

DISCUSSION PAPER: Pre-nursing care experience and its role in maintaining interest and motivation in nurse education.

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Pre-nursing care experience and implications for its role in maintaining interest and motivation in nursing.

Abstract

In response to the Government's mandate to give aspirant student nurses front line care experience before commencing a programme of nurse education, the East-Midlands participated in a national pilot programme to recruit aspirant nurses into HCA roles. Here, we discuss research evaluating our programme of pre-nursing care experience and explore the findings relating to how this programme maintained participant's interest and motivation in nursing. We then discuss these findings within the context of current policy drivers within the NHS today.

Key points

1. Benefits from formal programmes of pre-nursing care experience include: confirmation of career aspirations, learning opportunities, and aspirations to improve patient care.
2. Challenges posed by formal programmes of pre-nursing care experience include: appropriate support and supervision, demotivation of aspirant nurses, a deteriorating view of nursing, role confusion, and poor treatment by others
3. Many HCAs may be aspirant nurses and we should find ways to encourage and nurture the aspirations of this workforce
4. All staff should be seen as learners with a culture of learning promoted within the workplace
5. Retention of HCAs, sustaining and encouraging motivation to learn, and facilitating progress if desired, should be key strategies for all workforce planners and stakeholders

Introduction

In 2013 we were invited to take part in a national pilot programme that would allow people wanting to commence a programme of nurse education to work as healthcare assistants for a period of up to one year. The pilot programme was part of the Government response to the Francis report.

Recommendation 187 stated: "student nurses should spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse" (Francis, 2013). The East Midlands was one of six regions to participate recruiting 23 aspirant nurses into HCA roles at four different hospitals before they commenced nurse education at one of two universities. Although all other regions offered a 12 month programme, within the East Midlands the programme aimed to last six months.

Research has shown that working in healthcare support roles before and during programmes of nurse education is beneficial (Hasson et al, 2013 and Wilson et al, 2011). Grainger and Bolan (2006) suggested attrition from programmes of nurse education could occur for students without a realistic perception of nursing. Prior care experience has been linked to increased likelihood of successful programme completion (Wilson, Chur-Hansen, Marshall, and Air, 2011). In addition, those with HCA experience were found to be more familiar with care settings in contrast to those without care experience who were sometimes shocked by being on a ward (Hasson, McKenna, and Keeney (2013). Other studies examining formal programmes of pre-nursing care experience found these were helpful in supporting aspirant nurses make decisions about their future career (Beattie, Smith, and Kyle, 2014; Smith, Beattie, and Kyle, 2015) (Box 1).

The scheme was not welcomed by all and the pilot programme prompted much debate. It was argued that aspirant nurses already had care experience prior to commencing nurse education therefore this programme was unnecessary (Council of Deans 2013). Despite this debate six regions in England did recruit aspirant nurses in HCAs positions. The aim of this paper is to discuss the findings of our study which examined the programme of care experience within the Eastern region

and the role it played in maintaining interest and motivation in nursing. The full findings of the study have been published elsewhere (Whiffin et al 2018).

Pre-nursing care experience programme

There were differences in the way each region operationalised the pilot programme including: cohort size, length of programme, the availability of supernumerary time, educational input, and relationships between the employing organisations and their local universities (Box 2). Therefore, despite a national evaluation of the scheme, we set out to research the experiences of our cohort of pre-nursing HCAs to better understand the programme our region had provided. Our research aimed to examine the experience of being pre-nursing HCAs, determine the benefits of such experience, examine how the experience informed values and behaviours and identify the strengths and challenges in the delivery of the programme.

Our study

All 23 pre-nursing HCAs consented to participate in the study. Participation was voluntary. Focus groups (lasting approximately one hour) were held at each hospital site at the beginning middle and end of the pilot project to explore their experiences. Ethical approval was obtained from both universities and each of the four hospitals. Focus groups were digitally recorded, and transcribed in full. Braun & Clarke's (2006) thematic analysis was used to analyse the data and we identified five major themes (Box 3), here we discuss data from themes specifically exploring the experience of working as a pre-nursing HCA and how this affected motivation and interest in nursing.

Role confusion and boundaries

From the outset there was confusion about the role of these HCAs within the workforce. Participants described the blurring of boundaries between an HCA and a student nurse. Once they felt confident as an HCA their attention quickly turned to what else they could do or observe. For some, additional opportunities were identified for them because they were seen as 'pre-nursing', others sought these out themselves. However, at times this desire for learning was in conflict with the demands of the HCA role.

I love learning and I felt like I can't learn more because I'm not that student nurse yet; it's like reining me in sort of thing (*Trust C - FG3*)

These extra opportunities were contentious in many cases and some participants talked about the boundaries of their role that were clearly marked out for them by other staff. However, not having these opportunities was frustrating for some and they felt they were being held back.

Motivation

Throughout this experience participants developed insight into healthcare work as a career choice. Participants described the origins of their aspirations to become nurses and were able to test out their assumptions about a caring role. Affirmation from patients, relatives, and staff were important together with their own validation of self. A key influence on the participant's motivation and aspiration to commence a career as a registered nurse was through their scrutiny of nurses and nursing while working as an HCA.

Some 18 year olds just from A levels have got this idea of nursing that you go in and there are little old ladies asking for cups of tea, taking themselves to the toilet when it's not that, sometimes you do get shouted at and sometimes you do have bad days (*Hospital A - FG1*)

Some participants were surprised at what they learnt about the nursing role and descriptions of nurses focusing on paperwork featured heavily in their accounts. Some nurses were described by them as 'jaded' with 'upside down smiles' and participants talked about the conflicting priorities between paperwork and attending to patient's needs.

"there is an hour left to go trying to get all the care plans up to date [...] and their hearts sink when I come up with medication chart for a patient who says "I am in pain please can you get me some more morphine" (*Hospital B - FG3*)

These experiences led many to reflect on what type of registrant they wanted to be and despite being exposed to such experiences they maintained a commitment to their core values of compassion and empathy, talking about wanting to be the nurse that prioritised patient needs above all else. Role models were also described that had delivered excellent care and they reflected on how inspirational it was working with people who loved their jobs. Some participants also spoke about their appreciation for the HCA role which was often undervalued.

Because I've done it and I've been there and I been that donkey, I've been shoved out and I've had to shove myself forward so it does...I think it has given us respect for the HCAs (*Trust C - FG3*)

I feel like it's a really good thing that we have done this because I think you can appreciate how hard HCAs do actually work...and I don't want to be a sit down Nurse...who ignores buzzers and doesn't help out the HCAs (*Trust A - FG3*)

These participants were further motivated to ensure they respected the HCA role, again shaping their view of the type of registrant they wanted to be.

Support and supervision

Many participants viewed being 'thrown in the deep end' as a means to learn with full immersion. Therefore, the provision of support for these HCAs was important and all participants spoke about the need for good support from the whole team. Examples shared described excellent support suggesting it was a team approach and such cultures enabled these HCAs to feel supported. When supervision was less than adequate participants expressed concern for their own, and other's safety.

I didn't have care experience and then I am just being chucked into the deep end, you know?...someone could die. I could do anything wrong... (*Hospital B - FG1*)

The role of an HCA buddy was not well defined leading to further confusion with the support available to these HCAs.

Application of findings

Since the first pilots were completed in 2014 the landscape of workforce development has continued to evolve. Few regions still offer this specific programme of formal pre-nursing care experience. However, we believe that our findings have wider implications in considering the support that should be given to HCAs who have aspiration for further study and progression into

nursing roles. Recent initiatives such as the nursing associate roles and nursing apprenticeships provide such opportunities for the development of this workforce

The trainee Nurse Associate (tNA) initiative has shown the extent of the appetite amongst HCAs for further study and progression into regulated roles. When the tNA pilot project was first offered in 2017 the tNA programme attracted over 8000 HCA applicants. Of these 50% were motivated by a desire to improve quality of care and many saw the tNA programme as a route to nursing which had been unavailable or inaccessible (Vanson and Beckett 2018).

Experiences of tNA cohort, collected through an evaluation of the pilot projects by Vanson & Beckett (2018) and others (e.g. Coghill 2018) has shown similarities to data from our research. Most notably role confusion/lack of role clarity; factors which hinder learning in practice; being workers rather than learners; limited time to learn; and attitudes of other staff towards their aspirations. These shared themes suggest that experiences prior to career advancement are influential in motivating someone to become a registrant, how they see themselves delivering care as a registrant and how they view themselves within the clinical team.

Another route into nursing is the nurse degree apprenticeship scheme allowing students to work full-time for the duration of the programme supported by their employer and apprenticeship funding. Students can legitimately earn while they learn instead of working as HCAs alongside their studies as many traditional learners do (Royal College of Nursing 2008). In a recent study of first year apprentices Chan (2016) described how apprentices moved from being on the outside of their chosen profession (proximal participant) to full participation during their course. Chan (2016) suggested those who have a clear understanding of the reality of the role they seek to inhabit are more likely to succeed. Evidence from our study echoes these findings that being able to try out a career before committing to it is extremely useful. In addition, similar to our study, the provision of support emerged as a key finding in the apprenticeship literature (Chan, 2016; Billet, 2003). Billet (2003) states that the success or failure of an apprenticeship is contingent on the availability of adequate support.

The NHS is a high pressure working and learning environment. The number of learners in the workforce and the addition of nursing associates and apprenticeships in particular mean that demands for the support of learners will increase. The balance between allowing individuals the time and space to learn is pitched against becoming 'productive' workers which the NHS struggles with (Turbin, et al, 2014). Achievement of skills or competencies is seen as the desired outcome, but this stifles informal learning, and reduces emphasis on person centred care. HCAs in our study were eager to learn and actively sought additional learning opportunities. This hunger for more knowledge needs to be better recognised and encouraged rather than seen as time 'away from the job' if the learning culture of the NHS can be optimised.

What next?

Part of the NHS Long Term Plan (NHS 2019) is a continued commitment to non-traditional routes into nursing. Published in January of this year, the NHS Long Term Plan devotes an entire chapter to workforce development through an increase in the training and recruitment of nurses. The Long Term Plan projects increased recruitment to nursing apprenticeships up 50% from 2018 to 2019, alongside plans for widening participation through 'earn and learn' support premiums. We welcome the recognition of the central importance of nursing to offering high quality patient care, and the awareness of the need for increasing numbers and pathways into nursing. However, we also suggest caution and reflection on the current evidence base surrounding the advantages and challenges of supporting aspirant nurses. As discussed above, research illustrates the importance of adequately

supporting those who wish to join the nursing profession, clarity around roles, opportunities to learn, and clinical support they receive on their journey.

Knowledge gained from these pilot programmes informs current work regarding reducing pre-registration attrition and improving retention (RePAIR) and subsequently, RePAIR Legacy work (HEE, 2018). REPAIR recognised the importance of applicants to pre-registration programmes having a realistic view of work and the environments they will be working in. The pre-nursing pilot programme described in this paper was cited by REPAIR as a good example of how students can be helped at this stage in their careers.

Implications for practice

The Kings Fund (2018) has highlighted significant staff shortages across the NHS with 36,000 nursing vacancies posing one of the greatest challenges. The HCA workforce provides a rich resource of aspirant nurses and nursing associates. Nurturing this group and providing the right conditions is of utmost importance if this opportunity is not to be wasted. The need to 'grow our own' nurses, as recognised by North (2011) who called for self-sufficiency and sustainability of our healthcare workforce, requires us to consider the elements that may help or hinder this process.

Our research findings align with others (e.g. Vanson and Beckett 2018; Coghill 2018;) stating there is a large pool of carers who are highly motivated to learn and develop. There is a recognised appetite and aspiration amongst HCAs for personal and professional development. Studies have shown attitudes towards this group, recognising and developing that potential, inspiring and motivating, are vitally important if HCAs are to a) progress successfully into nursing and b) progress with the right values and behaviours. However, demotivation occurs where HCAs feel discouraged from learning or where this is not recognised or supported by the wider team. Being treated as workers rather than learners and emphasising ceilings on the availability of learning opportunities has a negative effect. Inspiring and maintaining motivation can be achieved through recognition that the HCA role can be a stepping stone to nursing and for aspirational HCAs to be actively encouraged in this. A key element is the support of learning within the workplace with a culture which sees all workers as learners and fosters an expectation of shared learning across professional boundaries (Modern Workplace Learning 2019).

Support across the organisation for HCA learning and development, but significantly from those with whom they immediately work (supervisors line managers and colleagues), will help to motivate and encourage. HCAs can then feel safe and supported. Having access to a registrant as someone to learn from, and reflect with, may further promote practice-based learning and support the development of a professional mind-set encouraging HCAs to identify early with nursing values. A good place to start is for the manager of care environments to have the conversation with the HCA that recognises their value and potential, explores aspirations and jointly action plans and supports their learning to facilitate their future.

Conclusion

Many HCAs are aspirant nurses well before they make formal applications to nursing programmes. Our study showed that working in HCA roles while nurturing a desire to move into nurse education has an impact on motivation to become a nurse, shapes understanding of the nursing role, increases desire to learn and highlights the importance of proper supervision. These themes reflect those of recent studies of nurse apprenticeships and tNA suggesting these findings are still relevant. How we treat HCAs in practice influences decisions about future careers, self-image and values and behaviours. Retention of HCAs, sustaining and encouraging motivation to learn, and facilitating

progress if desired, should be key strategies for all workforce planners and stakeholders. We need to be aware of these early experiences and support critical reflection, so experiences lead to positive change and the delivery of high quality of care.

Boxes

More likely to complete programme
Assists decision making about future career
Familiarity with provision of care and the care environment
Increased confidence
Supports application to universities

Box 1: Advantages of working as a HCA prior to commencing programmes of nurse education

- A pool of potential candidates were identified from those who had applied to the September 2013 nursing programme but were unsuccessful in achieving a place in September. These applicants were contacted and the opportunity of participating in the pilot programme discussed with them.
- Would be offered a fixed term contract as a HCA at one of four hospitals in the region
- Guaranteed access to March cohort of pre-registration programme (subject to successful completion of the programme) (HEI admission criteria had been assured following interview)
- Supported by HCA ‘buddy’ role on the ward
- Supported by clinical education team

Box 2: Shared principles of programme

- Personal development
 - *“The journey: motivation, affirmation, confirmation, ready”*
 - *“An exploration and examination of nurses and nursing”*
- Positioning of role within the healthcare team
 - *“Who am I?”*
 - *“Developing competence in the HCA role”*
 - *“Saturation and stagnation—what now, what else?”*
- Support and supervision
 - *“Getting it right”*
 - *“Getting it wrong”*
- Perceived benefits
- Advice and recommendations.

Box 3: Major & Minor themes from thematic analysis

- Recognise that the HCA workforce are a rich resource
- Actively facilitate learning opportunities of all staff
- Encourage the desire to learn and foster cultures of learning in the workplace
- Recognise and nurture aspirations for career advancement
- Develop a culture of support from all staff at all levels
- Reflection opportunities between HCAs and registrants
- Joint action planning that identifies aspirations and plans to facilitate future ambitions

Box 4: Implications for practice

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