

Trainee nursing associates' understanding of their clinical role: a review of the literature

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In 2015, the UK Government announced plans to create a new kind of healthcare support role—the nursing associate (NA). The original expectation was that 1000 people would begin training from 2016. The introduction of the NA aimed to provide a different route into nursing careers and provide a role that 'bridged the gap between healthcare assistants (HCAs) and registered nurses (RNs)' (Nursing and Midwifery Council (NMC), 2018:2).

Since the first pilot of the trainee nursing associate (TNA) was launched in 2017, the role has been considered so essential to England healthcare services that in 2018 approximately 5000 TNAs were enrolled onto programmes and Health Education England (HEE) committed to a further 7500 starting the programme by March 2020 (HEE, 2022). From April until September 2019, nursing associates on the NMC register increased from 1693 to 2707, which was an increase of 59.9% from the previous year (NMC, 2019).

Despite this 'call to arms' for a role to fill a 'clinical gap' in the nursing workforce, the role is often misunderstood by both TNAs themselves and the wider healthcare team.

Background

The NA role is designed to provide employers with a flexible workforce that provides a wider skill mix within multidisciplinary teams. NAs will deliver

care, freeing up registered nurses (RN) to spend more time to use their skills and knowledge to focus on complex clinical duties and take the lead on the management of patient care. The role is often described as bridging the gap between healthcare assistants (HCAs) and RNs in England.

Feedback from ongoing evaluation of the NA role is positive, with employers reporting enthusiasm for the role and its potential for adding value to the work of their multidisciplinary teams.

The majority of NA training programmes are delivered through the

apprenticeship route. On completion of the programme, NAs can progress to become a registered nurse (RN), either through a further, degree-level, apprenticeship, or via a nursing degree, shortened in recognition of prior learning. The NA role therefore opens up a career in the NHS and a route into nursing for those NAs who want to progress to the next level, and is seen as key in producing the right mix of skills to deliver high-quality patient care.

The NA role will offer greater flexibility to the nursing workforce. With a clearly defined practice and education pathway,



Nursing associates can progress to become a registered nurse.

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it will support the profession's capability to deliver high-quality care. With the move to an all-graduate intake for students wishing to become RNs, there are likely to be able individuals with the potential to succeed at foundation degree level and remain in a more senior role than a healthcare assistant, or progress to registration at a slower pace than the graduate programme requires.

This new approach would serve the profession well and offer opportunities for those unsure of their academic ability who nevertheless wish to enter at a higher level than a healthcare assistant.

On completion of their training, NAs will work alongside healthcare support workers to deliver hands-on care, freeing up time for existing RNs so they can use their specialist training to focus on clinical duties and take more of a lead in decisions on patient care.

While the NHS develops and evolves into a 21st century healthcare service, there is the necessity for services to be provided differently, such as a greater increase in out-of-hospital care. These changes require new roles and skills and the NA offers a higher skillset than the nursing assistant and will give greater support to the RN. One of the key advantages of the NA role is that its purpose is to support and complement the RN's.

The NA will be specifically educated with the knowledge and skills of nursing to supplement the role of the RN and support the nursing leadership in the delivery of high-quality, person-centred care. The NA is educated to foundation degree or equivalent, which provides higher levels of knowledge and critical thinking skills than healthcare assistants.

Additionally, they will be prepared with higher skills and competence than nursing assistants (Bands 2 and 3) and will contribute to the vision articulated in the Five Year Forward View (NHS England, 2014).

The nursing associate became regulated in 2018, enabling them to join the NMC register (NMC, 2018)

Study aim/purpose

This paper will focus on the role identity of the TNA and qualified nursing associates, following a systematic review of the available literature and identify areas for improvement and growth in this developing role.



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Method

A systematic review of literature was conducted through CINAHL, MEDLINE, ERIC, APA PSYCIInfo and Education Research Complete, using the terms 'trainee nursing associate' and 'trainee nursing apprentice'. The date parameters 2015–2020 were used, which reflected the inception of the nursing associate role. Qualitative research was stipulated as suitable to gain the opinions and experiences of TNAs and employer organisations. This resulted in 15 articles

prior to personal opinion pieces being excluded; six selected articles remained, and these were critically appraised using the Critical Appraisal Skills Programme (CASP) (2019) checklist. The selected articles were then read, and themes identified.

Findings

Motivation to start and succeed

Papers highlighted mixed motivators to starting on the programme, including 'wanting to develop', 'couldn't afford to go' ☹️



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Students identified good relationships with academic staff as supportive and encouraging.

(to university) and get a loan', 'want to do my nursing' (King et al, 2020).

Staff themselves highlighted the need to be recognised for a role that they felt they 'deserved'. King et al (2020) noted many already worked in caring roles in healthcare organisations and identified with the TNA programme as a direction to develop or progress onto registered nurse status. Several students identified the restrictions of their existing role and felt they had more capacity to give:

'Healthcare assistants ... want to progress ... and a lot of them felt they couldn't' ... 'stuck in a rut' (King et al, 2020)

This in turn seemed to restrict the TNA role, as many identified with the old role and struggled to make the transition as smoothly as anticipated. With only 20% of the respondents in Coghill's (2018a) data previously studying, a key challenge identified by students

was around demands of academia. Organisations identified a need to support TNAs due to this.

'There needed to be a personal element of support, which was (the placement and development facilitator) ... It was a journey and a lot of them (TNAs) hadn't studied for a while; they also had families and they were juggling all of those aspects as well and developing in their role, moving around as well' (Kessler, 2020)

Students identified good relationships with academic staff as supportive and encouraging. Self-identity and developing a relationship with peers were key to feeling empowered and motivated:

'Look forward to seeing each other (students) each week' (Coghill, 2018a; 2018b)

Coghill (2018a) identifies confidence and assertiveness as successes to open opportunities in practice and get the most out of the clinical placements.

However, students expressed 'not being accepted' in some clinical areas (Coghill, 2018a), which in turn impacted on the student's perspective of the learning environment. Kessler (2020a) emphasised a need to support the emotional intelligence of students.

Identity and progression

All papers explored identity and progression, although the Kessler et al ones (2020a, 2020b and 2021) as evaluation studies, were a consideration of policy objectives. Kessler et al (2021) offered expert opinions as to role and progression, but not from the perspective of the TNA themselves. Kessler (2020b:29) revealed that at the commencement of the TNA programme, trainees were largely ignorant about the role and ideas about development and progression were broad, with 'better care' and 'material advancement' being named. However, the underlying theme was echoed by one TNA as:

'It was always the plan (after completing the NA programme) to move into registered nursing' (Kessler, 2020b)



Aspiration could not always be met with clarity about clear progression pathways for trainee nursing associates.

The TNAs in the King et al (2020b) study describe progression as being seen as career development, from the moment the trainee commences the programme to those opportunities they hope will be afforded to them to step up to the role of registered nurse. This brought new knowledge and opportunities for a formally recognisable qualification, as well as financial recompense. However, aspiration could not always be met with clarity about clear progression pathways for TNAs (King et al, 2020b).

Coghill (2018a; 2018b) sought the TNA's own perspective, highlighting progression as being at the forefront of trainees' minds, with the goal being gaining registered nurse status. However, this is countered with a need for the TNA to understand the role within their own registered programme of training, as this seems to influence future aspirations.

This is supported by Kessler et al (2020b), who discern that the lack of any definition to the TNA role was not too concerning for the TNAs, as they were heading towards a more defined role

as an RN. Coghill (2018a) suggests that those trainees who are assertive progress better and that a sense of belonging supports them to learn. The need to identify role clarity was an issue because of the difficulty of:

'Uncoupling their previous HCA role with their current TNA role' (Coghill, 2018b)

However, it does not say exactly how the TNAs identify.

King et al (2020) also sought the views of TNAs about their identity, which was shown to be muddy, both personally and professionally. Students revealed that they felt it was difficult to:

'Explain something that you're not fully understanding yourself' (King et al, 2020)

It was felt that this blurred the lines between being a student and part of the workforce, and impacted on staff attitudes and commitment.

Wider influences

The impact on health services and how understood the role of the TNA is in their organisation and the influence the organisation has to support TNAs through their training was discussed in five papers (Kessler et al, 2020a; 2020b; 2020c; Coghill, 2018a; King et al, 2020). Also reviewed was the influence of staff retention (Kessler et al, 2020c) and the generic scope of the TNA role, which enabled organisations to use the role flexibly to work across different care settings (Kessler et al, 2020a; 2020c).

King et al's (2020) study was only carried out on a small sample of TNAs and highlighted that there were organisational factors restricting TNA development, including lack of role models to emulate, and no embedded systems of support. King et al (2020), however, found that TNAs' increased knowledge led to greater confidence in them providing patient care.

'I can look at the drug chart and I can understand what they've had, what ☺



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medication they've got left to have. I don't have to go and find a nurse.' (King et al, 2020)

Kessler et al (2020b) discussed how the TNAs' increased knowledge and skills and scope of practice enriched the skill mix in those areas where TNAs were working. However, Kessler et al (2020a; 2020b) indicated that more research needs to be done to assess the impact of the TNAs on measured care outcomes.

Described generally as organisational resistance, Kessler et al (2020a; 2020b) and King et al (2020) reported that there was considerable uncertainty and ambiguity about the TNA role at team level, despite the organisations' commitment to the programme and to healthcare assistant development.

At organisational level, TNAs were viewed as 'filling the gap' in clinical skills (Kessler, 2020b; 2020c) between the registered nurse workforce and the healthcare assistant role and providing a solution to workforce and staffing challenges such as a shortage in registered

nurses or freeing up registered nurses to perform more complex tasks (Kessler et al, 2020b; 2020c).

Kessler et al's study (2020a) found this less clear, with managers not sure about the new role and how it would fit into their existing service provision.

Coghill (2018a) found that while TNAs themselves felt a sense of belonging to the workplace, King et al (2020), Coghill (2018a) and Kessler et al (2020a and 2020b) identified there was a misunderstanding in the workplace about whether the TNA was a learner or a worker. In some cases, TNAs felt that they were a burden and 'in the way' (King et al, 2020:6). King et al (2020) also found that there were variations in the amount of protected time for learning and supernumerary status within their organisations. This led, in the findings by Kessler et al (2020a) and

King et al (2020), to situations where TNAs felt they were missing out on learning opportunities compared to pre-registration student nurses on placement. Pre-registration students have clear supernumerary status, in contrast to TNAs, who are not afforded this.

This was different in Kessler et al's (2020b) study, where TNAs reported that being supernumerary provided a range of positive placement experiences.

In some instances, TNAs felt the registered nurses saw them as threatening their own employment—as a cheaper replacement (King et al, 2020; Kessler et al, 2020c). There was a general feeling that the lack of clarity meant that trainees were continually facing and meeting ongoing challenges.

Discussion

This exploration of the TNA role has

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found that, from a workforce planning perspective, there are obvious benefits of the role. Organisations realise the value that the role of the TNA can have on patient care and that TNAs can provide a diverse workforce that can work across different clinical settings and can support areas experiencing staffing shortages. In this wider context, organisations see the TNA role as enabling qualified staff to fulfil their leadership and management of patient care roles, while the TNAs can deliver the more hands-on care elements. This in turn can help organisations to meet the Francis Report (2013) recommendation of greater visibility of qualified nurses leading patient care from the 'frontline'.

The notion that TNAs can 'fill the gap' between the unregistered workforce and the registered nurses is cited by various studies in this literature review and even the nursing regulator describes the role as such (NMC, 2020). Some of the studies reported that TNAs themselves felt in some instances that they had a direct impact on health outcomes for patients and were able to carry out some tasks without the need to seek the assistance of a nurse. This supports the aims of the Health Education England nursing associate curriculum (HEE, 2017), where a qualified nursing associate will have greater autonomy in their own practice and, while working in the parameters of their role, be able to exercise greater professional judgment for the care they are responsible for.

However, despite the advantages that the studies show the TNAs can bring to their organisations and services, there appears to be a lack of understanding of their role in the areas they are working.

This in turn leaves the TNA unsure of their role, with some studies reporting open hostility towards TNAs, who were viewed by registered nurses as threatening their own jobs and status as a cheaper alternative. In the view of TNAs themselves, while they see the opportunities for personal and professional development, they feel that their role is met with resistance, suspicion, and challenges. This non-acceptance has led to the TNAs also not understanding how they fit in to a clinical team or service, or what their role is. Many TNAs found it difficult to distinguish their previous healthcare



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assistance role with the expectations of the new TNA role, leading to further uncertainty about their role.

In contrast to their colleagues, the TNAs seem to know the limitations of their previous healthcare assistant role and saw how the TNA role could make a difference for their own development, as well as for patient care, and this has provided the motivation to undertake a TNA programme of study—although in Kessler's (2020b) study, it was found

that the TNAs did not have a good understanding of the role they had entered into at the start of the TNA programme.

The apparent lack of wider organisational understanding of the TNA role led to TNAs not always knowing their place in the clinical area, with confusion as to whether they were a learner or a worker. This is contrary to two major reports (Francis, 2013; Cavendish, 2013) and the Shape



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of Caring review (Health Education England, 2015), which recommend that support workers should have clarity about and understand their own role and how it fits in with the team and the wider aims of the service. A lack of role models and those who have already qualified as a nursing associate has further added to the TNAs' confusion about their role.

The studies also found that TNAs saw the TNA role as the start of a progression from a healthcare assistant role to a

registered nurse role. The findings from the studies in this literature review echo the findings of an initial evaluation of the test pilot of TNAs by Health Education England (HEE, 2018), which found that TNAs saw the programme as a stepping stone to registered nurse. This supports the initial concept of the TNA role, which was to meet a skills gap in the workforce and enable clearer career development and progression opportunities for those in healthcare assistant roles.

Furthermore, the TNAs' recognition that undertaking the TNA programme could provide this route to registered nurse fulfils the Shape of Caring review (HEE, 2015), which aimed to widen opportunities for care assistants' career progression and establish varied and flexible entry routes into nurse education.

Recommendations for practice

The aim of this paper was to ascertain the understanding that the TNA has of their clinical role. Review of the literature has shown that there is significant uncertainty in the understanding of the role, both for the TNA and their supporting employer and the wider organisation. Roles which are poorly defined can lead to inter-team tensions, with a resulting decline in professional behaviour and effective healthcare practice (O'Rourke and White, 2011; Brault et al, 2014; Hudson et al, 2017)

The recommendations from this study are:

- Organisational commitment to learning, with internal marketing to communicate organisational perspectives in regard to the NA role. As an employer-led programme, the NA role requires effective internal communication (Tsai, 2014). This would establish organisational clarity from recruitment to clinical placement of trainees. This can be supported by partnership working with the Higher Education Institute
- The introduction of NA champions to support TNA development and assist in the successful implementation of change. This paper has established the enthusiasm of the NA and as early adopters of change (Rogers, 1995), they are ideally placed to support the TNA in practice and educate the inter-disciplinary team within their practice areas.

Conclusion

When something is new in our healthcare systems, it requires a period of transition, of getting to know the new and forgetting the old processes. This in turn can cause confusion, lack of motivation, problems with team dynamics—all of which can impact on staff retention and patient care. This paper has acknowledged that there is limited research available around the TNA role due to its infancy; however,

what has been identified is the need for more awareness of the role and the importance of ensuring TNAs are aware of the healthcare role they are being trained for and how this will fit into the NHS/social care and private healthcare workforces upon completion.

Further research is particularly needed into the identity of the NA workforce and need to embed this into the systems to avoid NAs leaving healthcare entirely, or progressing to RNs due to the lack of identify and acceptance. **BJHCA**

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