

## Trainee nursing associates' experience of academic learning: the first six months

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### Abstract

**Background:** The introduction of the nursing associate has aimed to provide a different route into nursing careers. Education standards have been structured in line with Nursing and Midwifery Council (NMC) standards for nursing associates for them to meet the proficiency requirement to enter the NMC register (NMC, 2018c). However, there are pedagogic challenges due to the inclusive nature of recruitment, which requires only base line entry qualifications.

**Objectives:** The purpose of this research is to investigate the experience that trainee nursing associates (TNAs) have of academic learning within the first six months of their apprenticeship programme and to determine the impact of this experience on their progression.

**Design:** A quantitative design was adopted using data collected from two focus groups comprising TNAs who had completed their first two trimesters of academic study. This allowed a phenomenological approach to understand the subjective experiences of the participants within a purposeful sample.

**Findings:** Three key areas highlighted in the study which affected learner progression were identified: readiness to study; support to study; and transition of trainees to becoming independent learners.

**Conclusion:** Investment and preparation by all partners involved in the TNA course are crucial. Readiness for trainees to study needs robust and timely recruitment and learners would be supported by having basic study skills prior to commencement.

### Key words

Nursing associate      Apprenticeship      Education      Learner      Study

### Background

Since 2010, a decline in NHS spending has affected staff growth and retention, and with the abolition of the training bursary, there had been a decrease in applications for degree nurse training (Murray, 2017). The coalition government, in 2013 had emphasised that there needed to be a relationship between academic and vocational learning, with work-based training being developed around the needs of the employer (Dean, 2012).

The Shape of Caring Review (Health Education England (HEE) 2015: 6) highlighted the need for an 'education journey' to ensure workforce planning, which led to the emergence of the nursing associate role. There had been a recognition that skills mix within the healthcare profession would improve the quality of patient care following reports into the failings of safety, care and leadership within healthcare settings (Francis, 2013, Berwick, 2013). The introduction of the nursing associate aimed to provide a route into nursing careers and provide a role, which 'bridged the gap between healthcare assistants and registered nurses'

(NMC, 2023), within the parameters of the NMC's Code for nurses, midwives and nursing associates' (NMC, 2018a).

Independent evaluation of the first pilot of the test site programme for the Nursing Associate in 2017 found that the new role supported the career progression of care assistants as well as growing the provision of nurses (Vanson & Beckett, 2018). Education standards were structured in line with NMC standards for nursing associates for them to meet the proficiency requirement to be able to apply, on completion, to the NMC register (NMC, 2018c). Nursing associate training, since the HHE funded pilot launch, could be provided through an apprenticeship route or via UCAS or direct application if a university had programme validation for this. Apprenticeship routes were governed by the Institute for Apprenticeships and Technical Education (IATE, 2023) whose occupational standard closely reflected the NMC proficiency standards with learners meeting aligned knowledge skills and behaviours. However, training for the nursing associate apprenticeship would continue to be composed of one employer and one education provider, ensuring both theory and practice in line with regulatory frameworks (Vanson & Beckett, 2018).

Access to the programme required GCSE's in maths and English (A-C) or an equivalent (Key Skills level 2) and for the applicant to demonstrate the ability to study to level 5 foundation degree. Individual employers could also stipulate an entry requirement such as the Care Certificate which identified that an applicant had met an understanding of identified care standards (Health Education England, Skills for Care & Skills for Health, 2015) This inclusive approach meant that applicants may have limited previous experience of higher education.

#### Research aims

The purpose of this research was to investigate the experience that Trainee Nursing Associates (TNAs) had of academic learning within the first six months of their 2-year apprenticeship programme by:

- Establishing the TNAs' experiences of academia during the first six months.
- Determining the impact of this experience on their progression
- Ascertaining what support could be given to TNAs throughout their academic journey considering the pedagogic approach.

#### Review of significant literature

Following a preliminary review of the literature it was apparent that there was limited research about the experiences of trainee nurse associates in academia although much interest has been shown in the context and significance of the role and the gateway that it provides into a professional career. The CINAHL database was used to identify 'trustworthy nursing research' (Wright et al, 2015) and in addition Academic Search Premier and Education Research Complete were used as appropriate to considering the topic of higher education. Specific inclusion and exclusion criteria were set and Boolean operators were used to search for the most relevant papers ensuring credibility and reliability (EBSCO, 2023) which resulted in 13 papers being selected as relevant from an initial 211 papers.

#### Themes from the literature

##### Context

Much of the current information about the nursing associate apprenticeship was found within professional body literature (NMC, 2018c; NMC, 2019a; HEE, 2016; NHS Health Education

England, 2017). This literature defines the role of the TNA and provides the context for it. It explains the framework for the education of the TNA giving relevance to the design, plan and delivery of this at level 5 (HEE, 2017). It sets out what nursing associates need to know and how this will be achieved through the partnership of the employer and the approved education institution. This literature is not considerate of teaching context and student experience but rather the regime of teaching and learning (Ashwin et al, 2015)

### Significance

There has been much debate about the role of the Nursing Associate since the commencement of the pilot, and literature has emerged discussing the concept and significance of this role (Glasper, 2017; Ousey, 2018; Trueland, 2018). Interestingly, this literature acknowledges that the TNA will not work as a registered nurse but will hold a qualification higher than many practicing nurses who qualified before 2000 and were 'nominally ascribed a level 4 qualification' (Glasper,2017:57). Since 2000, nursing qualifications have been at level 5 (diploma) and latterly, level 6 (degree). However, the entry qualifications for registered nurse programmes were higher, requiring 5 GCSE's. There is no discussion in the literature about the capacity of the TNA, who enters higher education with less academic qualifications to manage academic study at level 5 (Glasper, 2018).

### Gateway

There is an acknowledgement that the apprenticeship provides an 'entry gate' to a professional career (Dean 2012) with an emphasis on the programme being employer led. It is required to meet the Apprenticeship and NMC standards, with universities providing accredited programmes (Rosser, 2017). The credited programme leads to a level 5 foundation degree which is comparable to the first two years of any 'full' degree, however, the TNA role has been promoted as delivering 'hands on care for patients' and having a less academic bearing than the Nursing Apprenticeship (Trueland, 2018). This raises the question about how the TNA experiences academia and the alignment of their learning expectations and programme delivery (Roulston & Davies, 2019).

### Research design

A qualitative study was conducted using data collected from two focus groups comprising of TNAs who had completed their first two trimesters of academic study to capture the unique experiences of individuals and the sample group (Schwandt, 1998, Happell, 2007).

The focus groups were undertaken on university premises on TNA study days for ease of participation. Participants knew each other and the impact of power differentials was considered within the groups, however, the discussion was not dominated by one individual and the dialogue was enhanced by shared experiences and openness (Happell, 1996).

A topic guide was used to ensure that the data gathered was relevant and this was done in the form of 6 questions posed by the researcher, however, the focus group had a semi structured composition which allowed the participants to discuss generated topics. The researcher used non-specific language and open questions in order not to employ topic control or demonstrate bias (Morse, 1991)

A transcript-based analysis took place as this was felt to be rigorous and provided the opportunity for the researcher to listen to what was discussed by the participants whilst transcribing (Curtis & Redmond, 2007). The data was analysed using step-by-step interpretative phenomenological analysis (Pietkiewicz & Smith, 2012) with multiple reading

and making notes which resulted in emergent themes. Coding was then applied to extract 'units of meaning' (Bell & Waters, 2014: 239).

### Sample and recruitment

A purposeful sample was required to meet the study's needs (Morse, 1991) and this was drawn from within a group of TNAs (totalling 24) who met the above criteria. The sample were recruited via a research information workshop and were then sent an invitation letter, information sheet and consent form and asked to indicate their interest. Two focus groups were conducted, one with 7 and one with 3 participants. Demographic information sought from the faculty administrative staff indicated that the focus group was broadly representative of the intake as a whole. The groups were all female as there were no male entrants in this intake

### Ethics

Ethical approval was sought via the Research Ethics Committee within the university where the research took place and consent gained. Anonymity could not be guaranteed for the participants due to the nature of focus groups and the inability of the researcher to guarantee the discretion of the participants outside of the group (Parahoo, 2007). However, the researcher did not identify the participants within the research ensuring their confidentiality and applied the framework of Beauchamp and Childress (2013): respect, beneficence, justice and non-maleficence.

### Findings

Following thematic analysis nine subthemes become apparent and these were clustered with similar others and given a title under the three represented themes.

### Readiness to study

Participants described organisational preparation and clarity as being key to their own readiness to study. The TNA interviews had taken place in the December before commencing the university induction in the middle of January. TNA 9 explained how the rapid enrolment process had felt,

'That was just a rollercoaster. From having your interview...and then coming to university to then trying to juggle everything that was a massive roller coaster for me...' The initial experience was often confusing because of lack of information and did not help the TNA 's gain confidence.

'I think if we had had an information leaflet first outlining what each one (session) was, it would have made a bit more sense to us' TNA1

Studying was a new experience for the participants who reported that some of the core modules lacked clarity about criteria and assessment requirements and because of this they felt they did not have clear direction. Also, some key staff had left or been absent during modules and they felt this impacted their ability to learn.

'It's so new and the university didn't fully understand what they needed to do, we didn't and practice didn't and mentors don't... and it just made it more difficult.' TNA4 They viewed the curriculum as sometimes being poorly planned with practical sessions timetabled in the morning when they felt they would have been more receptive to academic learning,

'You've had something to eat (at lunch), by the time I've eaten I'm tired ' TNA6

The TNAs came with little experience of formal study and they also lacked key skills associated with studying,

‘It has taken me nine months to learn how to copy and paste something...nine months it took me. All my work was written every time.’ TNA1

Also,

‘...I didn’t even know that there was a word count so I was sat there counting them.’ TNA2

The lack of basic skills for some of the Trainees meant that they were not in a state of readiness for academic education.

‘...and it’s those little things that make it so much easier, if you know you know and if you don’t you don’t.’ TNA5

Unlike traditional BSc Nursing Students, TNAs follow an apprenticeship route and work full time alongside studying with only one day per week in university. TNA7 echoed the opinions of the rest of the group when she said,

‘I’d been out of education for eighteen years and it was a big culture shock to have to then juggle home work, work life and university life.’

The group expressed that time management was an essential skill and felt that with more time they could achieve more,

‘You could explore things more. Who wants after a twelve-hour shift to come home and start reading things?’ TNA5

The consensus from the groups were that the three main factors impacting their readiness to study were a lack of understanding of what was required of them, lack of basic skills to approach some of the tasks and lack of time due to the rigidity of the course.

### Support to study

The Trainees spoke positively about the support they received from peers in the first 6 months of their academic journey. They saw the induction weeks as a time when they made friends. Some of them had met at the interviews and then linked up during the first two weeks.

‘I couldn’t have gone through it without knowing people, like on that first day, I couldn’t imagine going through this on my own.’ TNA9

The group was seen as a source of strength and support,

‘We have quite a nice group...if I struggle, I could ask any of you.’ TNA1

They vocalized appreciation of the support that they received from academic supervisors and felt that they could approach staff with issues,

‘... my supervisors for my modules whenever I need anything they have rung me back, so I do feel that they are there.’ TNA8

Some did comment that not all academic staff responded in a timely way but the focus group were generally positive about the support they received saying, ‘You know if you have a problem here you have somebody to come to.’ TNA9.

In comparison, the Trainees viewed their practice support regarding their academic study as poor.

‘I think we have a lot of support here, but we don’t have a lot of support at work.’

TNA9

A common experience was to be asked to do overtime after a day at university or to be put on a shift working until midnight prior to attending university. They described practice as not really understanding the course. One trainee said,

'We have two weeks off over Christmas, and I know it is Christmas. But my boss ...has put me in for shifts ...I am not sat there enjoying Christmas, I am going to revise.' TNA8  
Another issue raised was that because the Trainees generally return to clinical work the day after university there is no time to reflect on their academic learning.

#### Independent learners

The Trainees viewed their move to academia as life changing. Despite the difficulties they had experienced they presented as committed and pragmatic. They acknowledged that 'the library has become our second home' (TNA3) and holidays had become swallowed up with studying. They fitted in studying where possible,

'I've done five shifts back-to-back, I was in the store room last night on my break doing my work.' TNA3

They were cheerful when acknowledging that they had stopped watching television and said, 'You look at the ironing pile, TV or your book and think 'Oh, I can't fall behind' (TNA3).

They revealed an ambition to reach their goals of becoming Nursing Associates and a willingness to commit to further study to become level 5 nurses,

'I'd like to do an extra add on year and become a band 5. Because if we have come this far then why not? We've proved to ourselves that we can do it.' TNA1

There was a great feeling of celebration of their academic achievement over the first 6 months,

'I like going into practice and saying everything that I have learned and when something comes up ... you know exactly what you are doing.' TNA4

The trainees recognised they had changed and talked about 'checking things out' that they had been taught in university and sharing their acquired knowledge in their clinical placements. They showed pride in their knowledge and how they assimilated this in practice demonstrated that they had moved towards becoming independent learners

'When we are sat in the lectures, I am thinking how I can apply it on the ward.' TNA10

#### Discussion

Pedagogic challenges for these students were highlighted through the focus groups. This raised the question of how what must be learned was taught. To a large degree this is established by the programme requirements but 'teaching to how students learn' (Biggs & Tang, 2007: 15) is crucial in developing future professionals. This discussion considers the implications of the findings for the trainee, academic staff and the clinical placement provider and examines what this means in practice.

#### Implications for the students

The TNAs commenced lifelong learning as individuals by diving into the institutional process of healthcare education (Jarvis et al 2003). Reece and Walker (2000:9) state that 'no two students learn in the same way' which poses questions for the educator in how to meet the expectations of both the trainee and the organisational requirements of the course (NMC, 2018b).

Preparedness for learning had been identified as key and lack of readiness either by the learner or the organisation meant that the trainee initially became overwhelmed by the expectations of the course. A deficit of knowledge about the academic component of the course meant that trainees were not equipped in the most basic sense to study. Poor IT skills

and time management were raised as barriers to readiness for learning. Although adults 'can learn to learn' (Rogers, 2007: 39) it appeared that knowledge of study skills are essential for students to make a fast exit from the starting blocks on a professional course.

The trainees were positively impacted by the support of their peers in progressing their academic careers. Latino and Unite (2012) record the significant effect that peers have within academia with an impact on confidence and retention rates noted by Green (2018). Trainees benefited from academic support from academic supervisors with these interactions developing throughout the first six months and contributing to them becoming comfortable with their student identity and developing into self-directed learners (Ashwin, 2015; Recce & Walker, 2000). Conversely, the lack of support offered by clinical placements about their academic ventures made the trainees feel undervalued.

The implication for the students of developing as independent learners meant that they could take positive and negative aspects of their academic experiences to create learning opportunities. Although after six months these learners were still exploring independent learning, they were very much involved in the journey (Biggs & Tang, 2007).

#### Implications for the university teaching staff

The learners expected the organisation to be prepared for their arrival but found the induction period disorganised with some teaching staff lacking adequate knowledge about the programme. Biggs and Tang (2007) talk about creating an atmosphere which encourages learning and communication with students and although the induction week is not the commencement of academic study, having a functional purpose (Jarvis et al, 2003), it might be argued that it is an opportunity to engage the extrinsic and intrinsic motivation that these learners bring.

The implications of the findings for academic staff are those of investment, understanding and preparedness for any new course. Nursing, being a hierarchical culture, may impact trainees' comprehension of agency, and identities as healthcare workers could influence their 'learner career' (Aswin et al, 2017: 87). Similarly, teachers, with nursing backgrounds, may need to consider their position regarding their students as the thin line between academia and practice blurs, disabling reflective teaching and possibly a student-centred approach. Teaching needs to encompass anagogical approaches to help these learners become independent, embracing the constructive knowledge they have according to their frame of reference which is their clinical workplace (Jarvis et al, 2003). Rogers (2007) acknowledges that teachers may need to be managers of change, reminding the learner of the vision throughout the process.

#### Implications for the clinical provider

TNAs reported that the rapidity of their recruitment and role change was not fully supported within their clinical placement. They felt little support within practice regarding their academic progress but indicated that classroom learning needed to be embedded in practice. This attitude may reflect cultural perceptions about the importance of direct patient care compared to academic pursuit, however it could be argued that one impacts the other and mentors' pedagogical competencies could impact students learning positively (Van Oostyveen et al, 2017; Dale et al, 2013). The implications for clinical practice were that balancing clinical and academic requirements through partnership working supported trainees not to burnout. This may result in avoidance by the trainees of both academic and clinical requirements and could affect clinical performance and patient care (Scala, 2016).

### Implications for future practice

This research has drawn attention to the importance of investment and preparation by all partners involved in the TNA course. Readiness for trainees to study needs robust and timely recruitment, the acquisition by potential trainees of basic study skills prior to commencement and understanding by academic and clinical staff of the academic entry level of trainees and the role they are being prepared for. This could be aided by good information sharing across all parties.

### Limitations of the study

The findings from this research can be interpreted in differing ways and this research represents the views of this group of TNAs. It would be difficult to generalise the findings across all TNA apprenticeships, but they do echo research and studies about adult learning and nurse education.

### Conclusion

The focus of nurse education is based on outcomes with an emphasis on what the student needs to know to become a competent practitioner balanced against readiness for learning and styles of learning (Bastable, 1997). The nurse educator is seen as being responsible for relating theory to practice and practice to theory (Gillespie & McFetridge, 2005). This peculiar marriage of academia with practice requires students to fit into two worlds and enabling them to have a sense of belonging within the university and the course is essential (Foster et al, 2012; Thomas, 2012; Prymachuk et al. 2019). TNAs, are only required to have previous minimal academic achievement and therefore it is important to consider how they engage with education and in turn how we relate to them as educators within this practice-based profession (Ashwin, 2015).

Conflict of interest: None declared.

### Key points

- The experience of trainee nursing associates during the first six months of academia
- The impact of the experiences of the trainee nursing associate in academia on progression
- Exploration of the readiness of the trainee nursing associate to study
- The availability of joined-up support from academia and practice.
- Developing learning skills for early learners that support ongoing progression.

### Reflective questions

What might you do in preparation for entering an academic programme?

How could you source information about the programme that you are considering applying for?

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