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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]

Sally Snowden[1], University Teacher

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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Support and career aspirations among trainee nursing associates: a longitudinal cohort study

Abstract

The nursing associate role has been introduced in England to bridge a skills gap between health care assistants and registered nurses and to provide an alternative route into registered nursing. While previous research has highlighted challenges that trainee nursing associates (TNA) face, and how qualified nursing associates (NA) are being embedded within the workforce, no research has explored TNA experiences over time.

Aim: To consider how support experiences and career plans change for TNAs over a one year period before and during the COVID-19 pandemic.

Method: A longitudinal study that collected survey data in 2019 and 2020 from a cohort of TNAs, recruited through universities and social media.

Results: Over the period of the study, there was an increase in support from clinical supervisors and NAs, and a reduction in support from academic tutors. Support in the clinical setting improved from 56% to 65%. Few participants (around 10%) intended to remain in an NA role. Over a third remain uncertain about progressing to registered nursing. The majority wish to remain in their current organisation though a third were looking to change clinical setting.

Conclusion: Understanding more about changes in support mechanisms and career aspirations could ensure a positive working environment and help align individual career planning with organisational workforce requirements.

Key words

Introduction

The global and local shortage of nurses is having a considerable impact upon the delivery of healthcare services (Marć et al. 2019). Concerns around this shortage of nursing staff in the United Kingdom (UK) has been recognised as a significant threat to health care delivery (Kings Fund 2018) and these issues have been exacerbated by the COVID-19 pandemic (Anderson et al 2021). In England, a proposed solution to this shortage, suggested following a review of nurse education and training (Health Education England 2015), was to introduce a role to bridge the identified skills gap between unregulated health care assistants and registered nurses, and to increase routes into nursing via the new Nursing Associate (NA) role (Health Education England 2015). After consultation and debate within the nursing profession, NAs became regulated by the Nursing and Midwifery

Council (NMC) and are therefore subject to the standards required for entry and on-going registration (Glasper, 2018). These standards set out the knowledge and skills required for safe and effective NA practice (NMC, 2018). Training has to ensure exposure to all four fields of nursing practice and ensure experience in developing the skills require to care for people 'in hospital', 'close to home' and 'at home'. An assumption was made that approximately half of these NAs would progress to become registered nurses (Council of Deans of Health 2017). After initial piloting and expansion of NA training, since January 2019 qualified NAs have been registered with the Nursing and Midwifery Council (NMC) and are becoming an established part of the health and social care system in England.

Research has begun to report on the motivations, experiences and aspirations of trainee nursing associates (TNAs) and on the implications of embedding newly qualified NAs into healthcare settings. The Health Education England commissioned evaluation of the TNA programme (Vanson and Bidey 2019), suggests that TNAs applied to the programme to develop their skills and progress their careers, including, for some, moving into registered nurse training. This evaluation also demonstrated challenges for trainees in both the academic setting (mainly linked to low confidence) and in clinical settings (a lack of understanding and acceptance by colleagues, and difficulties in getting protected learning time). However, it also noted their enthusiasm, commitment, and high levels of satisfaction with the quality of teaching and support from their Higher Education Institutions (HEIs).

These findings are reaffirmed by Coghill (2018a, 2018b), who completed surveys and focus groups with TNAs in the North East of England, and by King et al (2020) who completed focus groups with TNAs in the North of England. Both studies highlighted similar motivations around skill enhancement, career progression, and stepping into registered nurse training. Struggling with academic work and lack of protected learning time were also reported. In terms of support, both Coghill (2018a; 2018b) and King et al (2020) found support from peer TNAs particularly important. Additionally, both studies found support experiences with mentors and in clinical settings were variable and King et al (2020) identified the importance of broader support networks that included line managers, staff in clinical placement areas and academic tutors.

More recently, as TNAs enter the workplace as qualified NAs, research that focuses on this new role from a range of stakeholder perspectives has emerged. The National Institute of Health Research (NIHR) Policy Research Programme has funded a large study looking at the introduction of the NA

role. An interim report, incorporating data from interviews with experts and a survey of Chief Nurses in England, has been produced (Kessler et al. 2020). Similarly, Lucas et al (2021) completed interviews and focus groups with a range of health care stakeholders to explore their experiences of the newly implemented NA role. They highlighted how the role was adaptable to different clinical settings and provided a positive career development mechanism, but implementation was often restricted by lack of clear communication and planning.

A recent cross-sectional survey with TNAs and NAs from across England (King et al 2021) identified concerns about under and over-utilisation of their role, safety, staffing levels and missed care during the first wave of COVID-19 in England. There was also an expressed pride from participants in maintaining high standards of care and in enhanced teamwork during this difficult time. However, as yet, there is limited research that reports on how experiences and career plans might change for TNAs/NAs over time, especially when training through the COVID-19 pandemic.

Aim

To consider how support experiences and career plans are reported by a research cohort of TNAs over a one year period that includes before and during the COVID-19 pandemic.

Method

Design: A longitudinal study that collected survey data from a research cohort of TNAs/newly qualified NAs at two time points approximately one year apart. This work forms part of a larger programme of research with TNAs that will also include qualitative data collection and work with stakeholders invested in the TNA programme.

Sampling & Recruitment: TNAs were recruited to a study cohort from across England to ensure diversity of responses. They were invited to participate via university email lists with course leaders from seven HEIs being contacted and asked to distribute the invitation. Social media (Twitter®) adverts were also used. Recruitment was open between April and November 2019. In order to obtain a range of responses, no restrictions were placed on the nursing fields that participants were from, or on their stage in the TNA programme.

Ethics: Ethical approval was gained from the University [blinded for review] Research Ethics Committee [Ref: 026355]. A link to an information sheet was included in the recruitment invitation

email and in the social media advert. A link to the consent form was at the bottom of the information sheet. The survey was only sent to those who completed the consent form and only the research team had access to completed surveys.

Data Collection: Data was collected by a survey distributed to the same research cohort at two time points; April-November 2019 and July-September 2020 – subsequently referred to as 'year one' and 'year two'. The survey began with demographic questions relating to regional location, gender, age, ethnic background, and TNA/NA status. Further survey questions were developed specifically for the study paying attention to emerging research (Coghill, 2018a; Coghill, 2018b; Vanson & Beckett, 2018; Davey, 2019) and following an exploratory focus group study (Blinded for peer review, 2020). Here we report on the questions that related to support and career plans (Table 1.).

[Insert Table 1. Around here]

Data Analysis: Data were analysed using descriptive statistics and are presented showing percentage comparisons between year one and year two.

Results

Following recruitment to the cohort, 121 completed the survey in year one. Only 64 (53%) of these completed the survey in year two. Table 2 shows the demographics of those of those who completed the survey in year one and year two.

[Insert Table 2. Around here]

Despite drop out from the cohort in year 2, the location, gender, ethnic background, age distribution and the field of their base placement for participants remained similar across the two years suggesting that this attrition was evenly spread across the cohort. In year one, only 6 (5%) participants were qualified NAs. As expected in a study that followed this cohort over time, by year two 21 (33%) participants were qualified NAs and the majority of the remainder of TNAs were now in their second year of study.

Support:

Figure 1. highlights where TNAs/NAs say they receive support from. Across both years, clinical supervisors were the main source of support with academic tutors, TNA peers, and relatives and

friends also being important. Clinical supervisors became an even more important source of support by year two (80% v 92%) while the role of academic tutors (64% v 50%), peer TNAs (66% v 42%) and social media (23% v 16%) all decreased. Support from family and friends remained consistent across the two years (51% v 50%). In both year one and two 'other' sources of support included; colleagues at base placement, clinical educators/practice facilitators, managers and work colleagues. Support from these sources increased by year two as did support from other NAs.

[Insert Figure 1 around here]

Despite these sources of support, only 68 (56%) of participants in year one felt that they were often or very often adequately supported in the clinical setting and 19 (16%) felt they were never or rarely adequately supported. By year two, 41 (65%) felt that they were often or very often adequately supported and only 7 (11%) felt they were never or rarely adequately supported.

Career Plans:

Figure 2. shows what the TNAs/NAs say their future career plans are. A lower percentage of participants were looking to return to work in their previous setting in year two (9%) compared to year one (17%). A higher percentage of participants wished to remain in their current workplace by year two (45%) compared to year one (34%). A similar percentage of participants at year one (32%) and year two (34%) had plans to move to a different clinical setting either in their own organisation or in a different organisation. In both year one and two 'other' career plans included; being undecided, becoming an RN, and in two cases (both year one) a different career all together.

[Insert Figure 2 around here]

In terms of intentions to become a registered nurse, there was little change between year one (52%) and year two (53%). There was a slightly lower percentage who were unsure about whether to become an RN in year two (36%) compared to year one (40%) and a slightly higher percentage who were not planning to become an RN in year two (11%) compared to year one (8%).

These slight differences overall do not mean that individual TNAs did not change their plans over time. For those who had said they did not plan to become an RN in year one (n=10), and who completed the year two survey (n=8), one did now plan to become an RN and three more were

thinking about doing so. Conversely, three participants who had said they were thinking about RN training in year one said they were no longer doing so by year two.

Discussion

A degree of support, or at least contact, within the clinical setting is anticipated as the majority of the TNAs were on the apprenticeship programme which requires regular tripartite meetings between the TNA, their employer and the HEI. 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). The change in sources of support among our cohort – increase in support from clinical supervisors and NAs, and reduction in support from academic tutors, peer TNAs and social media – might be linked to specific factors. First, as clinical supervisors and TNAs/NAs themselves become more familiar with this new role then trust, understanding and skill in negotiating the supervisory relationship will increase. As Felton et al (2012) highlight, these are necessary aspects for promoting confidence in nurses clinical supervisory relationships. This trust and understanding is enhanced by the increasing number of qualified NAs being in the workplace who can offer experience-based support to those NAs now in training. Second, during the COVID-19 crisis, the ability for TNAs to link with academic tutors and their TNA peers became more challenging (King et al 2021) reducing opportunities for support from these sources. However, this does not explain the reduction in support from social media sources, which might have been expected to increase in the more virtual COVID-19 environment. Understanding more about the nature of social media support for TNAs could form an interesting aspect for future research.

Similar factors could account for the reported improvement in feeling supported in the clinical setting among the cohort over the one year study period. The gradual embedding of TNAs and NAs into clinical settings is leading some to report a greater understanding and acceptance of the role, and less role ambiguity (Lucas et al 2021, Vanson and Bidey 2019). This will improve the culture of support for these students and for staff. Similarly, the COVID-19 crisis, while proving challenging, also generated feelings of enhanced teamwork, cohesion and of making an important contribution among TNAs/NAs (King et al 2021); again, all facilitators and indicators of support. Support needs may also be dependent on the base placement field of practice, stage of training or time since qualifying. For example, King et al (2021) demonstrated higher levels of concern among TNA/NAs in community settings compared to acute settings during Covid-19 which would require differing levels of support. These findings have implications for those working alongside TNAs/NAs in clinical settings who might facilitate a supportive work context for their TNA/NA colleagues, possibly

through sharing positive experiences of what they can bring to the team. A further finding here is the consistent support provided by relatives and friends; something not recognised in previous research with TNAs/NAs. Future research could look at how and when different sources of support are provided to TNAs as they progress through their training and where support gaps occur.

The policy underpinning the implementation of NAs rests in part on an assumption that approximately half of the NAs would remain in that role and that half would become RNs (Council of Deans of Health 2017). In practice, such plans become more complex as workforce needs and personal career plans may not always align. Our findings show that only a very small percentage fully intended to remain as NAs. Just over half were definitely looking to transition to RN and a further group (of 36-40%) remained undecided. Workforce managers have shown themselves to be positive about the ability to 'grow their own' staff in terms of presenting career opportunities (particularly for health care assistants) through the TNA programme (Kessler et al 2020, Lucas et al 2021). However, there have also been concerns expressed about NAs not consolidating their new role before proceeding to RN training (Lucas 2021), and Kessler et al (2020) note that organisations were keen to encourage NAs to 'bed-down' in their new role, some even operating 'golden handcuffs' to keep staff for two years after qualifying. Given that many organisations had planned for specific numbers of NAs to fill the health care assistant/RN skills gap, this is predictable.

Lucas et al (2021) also highlight the importance that workforce managers place on NAs experience and knowledge already being embedded within the organisation and this is seen as an important aspect of 'growing their own'. It is encouraging therefore that our findings show that the majority of participants intend to return to, or remain within, their current organisation. Approximately one-third were looking to change the clinical setting they worked in. This could be seen as a positive outcome of being exposed to a range of clinical settings during the generic, four fields training which helped develop or shift career plans. However, it could also be seen as disruptive to the organisation from a workforce solution perspective as NAs move from clinical settings that had planned for their presence (Kessler et al 2020). It will be important to undertake more research exploring what influences the decision to transition among TNAs/NAs, and their decision to change clinical setting, particularly as our findings show that these can change for individuals as they progress through their TNA journey.

Limitations

While this study has strength in its longitudinal design, there are also some limitations. As recruitment took place via HEI partners (and social media), we did not have control over which TNAs were contacted for the study and whether this represented all TNA groups or just selected ones. Although some diversity was achieved in terms of geographical location, the majority of participants were in the North. In addition, the group was almost all female and with a high number of White British participants and over half were in adult nursing base placements. This has implications for the generalisability of findings and implications for where future research might focus attention. Despite this, the limited diversity which was achieved was retained across the study year suggesting that attrition was evenly spread across the participants characteristics.

As with all longitudinal cohort studies, there is a limitation that not everyone who signs up continues to complete data collection over time. There was almost a 50% reduction in survey completion over the year of the study limiting the opportunity to provide detailed statistical analysis. Nevertheless, the data presented provides, at minimum, an interesting picture of changes in support and career aspirations for TNAs/NAs and consideration of the potential implications of these – a unique offering in research with this new professional nursing group.

Finally, collecting data by survey at two time points can only provide limited information on the issues considered here and therefore the findings must be approached with caution. However, as indicated earlier, this work is part of a larger programme of study that will seek to supplement the findings reported here with in-depth interviews with TNAs and with other stakeholders invested in NA training. As such, it forms one part of a larger corpus of research on TNAs motivations, experiences and aspirations.

Conclusion

It is apparent that the support experiences and career aspirations of TNAs change over time as they gather experience across different clinical settings and as the external context (most notably for this group the COVID-19 crisis and the move into the qualified NA role) shifts. Support is gathered not only from formal sources, such as clinical supervisors, academic tutors and clinical educators, but also from clinical colleagues, peer TNA/NAs and family and friends. To help these new members of the nursing team achieve the best for patients, colleagues and TNAs themselves, we all have a part to play in generating a workplace culture that makes colleagues feel valued, included, and thereby supported. Such a culture, which seeks to encourage and offer opportunities within the workplace, will help build confidence in mastering clinical skills including critical decision making.

It is important to understand TNA/NA career aspirations, and the motivations behind these, not only as part of supporting continuing professional development but also for workforce planning. Understanding these aspirations and motivations can help align organisational workforce need with personal career ambitions in ways that boost job satisfaction and feelings of organisational collegiality thereby helping with retention and recruitment.

Key points for practice

- It is important to consider how and when different sources of support are used by TNAs as they progress through their training and where support gaps occur.

- Taking time to understand and share the positive aspects of the TNA/NA role can help reduce concerns about the role and facilitate a more supportive context for their continued development and progression

- It is important to understand career motivations and aspirations at all stages of the TNA/NA journey and to consider the alignment of these with the needs of clinical areas, the organisation and the wider health care system

- Funding mechanisms for transitioning to RN should be sustained in the coming years in order for the health care system to benefit from a skilled and competent cohort of NAs wishing to take the next step

References

Anderson, M, O'Neill, C, Clark, J.M, Street, A, Woods, M, Johnston-Webber, C, Charlesworth, A, Whyte, M, Foster, M, Majeed, A. and Pitchforth, E (2021) Securing a sustainable and fit-for-purpose UK health and care workforce. *The Lancet*. In Press https://doi.org/10.1016/S0140-6736(21)00231-2

Coghill, E (2018a) An evaluation of how trainee nursing associates (TNAs) balance being a 'worker' and a 'learner' in clinical practice: an early experience study. Part 1/2. *British Journal of Healthcare Assistants*, *12*(6), 280-286. https://doi.org/10.12968/bjha.2018.12.6.280

Coghill, E (2018b) 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. https://doi.org/10.12968/bjha.2018.12.7.356

Council of Deans of Health (2017). *Nursing Associate Policy Update*. London.

Davey, M (2019) My trainee nursing associate journey. *British Journal of Healthcare Assistants*, *13*(3), 131-133. https://doi.org/10.12968/bjha.2019.13.3.131

Felton, A., Sheppard, F. and Stacey, G (2012) Exposing the tensions of implementing supervision in pre-registration nurse education. *Nurse education in practice*, *12*(1), 36-40. https://doi.org/10.1016/j.nepr.2011.05.004

Gibbons, C, Dempster, M, and Moutray, M (2011). Stress, coping and satisfaction in nursing students. *Journal of advanced nursing*, *67*(3), 621-632. https://doi.org/10.1111/j.1365-2648.2010.05495.x

Glasper, A. (2018). Registration of nursing associates gains government backing. *British Journal of Healthcare Assistants*, *12*(7), 333-335.

Health Education England (2015) *Raising the bar. Shape of caring: a review of the future education and training of registered nurses and care assistants*. London: HEE. https://www.hee.nhs.uk/our-work/shape-caring-review

Kessler, I, Steils, N, Samsi, K, Moriarty, J, Harris, J, Bramley, S, and Manthorpe, J (2020) *Evaluating the Introduction of the Nursing Associate Role in Health and Social Care: Interim Report*. NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. https://kclpure.kcl.ac.uk/portal/en/publications/evaluating-the-introduction-of-the-nursing-associate-role-in-health-and-social-care-interim-report(96eef0ff-ee8b-4c90-a492-da7f96a36a43).html

King, R, Ryan, T, Wood, E, Tod, A. and Robertson, S (2020). Motivations, experiences and aspirations of trainee nursing associates in England: a qualitative study. *BMC Health Services Research*, *20*(1), 1-10. https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05676-7

King, R, Robertson, S, Senek, M, Taylor, B, Ryan, T, Wood, E, Tod, A (2021) Impact of Covid-19 on the work, training and wellbeing experiences of nursing associates in England: a cross-sectional survey. *Nursing Open* https://doi.org/10.1002/nop2.928

Kings Fund (2018) *The health care workforce in England: make or break?* London: Kings Fund https://www.kingsfund.org.uk/publications/health-care-workforce-england

Lucas, G, Brook, J, Thomas, T, Daniel, D, Ahmet, L. and Salmon, D (2021). Healthcare professionals' views of a new second-level nursing associate role: A qualitative study exploring early implementation in an acute setting. *Journal of Clinical Nursing*, *30*(9-10), 1312-1324. https://doi.org/10.1111/jocn.15675

Marć, M, Bartosiewicz, A, Burzyńska, J, Chmiel, Z and Januszewicz, P (2019). A nursing shortage–a prospect of global and local policies. *International nursing review*, *66*(1), 9-16. https://doi.org/10.1111/inr.12473

NMC (2018) *Standards of proficiency for nursing associates*. London: Nursing & Midwifery Council

Vanson, T, Beckett, A (2018). *Evaluation of the introduction of nursing associates. Phase 1 report for Health Education England*. London: Traverse

Vanson, T, Bidey, T (2019). *Introduction of Nursing Associates: Year 2 Evaluation Report*. London: Health Education England