go into RNs. It's not an easy answer" (LS2;yr2)

> "TNAs have spoken about their base placements and some want to stay where they are and progress in that area, but some want to go, they want to change and go a bit further afield." (LS8;yr1)

Planning for TNAs was also important for the universities. This was about making a viable business case in the context of varying demand, but also planning processes to deliver a course that had apprenticeship standards and requirements new to the university and the nursing department:

> "Some of it is about numbers. For example, [Trust] took on quite large numbers of TNAs in the beginning and so they're not needing any for this cohort, but all the others [Trusts] are really keen so they make enough numbers for it to still be viable to run […] I think what's been a struggle is building the infrastructure to support them [TNA apprenticeships]" (LS3;yr2)

There was also an indication that the rise in TNAs from the private and independent sectors (such as primary care and nursing homes) was creating specific planning issues:

> "We've had a lot more PIVOs [Private, Independent & Voluntary Organisation TNAs] in the last few cohorts, a lot more GP practices sending just one or two TNAs. That brings its own challenges, because they don't have the infrastructure wrapped around them that big organisations like [NHS Trust] have. […] I have to keep track of where people are, but I've got lots of PIVOs and they are in numerous places […] Personally speaking, as a clinical educator, I find it challenging." (LS6;yr2)

Challenges to both workforce and HEI planning were not always easy to solve and could be made more difficult by factors such as lack of role clarity and confusion about the scope of the TNA role.

Role ambiguity:

Planning across both clinical settings and HEIs was noted to be complicated by the employment status of the apprentice TNAs compared to traditional undergraduate nursing students:

> "The TNAs are employed by us [the Trust] and have academic provision by the university. In the traditional [RN] model they are students of the university who come on placement to us for clinical experience. So that's been quite a challenge to begin with and we still sometimes fall into the trap – and this is both sides – of using processes that are the same as traditional pre-reg [preregistration nursing students] and you can't." (LS2;yr2)

This employee/student relationship was not only an issue for the organisations, but this difference in status could influence how and when learning opportunities were utilised by TNAs themselves:

> "The challenges can be because they're [TNAs] not supernumerary when they're in their base placement. Sometimes they can find it difficult to be supernumerary and feel they're not learning because they're not stuck in. Whereas I think [undergraduate] student nurses, culturally, from day one, they're used to standing back and learning and observing and seeing it as a learning opportunity." (LS6;yr2)

Planning is therefore also concerned with expectations in the clinical area and understanding how TNA learning can be impacted by clinical need and differing interpretations of employee/student status:

> "In practice I appreciate clinical pressures and it's about how you interpret supernumerary status on placement I think. And some people interpret it that they can do what they want." (LS2;yr1)

In contrast, stakeholders from the university had to maintain a strong focus on the TNAs' student status alongside their status as an employee and potential NMC registrants:

> "I always have to think about, okay, so what can we feasibly do for this person as a university student, not as an apprentice, not as an NMC potential registrant, but as a university student." (LS4;yr2)

This ambiguity and conflicting status could lead to uncertainty about the scope of the TNA role. This included expectations to fulfil a HCA role (particularly while working in their base placement) but, more worryingly, included requests to work beyond TNA competencies (more commonly on placements) - though this was seen to have improved over time:

> "There have been a couple of issues where people have gone on placements and been asked to do stuff that they [TNA] really can't do, like put up IVs and give out medication. A real lack of understanding about what they can and cannot do." (LS6;yr2)

> "People were anxious at first, are you allowed to do that in your role, are you allowed to do this? But because it's become more established and it's underpinned within the organisation, people are more aware of what TNAs can and can't do." (LS7;yr2)

This uncertainty around scope was clearly linked to the 'employee/student' status ambiguity, and is illustrated by the different hats worn by TNAs during their training:

> "We use and call them TNAs for the full time, so they will be doing some HCA work because they're doing an HCA day but they're mentally still a TNA, just physically they're not that for that

day. So I think that's quite a challenge for the TNA to get their head round that, but actually for our staff to understand as well." (LS2;yr2)

These challenges in planning and this conflicting status raise a further important theme about how support for TNAs is structured and delivered across the university and clinical settings.

Support:

For organisations that employ and provide placements for TNAs there were concerns, especially in year one interviews, about staff not having adequate understanding of the requirements to provide appropriate supervision and support for TNAs. However, people had worked hard to increase awareness and to create link roles between clinical settings and the university to help with this:

"We've done lots of engagement work to try and raise the profile and awareness of the [TNA] role. We link regularly with all the clinical areas that have TNAs and invest a lot of time in those clinical areas to make sure they're prepared accordingly." (LS5;yr1)

"I manage the clinical educators who are on the ground with TNAs. They are the link between the TNA apprentice and the university and are a really valuable role." (LS10;yr2)

These clinical educators acted as the front line of support for the TNAs within the clinical context while also providing that important link to the university:

"Our dedicated TNA educators are very much a regular presence for the TNAs in that clinical area. So they're the first port of call for clinical support or pastoral support." (LS5;yr1)

This role was particularly impacted by Covid-19 as virtual contact was not seen to provide sufficient support at times:

"If you've a TNA failing in the placement, it's a difficult interview to have on Microsoft Teams, very difficult… It's those kind of things, it's people struggling clinically, being able to meet them and it's the clinical educators not being out there every day, because that is their fundamental role to be the link person." (LS10;yr2)

There were also difficulties, again heightened by Covid-19, in TNAs being afforded protected time and to have sufficient exposure to gain the full range of required clinical skill competencies:

"On alternative placement, they're supernumerary. On base placement, there's that tension between they're supposed to be doing a job, but they're supposed to getting protected learning hours and who actually understands what protected learning hours are?" (LS1;yr1)

"What seems to be the case, definitely in recent times, is people are just under resourced, so they don't have the time to teach people. And if very practical things need doing in a support worker [HCA] role and that TNA was originally a support worker, they're going to get sucked back into that." (LS6;yr2)

As well as these challenges in providing support within the clinical setting, many TNAs were seen to represent a different type of student by the university stakeholders. They were mainly recognised as mature students with limited academic experience but significant clinical experience:

> "Looking at the groups, they were probably older, mature students. So they've probably not studied for a long time and probably need more support for the academic work. But probably less support for the clinical work." (LS3;yr1)

This required some adjustments to teaching approaches to try to provide specific support:

> "When they're (TNAs) coming on, they're at Level 3 and working through. But I think staff struggled initially, maybe because of what they're used to teaching, to see that these aren't typical undergraduate students on a degree." (LS3;yr1)

> "Actually, I've introduced a good half an hour 'housekeeping' at the beginning, just listening to them and getting them to chat, *then* you teach. After lunch I'd do half an hour almost group tutorial asking, 'does everyone understand the requirements? Are we all okay with understanding this? Do we know where to find things?' And doing all that *before* you do more teaching." (LS1;yr1)

What is clear from the above is that the TNAs require some specific forms of support mainly linked to their limited prior academic experience and to the emerging nature of the role and the planning challenges these create.

Discussion:

Findings here about TNA workload planning align well with work by Lucas et al (2021) who found that TNA training was valued as a positive form of career development for staff already working within the organisation – often termed 'growing our own'. However, our findings highlight something more; the amount of planning that is required within the university sector for successful TNA delivery. With one exception, Taylor & Flaherty (2021) who note the new and complex processes required by HEIs when establishing and delivering a TNA programme and the additional staff skills required, little previous work has considered this aspect. While the national evaluation (Vanson & Bidey, 2019) included HEI stakeholders, and noted how teaching was often pitched at too high a level, this work was completed early in the development of TNA programmes. It would therefore be helpful for future research to consider a specific focus on how HEIs have subsequently adapted structures, processes and teaching now that they are more established. Furthermore, our findings suggest that planning and delivery processes for TNAs from the primary care and social care sector, might raise distinct issues. Future work should therefore consider the specific experiences of TNAs from these sectors.

The uncertainty and ambiguity attached to the TNA/NA role has been well documented, as has the idea that these are easing as the role becomes more established (e.g. Vanson & Bidey, 2019; Lucas et al, 2021). Nevertheless, findings here suggest there could be on-going conflict for TNAs when they are simultaneously cast in the role of employee, apprentice and student. Different stakeholders clearly have differing interpretations or emphasis in relation to TNA status and therefore different expectations. This was especially apparent during times of crisis, such as the Covid-19 pandemic. Future research could explore how this conflict plays out in other contexts (such as times of high patient acuity) and what support can be best provided to clarify and align expectations to help resolve such conflict.

Access to appropriate support has been shown to be important for promoting wellbeing and enhancing learning among TNAs (Coghill, 2018b; King et al, 2020; King et al, 2021). Recent work shows that TNAs receive such support from a range of sources with clinical supervisors, academic

tutors, peers and family/friends being particularly important (Robertson et al, in press). Findings here align with the national evaluation (Vanson & Bidey, 2019) in demonstrating the importance of frontline roles to support TNAs by bridging between clinical (employer) and educational expectations and demands. Such roles play an advocacy role, that help raise awareness of TNA requirements and scope of practice among clinical staff while also highlighting when clinical need should be given primacy over educational demands – such as during the Covid-19 crisis. These frontline roles also have pastoral elements that were dimished at times during the Covid-19 when the face-to-face nature of this support mechanism was temporarily withdrawn (see - Robertson et al. In Press). As Robertson et al (In Press) note, future research should continue to consider when, where and by whom appropriate support is provided for TNAs to ensure the best experiences and aid retention through training and continuing professional development.

Conclusion:

This paper adds to what is known about TNA programme implementation by focusing on a local stakeholder perspective. It highlights how clarity of role, understanding of support needs and discussions around career aspirations are essential to good workload planning for all organisations involved in TNA programme development and delivery. It further demonstrates the need for good partnership working across the health and education sectors to ensure clear systems, structures and processes are in place that support both the TNA and those working with them in the clinical and HEI settings. While challenging elements of programme implementation (such as uncertainty about the nature and scope of the role) are starting to settle down, the employee, apprentice, student status of TNAs continues to create differing expectations and demands that become particularly apparent in times of crisis.

Finally, some issues are flagged that would benefit from further work. There are specific challenges, as yet under-explored, for TNAs from the private, independent and voluntary sector and limited work has been done on how HEIs have risen to the challenge and adapted practices when implementing the TNA programme. Both these areas would benefit from further investigation.

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