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## Research Space

Journal article

**How the nursing associate role is viewed by different stakeholders: a qualitative research study**

**Wier, J., Price, N., Shaw, T. and Lake, K.**

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How the nursing associate role is viewed by different stakeholders: a qualitative research study

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## **Introduction**

The Nursing Associate (NA) role in England was created following a review by Health Education England (HEE) in 2015 which examined nurse education and training so that capacity and expertise in the delivery of care to patients could be improved. This report recognised a need for an alternate path into the nursing profession whilst additionally increasing the numbers of nurses within the workforce in England (HEE, 2015). This is particularly important in England as there is an aging population and increasingly a limited number of individuals entering the nursing profession (King's Fund, 2018). The Royal College of Nursing (RCN) (2020) state that there are approximately 40,000 nursing vacancies in health and social care in England. The Covid-19 global pandemic has further affected this staffing concern as it has been estimated that 33,000 nurses have left the profession following the pandemic (Ibbetson, 2021). This has the potential to have a significant impact on the health and wellbeing of existing staff in addition to affecting the quality of care that patients receive. The Nursing Associate (NA) role is a second level nursing role, which is varied and includes the provision of care to patients and supporting first level Registered Nurses (RN) (Lucas et al, 2021). In the clinical setting the NA will contribute to most aspects of patient care under the management of the RN (Nursing and Midwifery Council (NMC) 2019). This role provides a route into the nursing profession and the opportunity for career progression for the NA. The aim of this project was to explore the experiences of different stakeholders across local NHS settings in England to determine how this role might be developed in the future for the benefit of patient care.

## **Background**

Kessler et al (2020) and Coghill (2018) have explored the NA role from the individual's perspective. When the literature was reviewed from the stakeholder's perspective in terms of how the NA role has been implemented in practice limited evidence was found. In the literature there was a focus on understanding the existing support for those that work and learn, as this has the potential to impact on the success of the NA in practice. In the UK the Trainee Nursing Associate (TNA) may access education and training either through an apprenticeship programme or through a direct entry application to a Higher Education Institute (HEI) (HEE, 2022). The management of apprenticeships includes integrating the students into real life situations where there are workload pressures (Lillis and Bravenboer, 2019). However, where there are limited numbers of

staff available to support the prioritising of learning this could result in the TNA failing to learn in the clinical setting, which could under the provisions of the apprentice contract leave them without a career in nursing (Minton and Lowe, 2019). Evidence indicates that empowered mentors and regulatory standards from the Nursing and Midwifery Council (2018) are important for those acting as practice assessors and practice supervisors, however importantly these do not appear to have been fully embedded (Whaley, Hay and Knight 2023).

The reviewed literature highlighted three distinct themes: The NHS as an organisation; education provision and leadership. In terms of NHS Organisations, the evidence indicates a need to prepare for Work Base Learning (WBL) to promote and influence a positive learning culture within the clinical setting (Attenborough, Abbott, Brook, and Knight, 2019). Minton and Lowe's (2019) study also revealed that active partnership and collaboration should include greater involvement from across different health care professions with both the planning and design of education for the TNA (Minton and Lowe, 2019). Additionally, Varetto (2017) recognised that practice educators were able to bring about positive change and provided insights into the readiness of the practice educator to accept the NA role. When education provision was examined there appeared to be a paucity of evidence, particularly in relation to availability and type of training which was offered to those supporting this role within the nursing teams (Minton and Lowe, 2019). Attenborough, Abbott, Brook, and Knight (2019) argue that for the apprenticeship route to be successful there is a need for collaboration between Higher Education Institutions and local NHS providers, as this will facilitate successful embedding of the NA programme. This could have a positive impact on the success of the TNA's role in health care practice (Baker, 2018). In terms of leadership there was an emphasis on involvement and support from NHS workforce leads such as Practice Educators, Ward Managers and Service Managers (Attenborough, Abbott, Brook and Knight, 2019). This suggests that leadership plays a significant role in shaping the culture of work-based learning within the NHS organisation (Lester, 2020). Collaborative leadership was perceived to be a significant component which enabled a smooth transition of the NA role across all areas within the NHS (Minton and Low, 2019).

### **Aim**

The aim of the research was to develop knowledge and understanding of the NA role, based on the employer's perspective of the role in a local NHS in the UK.

### **Methods/ Design**

The study was designed to explore and evaluate the role of the NA in practice from the perspectives of those stakeholders' who have experience of working with the NA. To gain an in-depth understanding of the participants perceptions of the NA role and its impact in practice, individual semi-structured interviews were conducted via a confidential online forum. This enabled the researchers the opportunity to use the topic guide to structure the interview and gain unanticipated insights (Streubert and Carpenter 1995). These conversational semi-structured interviews allowed in-depth probing with the use of some pre-determined questions and questions which emerged from the conversations. The semi-structured interview discussion template is shown in Table 1 below.

<b>Loose schedule of questions to start the Semi-Structured Interview discussion.</b>
<b><i>The Grand Tour Question</i></b> <ul style="list-style-type: none"><li>➤ What have been your experiences, expectations, and perceptions of and the impact of the Nursing Associate role?</li></ul>
<b><i>Recursive Questions</i></b> <ul style="list-style-type: none"><li>➤ How does what you are describing relate to your expectations?</li><li>➤ How does your photograph represent your experiences and expectations?</li></ul>
<b><i>Open Ended Questions</i></b> <ul style="list-style-type: none"><li>➤ What helped you during the implementation of the Nursing Associate role?</li><li>➤ What help do you think could have supported the implementation further?</li><li>➤ What examples do you have that your experience in your role has influenced the impact of the Nursing Associate role?</li></ul>
<b><i>Summary Question – after a brief oral summary</i></b> <ul style="list-style-type: none"><li>➤ Is this an adequate summary?</li></ul>

***Final Question – after reviewing the purpose of the study ask***

- Have we missed anything?

**Table 1: Semi-Structured Interview Discussion Template**

### **Participants**

The participants for the study were recruited from the following groups of health care professionals: Practice Assessors Ward Managers and Stakeholders. Recruitment was via a poster and a snowball sampling method was also applied to increase recruitment across all 3 groups. This non-probability sampling technique is appropriate within qualitative research (Borbasi, Jackson and East, 2019), nevertheless the researchers recognise the limitations, in terms of potential bias, this poses to the data collected. Participants involved in the study were sampled across three regional National Health Service Trusts in England. Participant Demographic Data is shown in Table 2 below.

<b>Participant Roles</b>	<b>Gender</b>	<b>Years in Role</b>
Practice Assessors = 5 Ward Managers = 1 Stakeholders (Practice Placement Facilitator; Clinical Nurse; Administrator for Trainee Nursing Associate programme) =3	Female	2-35 years

**Table 2: Participant Demographic Data**

### **Data Analysis**

The data was transcribed verbatim after each interview; this included the photo elicitation element of the data collection. Respondent validation, via member checking of themes (Birt et al, 1016), was carried out, with 5 responses confirming accuracy, therefore increasing credibility. The data was then read carefully, enabling the responses to be coded and categorised to determine the main ideas that emerged from the responses. The data analysis process did not employ the use of a computer-assisted qualitative data analysis software package and was completed by hand, thereby enabling the researchers to fully immerse and engage with the data (Fielding and Lee

1995) and understand any subtle nuances it contained. In this study thematic analysis (Braun and Clarke, 2013) was used, therefore coding was an important part of this process as it permitted the researchers the ability to deconstruct and find the links between the data and thus identify the themes in the data (Liamputtong, 2012). Once the data had been coded, themes were organised across each transcript and photograph, which were then validated against the original transcript and the themes condensed into conceptual themes, thereby producing a synthesised interpretation of the participants perceptions. Alasuutari, Bickman and Brennen (2008) maintain that the themes that are generated within the data are an essential aspect of the analytical process as it can facilitate an interactive interview discussion. This in turn may verify or test the individual's views and opinions (Warr, 2005) and produce a more nuanced understanding of the data.

### **Ethical Considerations**

The study was approved by the Faculty Research Ethics panel within the Higher Education Institute where the research team was based. It was also given approval from the local National Health Service Trusts where the participants were drawn from, prior to the start of the study (National Health Service Research Authority, (2017). All participants provided their oral and written consent. They were informed that their participation was voluntary. As the interviews were recorded and transcribed participants were informed that any personal information that was provided to the researchers would be kept strictly confidential in accordance with the Data Protection Act 2018, General Data Protection Regulations 2018 and local Higher Education Institute Research Governance and Ethics procedures. After the collection of the data, the transcripts from the interviews were anonymised so that the participants could not be identified.

### **Results**

The data from the semi-structured interviews was compared and categorised (Evans and Lewis, 2018). A theme matrix assisted the identification and development of two superordinate themes and additional subthemes, these were:

***Theme 1: Recognition of the Nursing Associate Contribution: Subthemes were: Communication of the Nursing Associate role, and Support.***

***Theme 2: Real Work Perspectives: Subthemes were: Work based Learning: Education and Training Provision, and Placement Experiences: A Sense of Belonging.***

These themes will be outlined in the following section and illustrated with quotations from participants.

**Superordinate Theme 1: Recognition of the Contribution of the Nursing Associate**

At the core of participants responses throughout the semi-structured interviews was the strength and determination of the Nursing Associates to undertake their role. There was also recognition of the need to improve banding (the national pay scale within the National Health Service) (National Health Service Business Services Authority, 2023) and an undervaluing in the role of the Nursing Associate. Participants acknowledged these in the following comments:

*Some managers think because you were in that band that you've got to stick to that band but with the Trainee Nursing Associates, they know that they need to be getting a wide range of experiences.... when they qualify, they're work ready, but I think for managers there's lack of clarity because the top's not understanding...which impacts on staff further down.... (Practice Assessor 6)*

*The wards that have embraced the Nursing Associate's and have an open mind set about learning, work, interpersonal collaboration and sharing workloads.... I think they do very well.... But some ward managers are fearful and think: they're going to take away from my nursing budget, they're going to take away from my healthcare assistant budget, instead of thinking: ok, we have all of this work to do to, to support our patients and we've got all these people... (Stake Holder 3)*

**Sub Theme: Communication of the Nursing Associate Role**

This subtheme highlighted a lack of clarity and therefore misunderstandings of the Nursing Associate role across the National Health Service Trusts involved in the study. Due to the lack of clarity of the role there continued to be comparisons made between the Nursing Associate, Health Care Assistant and Registered Nurse. Participants expressed that this lack of understanding, and time to develop the Nursing Associate role, contributed to some Nursing Associate's feeling disheartened. Here participants noted the following:



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*I see them progressing from, this, bright-eyed, newbie ... some of them do maintain the excitement but some get a little lost.... maybe when their teams don't quite know what to do with them or they're just another pair of hands when everybody is very busy..... there needs to be more clarity ...to use them to their fullest potential... (Stake Holder 1)*

*There is a lack of clarity...one minute they're an Nursing Associate or a healthcare assistant (HCA) plus...and then they are seen as a Registered Nurse [RN]minus... the Nursing Associate needs clarity... what is their role? For example, are they HCA plus or RN minus? .....is Nursing Associate the right term for them? Who are they an associate to? (Practice Assessor 3)*

### **Sub Theme: Support**

The support from those who have direct contact with the Nursing Associate, in particular the Practice Assessor, was a key theme to emerge from the data. The role of the Practice Assessor was seen to include advocating for the Nursing Associate with those in management roles and identifying and promoting opportunities that would further support the Nursing Associate. This is represented in the following participant comments:

*Part of my role is that I go out and work with the Nursing Associates. See how they are doing out in practice, observe what they are doing and what they should be doing. I then go to the manager and sit with them and the Nursing Associate and say: "they're not quite meeting these targets because they're not being allowed the opportunities and being supported" .... (Practice Assessor 6)*

### **Superordinate Theme 2: Real Work Perspectives**

Within the data, participants shared examples of real work experiences of the Nursing Associate role in practice. These illustrated that the Nursing Associate was at times considered as a substitute or "fill in" role, with some participants highlighting concerns particularly in relation to lack of clarity in terms of the role. These issues were articulated in the following participant comments:

*[when]we need extra hands, how can we get extra hands to do things because the wards are busy.... We haven't got enough Registered Nurses coming through so let's make a Nursing Associate [role].....they'll do the same things as the Registered Nurse when we have a shortage of staff...(Practice Assessor 3)*

### **Sub Theme: Work Based Learning: Education and Training Provision**

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The lack of wider clarity and recognition of the Nursing Associate role was suggested by one participant (Stake Holder 3) as contributing in part to its devaluation. Participants across the study highlighted the need for protected time for learning, developing specific post qualification preceptorship programmes for Nursing Associate's and providing opportunities for further training for the Nursing Associate role. The following participant comments are representative of these concerns within the data:

*We need to speak openly with our practice assessors, practice supervisors and ward managers...so that people get good learning experiences, and develop good understanding so people know what the Nursing Associate role is... we need to start from the top and think: "how are we going to use the Nursing Associate long-term?" ....we then need to start communicating effectively....(Ware Manager 1)*

*Preceptorship programmes are available in every setting, what I think we should focus more on is preceptorship for the Nursing Associate, ... there are many areas in the preceptorship programme that they don't find interesting because it's not focused on them..... the preceptorship programme is fundamental to the Nursing Associate gaining confidence once qualified... (Stake Holder 2)*

### **Sub Theme: Placement Experience: A Sense of Belonging**

Within the data the importance of placements where the Nursing Associate had a sense of belonging emerged, and was articulated by in the following quote:

*Their ward is their home [base] ....they do the majority of their training there and then go off to other placements but they always come home....(Practice Assessor 3)*

Whilst another participant spoke of the Nursing Associate role in different ward areas and commented:

*One of the areas where the Nursing Associate role appears to be embedded easier is in some of the specialist areas. So, areas like diabetes where the Nursing Associate has been able to do things that you wouldn't have thought they would be able to.... because it's a specialist area...(Stake Holder 1)*

## **Discussion**

The aim of this study was to explore how the NA role has been embedded in clinical practice from the perspective of different stakeholders. The identified themes were then

synthesized to provide a broader understanding of the NA role in practice. This was considered important as the NA role is a relatively new role. King et al (2020) argued that there was a need for role clarity which would improve occupational identity in the workplace. This was echoed by participants in this study who identified that the lack of clarity in terms of the NA role across the organisations where they were employed, meant that the NA did not receive the support they needed to gain confidence and competence. In the current study participants discussed the difference in experience that the Trainee Nursing Associate (TNA) and the NA had when working in different settings. Participants suggested that there was a willingness to embrace the NA role in some specialist areas rather than perceiving it as an “extra pair of hands” in crisis situations. If this willingness to embrace the NA role was extended to other areas of clinical practice this might facilitate clarification of the contribution that the NA could make to clinical practice which would improve how the role is perceived and valued more broadly across the NHS in England.

The value of the NA role emerged as being important in the data in the current study. Here, participants acknowledged that across local organisations there appeared to be limited appreciation of the role and how it could impact on service provision. This issue appeared to originate at management level within the organisations where the participants worked, which had a sequential influence on more junior members of staff in these settings. In the literature Wakefield et al (2009), explored the differences between national policy and local practice when implementing assistant practitioner roles and found that tensions exist between national policy and local implementation which had the potential to affect the various health care professionals working with patients. Whilst Wakefield et al’s (2009) study focused on the assistant practitioner role, similarities emerged in the current research findings, where participants indicated that these tensions exist for the NA. These tensions therefore need to be resolved if the NA is to feel a valued team member within the clinical settings in which they provide care.

In the literature Thurgate, (2018) and Wareing, (2012) highlighted that there should be a focus on existing support for those that work and learn. However, Coghill (2018) found that there was limited understanding of the requirements for learning in the work setting. In the current study the successful implementation of the role was a complex process which included support and development opportunities for the TNA and NA.

Bain (1996) maintained that preceptorship is an important part of the support that is provided to newly qualified nursing and midwifery registrants. In this context the preceptorship programme aids the facilitation from trainee to newly qualified registrant (Wier and Lake, 2022). Nevertheless, many participants in the current study suggested that whilst there was an expectation that the newly qualified NA was provided with educational support through preceptorship, that this was often accessed via generic preceptorship programmes for registered nurses. Participants indicated that this increased role confusion for the NA in terms of the competencies and skills learnt in the preceptorship programme. To address this concern and provide the NA with the support they require, preceptorship programmes which prepare the NA for their unique role within the nursing workforce should be facilitated. A NA preceptorship programme would provide a consistent approach to development for the individual which would clarify the role for both the NA as well as others including managers and patients who use the service.

### **Limitations**

This was a small study which explored the lived experiences of participants who have worked with the NA in practice. Whilst a range of stakeholders were included it cannot be claimed their views are representative of all stakeholders. However, the data does provide important insights of how the NA role is viewed in terms of the contribution to practice. Within the study, dependability was demonstrated by the researchers independently analysing the data using a consistent approach, thereby validating the themes and conclusions drawn (Barbour, 2001).

### **Conclusions**

As a result of conducting this small study it emerged that there remains a lack of understanding of the NA role, from clinicians, service users, managers in the local NHS, and subsequently those in the NA role. The NA has the potential to make a valuable contribution to patient care provision. To ensure that this potential is reached those who manage the TNA and NA should be provided with clarity in terms of role proficiencies. The TNA and NA should also receive enhanced educational support during training and in the post qualification period. Support from across the service is integral to ensure the success of the role and will ensure increased benefits to patient care. The collection of data has enabled a nuanced understanding of what is known and understood about

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how the NA is embedded in practice and provides an original contribution to this important area of nursing practice. The findings from this research highlight the importance of the NA role and the provision of care. The study has provided valuable information in terms of the provision of education, training, and support that the TNA and the NA require to make a meaningful contribution to patient care.

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