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

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Abstract

In December 2015, the Government announced plans to introduce a ‘nursing associate’ role to bridge the gap between healthcare support workers and registered nurses (Gummer, 2015). The role, according to the Department of Health and Social Care (DHSC), will be to deliver hands-on care that will allow registered nurses to spend increasing time on clinical duties and take more of a lead in decisions about patient care (Merrifield, 2015).

In July 2016, Health Education England said that this role was to be introduced in a two-phase process, with 1000 trainee nursing associates (TNAs) recruited in December 2016 to start in January 2017 and a second pilot phase with a further 1000 TNAs recruited to start in April 2017. In January 2017, the Nursing and Midwifery Council (NMC) subsequently agreed to the DHSC’s request to become the regulator for nursing associates and has been consulting on various aspects of its responsibilities since.

The aim of the author’s project was to undertake an early-experience evaluation of TNA roles across the northeast of England, focusing on how the TNAs balance being a ‘worker’ and a ‘learner’ in clinical practice, in order to inform future cohorts.

The results found give rise to a number of areas for discussion, including: role clarity; placement models; mentorship and protected learning time. These are helping to inform the third phase of TNA recruitment in 2018 in the northeast of England and will be fed back into the national evaluation.

Key words
- Trainee nursing associate
- Fast follower phase
- Northeast England
- Pilot
- Learner
- Worker

In December 2015, the Government announced plans to introduce a ‘nursing associate’ (NA) role, to bridge the gap between healthcare support workers and registered nurses (Gummer, 2015). The role, according to the Department of Health and Social Care (DHSC), was to deliver hands-on care, which would allow registered nurses to spend increasing time on clinical duties and take more of a lead in decisions about patient care (Merrifield, 2015).

In July 2016, Health Education England (HEE) said that this role was to be introduced in two phases, with 1000 trainee nursing associates (TNAs) recruited in December 2016 to start in January 2017 and a second pilot phase with a further 1000 TNAs recruited to start in April 2017 (Merrifield, 2017b).

The NMC subsequently agreed to the DHSC’s request to become the regulator for nursing associates in January 2017 (Merrifield, 2017a).

The Nursing and Midwifery Council (NMC) (2018) has said that the nursing associate role has been developed as a bridge between healthcare assistants and graduate registered nurses and that it will act both as a standalone role, as well as a new route to becoming a registered nurse.

In October 2017, the health and social care secretary, Jeremy Hunt (DHSC, 2017) announced that a further 5000 nursing associates would be trained through the apprentice route in 2018, with an additional 7500 being trained in 2019 (DHSC, 2017) and up to half are expected to go on to become registered nurses by completing additional training (Brindle, 2018). Merrifield (2017b), following this announcement, stated that nursing degree apprenticeships were to be offered by nine further universities.

In England, a national curriculum framework for NAs was published in December 2016 (HEE, 2016). The TNA programme combines and integrates both academic and work-based learning through close collaboration between employers and university. TNAs are employed in a health or care role and undertake a two-year programme of study, which incorporates practice
placement learning (normally 30 hours per week) and university learning (normally 7.5 hours per week).

TNAs must experience placements within a variety of settings, including: hospital, home and care close to home. Their primary placement (where they are employed) is based in one of these settings; however, they must experience at least one other placement in each of the other areas, to meet the requirements of the programme. Placements are arranged by the employer and TNAs must evidence 45 days per year alternative placement hours. The NMC has also stipulated that the TNAs must have exposure to all 4 fields of nursing (adult, mental health, children's and learning disabilities).

The present study was to undertake an early evaluation of the TNA role across the northeast of England. The northeast of England was part of the second phase of the pilot known as the ‘fast follower’ stage (ie the April 2017 cohort). Some 92 TNAs were recruited across the region, paid at Agenda for Change band 3 while training; upon successful completion of the programme, they will be paid at band 4 as a nursing associate. Organisations that signed up to the programme had to guarantee that they would have band 4 vacancies available at the end of the two-year programme to employ these individuals.

The TNAs were employed in nine different organisations, which included acute hospitals, mental health hospitals, community settings and clinical commissioning groups (CCGs).

The aim of the study was to undertake an early-experience evaluation of TNA roles across the northeast of England, focusing on how the TNAs balance being a ‘worker’ and a ‘learner’ in clinical practice.

This project has been undertaken as part of a Florence Nightingale Foundation Scholarship/ Burdett Trust for Nursing Aspiring Nurse Director Leadership Scholarship 2016-2017.

Literature review
Nationally, the UK is dealing with severe nursing workforce challenges, where the supply does not match the actual demand and nursing is now officially on the shortage occupation list.

Charlesworth (2017) has said that recruitment and retention is one of the biggest challenges facing health and social care. Janet Davies, chief executive and general secretary, Royal College of Nursing, has been quoted as saying there are already 40,000 unfilled nurse jobs in England and things are continuing to head in the wrong direction and this is coupled with EU nurses registering to work in the UK dropping by 96% due to fears over Brexit (Davies, 2017). This, she goes on to say, is not just down to Brexit, however, but years of short-term planning and cuts to training places (Ford, 2018).

According to the NMC, the nursing register is shrinking and UCAS figures are showing fewer people want to train as nurses at university (NMC, 2017). In fact, NHS Digital in January 2018 showed that one in 10 nurses were leaving the NHS in England each year, with more than 33,000 leaving last year (Siddique, 2018). The data showed that in July 2017 more nurses and midwives were leaving the register than joining it for the very first time in recent history. The NMC register shrunk in size from 692,556 registrants in March 2016 to 690,773 in March 2017, and 20% more people left the register than joined it (NMC, 2017).

Although nationally we are seeing an improvement in nursing vacancies, there still remains a significant number of vacancies across the nursing workforce,
which is a consequence of the national shortage of nursing staff.

In May 2016, Health Education England (HEE) announced that it was to introduce a new nursing role called the ‘nursing associate’ to support the registered nurse (Merrifield, 2016a). The recommendation was born from Lord Willis’s review, Shape of caring: raising the bar (Willis, 2015), which recognised the vital role of health support workers in the provision of care and the fact that they have little training. Following this announcement, HEE undertook a consultation and hosted a number of workshops to explore the introduction of this new role in England. Its scope of practice was reviewed during this consultation and in January 2017 it was announced that the NMC would regulate the role (Merrifield, 2017a).

Following the consultation, HEE invited bids in June 2016 from partnerships across England to be part of the pilot, i.e. recruit the first 1000 trainee Nursing Associates (TNAs). The outcome was announced in October 2016 (Merrifield, 2016b), with this first cohort commencing on the programme in January 2017. Due to the high level of interest received, HEE announced in October 2016 that there would be a second tranche of pilots known as ‘fast followers’, which would double the anticipated 1000 posts (NHS Employers, 2016) to commence their programme in April 2017.

According to Robinson and Griffiths (2007), the UK is in a minority of high-income countries in only having one level of qualified registered nurse. The UK did have a second-level nurse known as the enrolled nurse (EN) but this was phased out in the early 1990s, which, according to the Health Foundation (2016), in effect reduced the overall size of the registered nursing workforce. Since 1986, the registered nurse’s role has grown. Nursing has become an all-graduate profession, resulting in an increasing gap between the registered nurse and the healthcare assistant (HCA) (Whittingham, 2012). Health minister Ben Gummer announced in December 2015 that the NA role would provide greater support for nurses and help bridge the gap between healthcare support workers and nurses (Gummer, 2015). He also said that there was now a clear route to becoming a nurse without having to leave and take a degree.

Other countries still educate and employ two levels of nurses, where there is a first-level nurse who trains for at least three years and a second-level nurse with one or two years of technically focused training. Titles include: enrolled nurse, licensed practical nurse or licensed vocational nurse in many countries (Health Foundation, 2016). In fact, Australia have 60,000 enrolled level nurses (20% of its qualified workforce) (Australian Institute of Health and Welfare, 2016) and the US has 730,000 licensed practice nurses (LPN)—again, 20% of its qualified workforce (Health Foundation, 2016). The US also increased their skills to include supervision of other staff and the administration of medications (US Department of Health and Human Services, 2014). New Zealand, like the UK, ended its enrolled nurse training in the 1990s; however, it subsequently reintroduced EN training in 2013 (Department of Health Australia, 2013).

The Health Foundation has stated that the introduction of the nursing associate (NA) role could be perceived as a move to fill the EN gap, to recruit from the broader labour market and provide a career ladder for aspiring healthcare assistants (HCAs) (Health Foundation, 2016). Welcome for the NA role is not unqualified: Bayliss-Pratt (2016) has been.

Although not prescribing drugs, nursing associates will be involved in administering them.
quoted stating that ‘this role is neither a panacea for the future workforce supply, nor a substitute for increasing the supply of graduate registered nurses’ and Kinnair (2016) goes on to say that ‘it’s vital to have a supporting workforce who have a framework for progression and the ability to develop in their roles if that is what they want to do.’

There is, however, a different role in the NHS in England that was introduced in 2011: the assistant practitioner (AP) role. Wakefield et al (2010) undertook an early review of this role and highlighted role confusion, a plethora of job titles and unclear career prospects, with an unclear position in the clinical hierarchy. This role is not subject to regulation or registration.

The NA role is similar to the licensed practical nurse (LPN) in Canada and the US, where LPNs are subject to clear regulation and practice within the remit of their licence. Alberta in Canada has had LPNs as part of the nursing hierarchy for more than 60 years; they are licensed as autonomous nurses with their own scope of practice that overlaps with the registered nurse’s (Whittingham, 2012).

A significant aspect of the TNA role is work-based learning, which can be defined as ‘learning from work while in work’ (Brennan and Little, 1996). There is still a concept, according to Williams (2010), that people have a challenge perceiving learning as something that is not just in a classroom but can happen in the workplace. However, for work-based learning to occur, Jasper (2010) states that the workplace needs to have a team and environmental commitment to learning.

Methods

Individual organisations were approached for approval under the heading ‘service evaluation’, which therefore meant that ethical approval was not required and instead information governance approval was sought. This was granted in July 2017 from all nine organisations across the northeast of England that had recruited TNAs.

Data was collected in two work packages.

Work package 1: scoping exercise across the region to gather contextual and baseline data

- Review of demographic data and placement models
- A questionnaire to TNAs (at month four) July 2017 (n=39)

Work package 2: more in-depth exploration

- Focus groups with TNAs (at months six and nine) in September 2017 (n=19) and December 2017 (n=10). Four focus groups were undertaken, which each lasted 1 hour.
- A questionnaire to employer nursing leads from across northeast England in October 2017 (n=8)
- Focus groups with the mentors and managers in October 2017 (n=5) and December 2017 (n=4). Three focus groups were undertaken, which each lasted 1 hour.

All TNA participants were asked to sign a consent form to show that they had agreed to take part. They were free to withdraw from the study at any time, without giving a reason. They were also informed that if there were any safeguarding issues, then appropriate action would be taken and if talking about the role raised any emotional issues then they would be supported, or could withdraw from the study.

The data from all the focus groups was collected using a digital voice recorder which was then transcribed. A written record of the recordings was created and all paper-based records were kept in a locked cupboard at the author’s study’s trust until the study was completed. Once the study ended, the digital files were wiped. The written documents were anonymised and marked by a unique identifier (allocated by the author).

All participants were informed that any information that was produced as part of the dissemination activities associated with the project would not be published, exactly as they said them during the focus groups.

Results

Demographic data

The majority of TNAs were aged 18-35 years of age (73%); 86% female, 88% were full-time and 3% have left the programme to date.

TNA questionnaire

A questionnaire was sent to all 90 TNAs (2 left the programme before this was sent) via Survey Monkey in July/August 2017. A total of 39 TNAs completed this, giving a 43% response rate.

All nine organisations had at least one TNA complete the questionnaire. The respondents had varying educational qualifications prior to commencing this role, with the majority having GCSEs and an NVQ2/3. Qualifications were obtained for the majority at school or at
further education colleges and only 20% of respondents had previously studied at a university.

Half of the TNAs who completed the questionnaire had worked for 1-3 years in their organisations, with only one TNA working there less than 12 months.

There was a relatively even split of the bands (2 and 3) that the HCAs were at prior to commencing the TNA role. The TNAs previously worked across a range of specialties. These included: surgical services, adult male acute mental health, stroke services, A&E, radiology, cardiology, community, medical services, children and young people’s services, orthopaedics, outpatients, older people’s medicine, walk-in centres, urgent care teams, initial response teams, major trauma services, central operating recovery and a GP practice.

The majority responded that they had applied for the TNA role because it was an opportunity to progress their career and it was a step towards doing a nursing degree. However, many also said that it was a way to enhance their knowledge and skills, to make more of an impact on patient care and help to provide the highest quality care.

Some 66% perceived themselves as both a ‘worker’ and a ‘learner’ at this early stage in their programme.

Placement models
There was a mixed placement model approach implemented across the region. The majority of TNAs had a base ward and were released on either day release or block placements, with the exception of one hospital. Some 77% of the TNAs were undertaking a block placement model structure for their programme. Some organisations had also kept the TNAs on a base ward where they were a HCA prior to the programme.

Focus group themes
During the focus groups, there were a number of themes that emerged, including:

Opportunities for learning
This was dependent on the placement model used, the assertiveness of the TNA to ask for learning opportunities and the workload of the placement environment. TNAs raised an issue of not being supernumerary on wards, like student nurses, and gave examples of being pulled back from learning opportunities when the service required it. The exception was community placements, which were rated as an opportunity for learning because of the one-to-one mentoring involved.

TNA quotes:

‘Community opportunities are great and lots of opportunities to learn and look and bigger opportunities’ G1P1

‘In respiratory ward, got to work with specialists and offered a lot of learning opportunities’ G1P2

‘In surgical ward, I followed a patient into theatre and went to multidisciplinary team (MDT)’ G1P5

‘Placements away from base offer more opportunities and spending time with specialist clinicians’ G2P1

Managers’ and mentors’ quotes:

‘Can be difficult as in numbers, need to remind me that they need learning sometimes’ G3P2

‘Really difficult, as used as a pair of hands’ G4P1

‘In numbers, so unable to release’ G3P1

‘Depends on person; not at first, but now take a lead in learning’ G6P2

‘Yes, depends on person; leadership need developed more’ G6P1

Support from students
Overall, the support the TNAs reported from other students was positive, with only a minority thinking that the students still saw them as HCAs and not learners. The managers and mentors, however, did say that there are more and more learners requiring mentors on wards and departments and this can be challenging.

TNA quotes:

‘Other students very helpful and say this is a good way to get into nursing, wish they had the opportunity’ G1P9

‘Learned a lot from other students and they are aware of the role, they understand the pressures’ G1P10

‘They don’t know what we are doing and still treat as support worker’ G2P2

Support from mentors
In relation to support from mentors, again, the community placements were rated as good areas where they had time with their mentor. There were mixed views regarding whether senior nurses should be mentors and some stating that weekly meetings with mentors were impossible. The managers and mentors raised the issue in relation to the number of learners now requiring mentors.

TNA quotes:

‘Community good learning as one-to-one mentoring and learning’ G1P1

‘Sometimes not seen mentor for weeks, weekly feedback not possible’ G2P4

‘One day per week with mentor should be included with mentor. Both getting frustrated, if there was a little bit of protected time to cover new role that would be better’ G2P3

‘Band 6s being mentors doesn’t work’ G1P3

‘My mentor band 6 and is really good’ G2P3

Managers’ and mentors’ quotes:

‘Existing mentors having a lot of learners and managing that can be difficult’ G6P2

‘Increase in NAs may be an issue moving forward regarding the number of mentors available’ G5P1

‘Get a lot of students plus TNAs and this is hard’ G6P1

Support from TNAS
An overwhelming finding from the focus groups was the support the TNAs had from each other across the region and that one day per week in university had helped them bond as a cohort. In fact, they now cited how they were all friends...
outside of university and kept in touch via various social media mechanisms.

**TNA quotes:**

‘Feel a real sense of belonging in our group at university’ G2P1

‘Miss everybody when not in university’ G1P6

‘Bonded with all; set up a Facebook page’ G1P6

‘Look forward to seeing each week’ G1P7

**Support from patients**

In relation to how the patients see the TNA, again, this was overwhelmingly positive, with most stating that they are ‘learners with experience’ and ‘you can tell that’ and stating that it is good to have a new role.

**TNA Quotes:**

‘Patients see us as a student nurse’ G1P1

‘They have a lot of questions, ask, so what colour of uniform are you? and really positive when we tell them’ G1P2

‘Patients have said that is great to see staff learning and health carers with experience’ G1P3

‘Patients say can tell we have some experience’ G1P6

‘They can tell the difference that we have all this experience’ G7P7

‘Patient and families have been excellent and that the role is great’ G2P2

**Managers and mentors:**

‘Patients and relatives understand the different role, but not obvious’ G6P1

**Sense of belonging**

All of the TNAs said that they felt a sense of belonging in all of the teams, whether on their base ward or on placement and this was echoed by the managers and mentors.

**TNA quotes:**

‘Yes, belong to the team’ G2P5

Managers’ and mentors’ quotes:

‘Fit into the team well’ G3P4

‘Yes, got a sense of belonging’ G6P1

**Course work/university**

The majority of the TNAs did state they were finding the academic work challenging on top of working and with a lot having young families. The majority had never studied at university, so this was something new to them. There was also the added issue of the university day being held at a campus that was a significant distance for some of the TNAs to travel to. The mentors and managers also said that many were struggling with the course work; however, some felt that this was no different to what other students had to deal with.

**TNA quotes:**

‘Work–life balance difficult now’ G2P3

‘A lot of coursework’ G1P6

‘Long way to go: takes one hour to get there, one hour tutorial and one hour to get back’ G1P7

‘Should offer online tutorials’ G1P9

‘Practical work at university is interesting’ G2P1

Managers’ and mentors’ quotes:

‘Feel they are struggling with coursework and struggling with home life. Difficult to get time off on ward to do learning’ G4P1

‘Worker’ or ‘learner’?

The TNAs in the September and December 2016 focus groups perceived themselves more as ‘workers’, but many would like to be seen as a ‘learner’. Again, it appeared to depend on the placement area and the assertiveness of the individual to ask for learning opportunities. The managers in particular see the TNA as ‘workers’, because they are still in the numbers delivering a service, not supernumerary.

**TNA quotes:**

‘80% worker 20% learner’ G2P1

‘See myself as a worker’ G1P1

‘Colleagues see us as worker not learners’ G2P2

‘Want to be a learner, but see myself as a bit of both’ G1P6

‘It depends on base ward a worker and placements a learner’ G7P1

‘It’s the opposite, increased opportunities on base, placements don’t know where you fit in’ G7P2

‘Community, I felt like a learner; on the ward, a worker’ G7P4

Managers’ and mentors’ quotes:

‘Seen as both—it’s a working ward and in the numbers’ G6P1

‘Base ward a worker; placement, a learner’ G5P1

‘Still seen as an HCA group, not RN group’ G5P1

Read more discussion of the TNA role in final part of this article in the July 2018 edition of BJHCA.

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Conflict of interest statement:
There is no potential conflict of interest.

References

Key points
- There are 40,000 unfilled nurse jobs in England
- A new role has been established in England to support the registered nurse, called the nursing associate
- The role is to be regulated by the Nursing and Midwifery Council
- Nursing associates balance being a ‘worker’ and a ‘learner’ in clinical practice
- Different models of mentorship may be required, with new NMC Standards due in 2019, and therefore many learners in clinical practice

Different placement models for learners in clinical practice

Do we need to raise the profile of the nursing associate and define role clarity?
- Do we need to debate the issue of protected time out for learning for this new role?
- What are the best placement models for learners in clinical practice?