Exploring trainee nursing associates' experiences of home placements in primary care and social care

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Abstract

Background An increasing number of trainee nursing associates undertake their main placement in primary care and social care, but there is a gap in our understanding of the experiences of trainee nursing associates in these settings.

Aim To explore the experiences of trainee nursing associates of home placements in primary care or social care settings and provide initial insight into what may support or hinder their professional development in these settings.

Method A mixed-method study design was used with qualitative interviews complemented by a quantitative survey. Participants were recruited among 27 trainee nursing associates from one London university.

Findings Eleven trainee nursing associates were interviewed and 15 replied to the survey. Participants' motivations were to develop professionally and advance their careers. They experienced supportive learning environments where they felt part of the team, but also unsupportive learning environments where they were denied protected learning time and supervised practice. Several participants experienced abuses of power and unfair treatment, including non-payment for university days and external placements, sexual harassment and marginalisation.

Conclusion Trainee nursing associates may have poor experiences of working in primary care and social care and be subjected to unfair treatment and abuse. Action is required to ensure their professional development is facilitated, not hindered.

Keywords

career pathways, community, education, general practice, nursing associate, primary care, professional, support staff, training, universities

Implications for practice

- Higher education institutions (HEIs) need to work closely with employers of trainee nursing associates to ensure apprenticeship funding rules are followed
- HEIs must invite employers to their induction programmes for trainee nursing associates
- Funding bodies need to monitor the support trainee nursing associates receive during home placements and act to remedy any lack of support
- Tripartite reviews must be used to actively engage with employers and learners and clarify what they can expect from each other
- Placement teams within HEIs need to negotiate early with employers to secure external placements for trainee nursing associates

Background

The role of nursing associate was introduced in England 2019 (Robertson, 2021)]. It provides an important career development pathway for adult learners from diverse backgrounds. An increasing number of trainee nursing associate undertake their main placement in primary care and social care. There is, however, a gap in our understanding of the experiences of trainee nursing associates in these settings (Kessler et al 2021).

Nursing associates are registered with the Nursing and Midwifery Council (NMC), according to whom they 'bridge a gap between health and care assistants and nurses' (NMC 2023a). Future nursing associates undertake a two-year foundation degree that sits within an apprenticeship framework – see Institute for Apprenticeships and Technical Education (2021). During those two years, trainee nursing associates attend university one day per week and undergo on-the-job training during a 'home placement' in a health or social care setting, for which they are contracted for a minimum of 30-hours per week. They must be given 'protected learning time' for off-the-job training for 20% of their working hours on their home placement. in their home placement, in line with the NMC (2023b) standards for student supervision and assessment, trainee nursing associates are supported by a practice assessor and a practice supervisor. Practice assessors and practice supervisors must be registered nurses and undergo SSSA training. They ensure trainees receive high-quality learning, support, and supervision during their placements (NMC 2023b).

To further support trainee nursing associates, their employer, and their higher education institution (HEI) have a contractual obligation to conduct tripartite reviews every eight to 12 weeks. These reviews are fundamental since they provide opportunities to check trainees' professional development. They should include a report on trainees' progress towards learning targets and values-based behaviours (Institute for Apprenticeships and Technical Education 2021)

The apprentice must also undertake 230 hours on external placements per year on which they are supernumerary. The location and timing of these placements are negotiated between the ANA, employer, and HEI to ensure the learning outcomes are achieved (Institute for Apprenticeships and Technical Education (2021). In addition, apprentices must be employed on a 30 hour a week contract and paid a legal wage for the time they are on home placement, external placement and for university days (Institute for Apprenticeships and Technical Education (2021)

Literature review

There have been several qualitative studies evaluating the experiences of trainee nursing associates in terms of their learning and the level of support they receive (King et al 2020, Dainty et al 2021, Robertson et al 2021, 2022, Kessler et al 2022). These studies have highlighted that nursing associate training is viewed by trainee nursing associates, nursing associates, managers, and university lecturers, as a positive step in terms of career progression and workforce development.

However, there is also evidence of ambiguity and suboptimal placement conditions. Trainee nursing associates appear to be split between being an employee and being a learner, since as they are often expected to fulfil the role of healthcare assistant on top of learning the role of nursing associate. Their learning can be compromised because they are not given supernumerary status on their home placement and because not all employers understand, and/or comply with, the rules around protected learning time (King et al 2020, Dainty et al 2021, Robertson et al 2021, 2022, Kessler et al 2022).

Robertson et al (2022) found that, compared with hospital trusts, primary care and social care settings lacked the necessary infrastructure to support home placements for trainee nursing associates. They suggested further study in this area. Likewise, Kessler et al (2022) scoping study of the nursing associate role in social care suggested that there were issues regarding social care settings' ability to support trainee nursing associates. Kessler et al (2022) raised the question of pay and conditions and suggested further exploration of that question, including when trainees undertake external placements.

Aim

To explore the experiences of trainee nursing associates of home placements in primary care or social care and provide initial insight into what may support or hinder their professional development in these settings.

Method

Study design

The researchers used a mixed-methods study design with individual semi-structured interviews and a survey. Semi-structured interviews enable to collect qualitative data on participants' views of the positive and negative aspects of the situation under study (Morgan 2014). The qualitative data from the interviews were complemented by quantitative data from a survey designed to capture data on workplace relationships, satisfaction and well-being.

Population and recruitment

Participants were trainee nursing associates employed in primary care or social care settings – for example, in GP surgeries or in nursing homes – who had completed the program or had been enrolled onto the nursing associate training programme at a London university. Participants were recruited from four trainee cohorts between January 2019 and September 2020. To participate in the study, trainees had to have been on the training programme for at least one year.

Purposive sampling was used to recruit participants. All eligible trainee nursing associates (*n*=27) were invited to take part in the study via an email from the researchers. The invitation explained the study aims, how participants would be involved and what would be expected of them. It was made clear to potential participants that there was no obligation to take part in the study and that their participation would be voluntary. The trainee nursing associates still on the training programme were assured that not taking part would in no way affect their training or progression through the programme and that, conversely, taking part in the study would not afford them any advantages.

Data collection

The semi-structured interviews were carried out remotely using an online communication platform. Interviews lasted 30-45 minutes and were digitally recorded and transcribed verbatim.

A link to the online survey was emailed to all potential participants (*n*=27) with an online consent form. The survey consisted of items relating to demographics, work demands, work relationships, workplace social environments and subjective well-being. The survey used validated questions selected from the Workplace Wellbeing question bank, which is developed and hosted by What Works Wellbeing (2020).

Data analysis

Two of the authors independently coded the interview transcripts before coming together to synthesise and crystalise their codes into subthemes and themes, following Braun and Clarke's six-step process of thematic analysis (2021). The survey data were analysed by one of the authors using descriptive statistics.

Ethical considerations

Ethical approval for the study had been obtained from the Ethics Committee (ETH2021-0086) and the relevant Health Research Authority research ethics committee (21/HRA/3218).

Findings

Findings from the interviews

From the 27 trainee nursing associates invited to participate in the study, 11 agreed to take part in an interview. All 11 interview participants identified as female. Three identified as Black African, three as Asian British, three as White British one as White Eastern European and one as white British.

The thematic analysis of interview data revealed three themes:

» Professional development and personal growth – Participants wanted to obtain a qualification that would open unlock new career opportunities; they developed professionally, which came with increased responsibilities but also increased respect.

» Learning environment – Participants experienced supportive learning environments where they felt part of the team, but also unsupportive learning environments where they were denied protected learning time and supervised practice.

» Abuses of power and unfair treatment – Several participants experienced abuses of power and unfair treatment including non-payment for university days and external placements, sexual harassment and marginalisation.

The findings from the interviews are further described below, illustrated by direct quotes from participants.

Professional development and personal growth

The primary reason participants gave for undertaking the nursing associate training programme was to progress in their careers. All participants had been healthcare assistants before starting to train as nursing associates. All reported that developing their career and increasing their earning power were motivations for applying to become nursing associates.

'Although I was getting more experience as a healthcare assistant, I could not progress at work because there were limited hours, limited without any proper qualification from UK.' (Participant 1)

'Being a single mum, I'm working, now that's when I felt like you know when you are doing something but there's no progress, cause we are limited [as healthcare assistants].' (Participant 5)

Participants thought that they had developed clinically and professionally since starting to train as nursing associates. They acknowledged that this came with increased responsibilities and expectations but also with increased respect.

'I think I used to look at skills as tasks rather than seeing people's life outside of the surgery and how they can be when they're unwell.' (Participant 6)

'I have ward rounds with the doctor and if we have to do some review – that is, medical review – sometimes they ask me to do it. Honestly, it makes me feel good.' (Participant 7)

'So, communicating with the employer or the manager was a bit like, "I don't think she knows it. I don't think she understands". But now, oh, any little thing, "Go ask [her], she knows".' (Participant 2)

In some cases, what was being asked of participants was beyond the scope of their role. For example, Participant 1 was told by their practice manager that she was to be the lead for infection control, since she had experience of infection control from her practice as healthcare assistant.

'She [the practice manager] said: "You need to go through the [infection control] policy and read and change and put your name". I said I think I need a refreshment because I haven't been doing this for three years, but she sent me a task, "Tomorrow you have three hours admin, because it's due, so you have to do this".' (Participant 1)

Learning environment

The learning environment could be supportive and participants felt appreciated and included, experienced a sense of teamwork and were given clinical support and protected learning time.

'We have monthly meetings, so suggestions are taken, and we've got a group so any evidence-based learning or suggestions we do, everyone is encouraged to participate because it doesn't matter who you are.' (Participant 5)

'I asked him "Can you change [a patient's] catheter?" cause it kept blocking and he came straight away. He had things to do himself as a manager, but he left everything and put the care of the patient first, which I thought was really nice attribute about him and he won't let me down.' (Participant 3)

Participant 9 felt supported by her employer and that motivated her to support the practice achieve its targets:

'If they ask me to do any overtime like to meet targets of the diabetic review […] Yeah, of course I can do it if I have the time at 12:30 and if you give me more time notice in advance. I'll do it for them, yeah, I enjoy it.' (Participant 9)

The learning environment could also be unsupportive and participants were not given access to fundamental aspects of their home placement, notably protected learning time and supervised practice:

'They say they will support you while you work through, but there is no protected learning time. And if you haven't got taught lectures but revision time at home, you're asked to come into work.' (Participant 5)

'She [the practice supervisor] tried her very best to get the supervised practice time but every time we block something off, he [the practice manager] would message, he would come in your room and ask "What is this for? What is that for?". So, it it's all about

meeting his QOF [Quality and Outcomes Framework] points. "No time wasting with the nurse, no, you're not sitting with the nurse, the nurse needs to do her smears".' (Participant 4)

Abuses of power and unfair treatment

Some participants were subjected to abuses of power and unfair treatment by their home placement setting employer or manager. Unfair treatment included not being paid for days when participants were at university:

'He [the GP] came to me and he smiled. He sat next to me and said: "What benefit will I have when I send you to the university?". He said to me "I will send you to the university only if you will not be paid Wednesdays".' (Participant 1)

'[The manager said] "You're not gonna get paid [for university days] If you want us to pay you so that you have something else, something at the end of the month in your account, come the weekends and work". It was hard because I'm working to earn to look after my children.' (Participant 8)

Some participants were not paid during external placements. For example, Participant 8 undertook a six-week external placement in an acute hospital and her home placement employer did not pay her during those six weeks. She worked evenings at the GP practice to secure an income. During those six weeks she worked 60 hours per week. A tripartite review had been held before the start of the external placement, but the academic advisor had not been informed of this arrangement. The participant ended up leaving the GP practice and found another home placement setting.

Participant 1 received a text message from the GP the night before she was due to start a six-weeks external placement, informing her that the placement had been cancelled. She recalled a subsequent conversation with the GP:

'He [the GP] said: "How do you feel about not going on placement?". I said you employ me, so I'll just follow your instruction and I didn't say anything, but I was absolutely upset. And he said: "It depends on circumstances for the business".' (Participant 1)

Participant 2 had been given a 0-hour contract – which contravenes apprenticeship funding rules (Department for Education 2022) – which meant that she was not paid when there was no work at the surgery for her to do:

'She [the practice manager] said it clearly: "I won't pay you". She said it. She said: "It is fair, you're not working in my surgery, I'm not going to pay you". I said fine.' (Participant 2)

Participant 2 felt unable to challenge this unfair treatment, but as soon as the university became aware of it this was raised with the practice and rectified.

Participant 4 described experiencing sexual harassment:

'He [the GP] was sitting too close to me, like for example, I said I need a request prescription […], so he said I will show you on your screen. so he's sitting closely to me and he was trying to show this me, but I hate that experience because I didn't want him to be that close.' (Participant 4)

Participants were determined to register with the NMC and 'get their PIN'. Some already knew that, after registering as a nursing associate, they would train to become a nurse. They saw becoming a nursing associate as their 'way out' and were prepared to accept abuses of power and unfair treatment to achieve their aim of becoming first a nursing associate, then a nurse.

'I'm not worried about the financial aspect despite the fact she didn't even pay me, I'm worried I don't want her to pick me out from the course.' (Participant 2)

'I won't let, you know, side attraction or people to pull me down. I am determined and I am here to become a qualified nurse, not just an NA.' (Participant 7)

'I did it [continue the training without payment] because I want to do the nursing course. Without that I wouldn't even carry on. I did it because I knew there's a future waiting for me. I know I'm gonna gain something out of it.' (Participant 2)

Participant 1, who was not being paid for university days, recounted a conversation with the university apprenticeship lead during which she expressed her concern that complaining about unfair treatment would mean she would not be able to finish her training.

'[The university apprenticeship lead said] "There is funding for the practice, you must be paid". I said I won't be paid but I still want to do the apprenticeship. He said "Hold on, what do you mean?". And then he started the conversation with me. I said to him, please don't pull me out from the university, even if they don't pay me, I will be fine. He took all the paperwork and after, I think, four or five weeks I started getting paid.' (Participant 1)

However, for some participants, this determination to finish their training programme despite unfair treatment came at a price, with their mental health degrading as a result.

'I felt humiliated. I had… I don't know how to pronounce it that… that you know what… she's sitting in front of everybody and she's laughing at me as if I'm asking to borrow some money. I'm asking my rights and she's laughing.' (Participant 8)

'He [participant's husband] had to force me to eat and even sleep. I used to cry. I lost weight. I lost sleep. I lost my appetite. You feel like, do I have to humiliate myself to you? Where's my rights?' (Participant 2)

Participant 2 broke down in tears when she recounted the collapse of her relationship with her employer, whom she had worked for since 2000. Her employer was unhappy about the 'financial cost' to the practice of releasing her for external placements and giving her protected learning time. Following weeks of what the participant described as marginalisation, she left her employer for another one and managed to complete the nursing associate training programme.

Findings from the survey

From the 27 trainee nursing associates invited to participate in the study, 15 completed the survey. Since the responses to the survey were anonymous, it is not possible to know whether some of the 15 survey respondents had also taken part in an interview.

Among the 15 respondents, 14 identified as female and one as male. The mean age of respondents was 40 years (range 32-53 years). Four respondents identified as Black African, three as Black Caribbean, three as White, three as Asian and two as 'other'.

Ten respondents worked in primary care and five worked in social care. Respondents had worked between six months and 19 years (median=4 years) in their care setting before starting to train as a nursing associate. Respondents had undertaken a range of external placements, including in pharmacies and on hospital wards.

Respondents were asked to reply by 'yes' or 'no' to five statements about their workplace safety and well-being [Q correct as edited?] (Figure 1); 60% (*n*=9) [Q please indicate number] reported having come to work despite not feeling well enough to perform duties; 47% (*n*=7) [Q please indicate number] reported having felt unwell as a result of work-related stress in the course of the previous year.

Respondents were asked to rate their level of agreement, on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with a first series of nine statements about workplace relationships and conditions Yes (Figure 2); 87% (*n*=13) agreed or strongly agreed that they get on well with their colleagues; 53% (*n*=8) agreed or strongly agreed that their manager provides useful feedback on their work.

Respondents were asked to rate their level of agreement, on a 5-point Likert scale from 1 (never) to 5 (always), with a second series of three statements about workplace relationships and conditions Yes (Figure 3); 67% (*n*=10) reported receiving help and support from their managers and from their colleagues 'most of the time' or 'always'; 60% (*n*=9) reported being treated fairly 'most of the time' or 'always'.

Figure 1. Workplace safety and well-being

Figure 2. Workplace relationships and conditions (part 1)

Figure 3. Workplace relationships and conditions (part 2)

Finally, respondents were asked to rate four statements about their well-being and quality of life using a scale from 0 to 10 where lower scores represent lower levels of life satisfaction, happiness and anxiety Figure 4 shows their responses against population-representative benchmark data for the UK from the 2021 Annual Population Survey (Office for National Statistics 2022). Although the small sample size of the survey means nothing can be inferred from the comparison, the scores are broadly similar for the first three items, but survey respondents appear to feel more anxious than the general population.

Figure 4. Well-being and quality of life of participants against benchmark data for the UK from the 2021 Annual Population Survey

Discussion

This study gives a voice to trainee nursing associates employed in primary care and social care, addressing the gap in the understanding of the experiences of trainee nursing associates in these settings. The three themes that emerged from the interviews with participants are supported by previous studies (King et al 2020, Dainty et al 2021, Robertson et al 2021, 2022, Kessler et al 2022), which had found that trainee nursing associates welcomed the opportunities offered by the nursing associate training programme to learn, develop personally and professionally, earn more and potentially progress to registered nurse training.

However, interview participants in the present study experienced significant challenges in at times unsupportive environments. In several cases, employers appeared unable or unwilling to implement the standards set by the NMC (2023b) by Health Education England (2017) and by individual HEIs as well as the apprenticeship funding rules (Department for Education 2022). Especially concerning were the findings that several participants had experienced abuses of power and unfair treatment from employers. While we do not have data to demonstrate the effects of these findings on patient outcomes, there is some evidence to suggest that intimidating and disruptive behaviours can lead to patient safety concerns (The Joint Commission 2021).

The survey findings showed that a substantial proportion of respondents experienced problematic workplace relationships, including bullying, harassment and not feeling respected by their manager. Among the 15 respondents, 47% reported feeling unwell due to work-related stress in the course of the previous year and 60% reported having come to work despite not feeling well enough.

The business model in primary care and social care may have been an obstacle for some participants in terms of being released for external placements, given protected learning time and afforded supervised practice. Despite funding from the primary care network through the integration of additional roles (IoAR), GPs appeared reluctant to agree to these fundamental aspects of home placements and prioritised meeting their financial targets. Because workforce capacity is stretched, employers may consider that they cannot afford to grant protected learning time, supervised practice and external placements to trainees. This can strain relationships between trainees and employers.

Other potential reasons for participants' negative experiences may have included a lack of understanding, on the part of employers, of the role and needs of trainee nursing associates and possibly in some cases racist and xenophobic attitudes, given that the majority of our students are racialised as Black or Brown and 4 of the 11 participants were additionally immigrants to the UK, with several reporting discriminatory behaviour towards them in the interviews. A report by The King's Fund (2022) on the IoAR in primary care highlighted the need for a better understanding of the roles of trainee nursing associate and nursing associate and for funding for primary care networks to provide GPs with adequate clinical supervision, managerial and human resources and peer support HEIs need to be mindful of the risk of apprenticeship rules being broken and actively seek evidence to the contrary in tripartite reviews.

The findings from this study support The King's Fund (2022) recommendations. They also align with the findings of Kessler et al (2022), who raised questions regarding pay and conditions for trainee nursing associates employed in social care. There needs be further exploration into pay and conditions for trainees employed on an hourly basis, including when they undertake external placements.

Funding bodies, HEIs and their apprenticeship teams have an ethical and legal responsibility to ensure that apprenticeship funding rules (Department for Education 2022) are followed, that the apprentice's agreement is signed by the employer and the apprentice, and that there is a system in place to monitor compliance and resolve concerns. This study raises significant questions about the accountability for enforcing the rules. The findings from this study require urgent attention if the workforce ambitions of the NHS and Health Education England (The Health Foundation Projections 2022) and the aspirations of trainee nursing associates (Kessler et al 2021) are to be fulfilled.

Strengths and limitations

One of the strengths of the study was the lead author's close working relationship with interview participants developed in the classroom, which helped participants to discuss experiences to abuses of power and unfair treatment. However, the study is limited without the views of the employers. The authors invited employers to take part in interviews and in a survey, but none replied.

The study focused on the experiences of trainee nursing associates of their home placements in primary care and social care settings. Further research is needed to understand how HEIs can work effectively with employers to support and enhance the experiences of trainee nursing associates. That research will need to include the perspectives of employers and of course leaders.

The small survey sample size prevents the authors from making inferences about the representativeness of the responses. Having had negative experiences on placements could have equally encouraged or discouraged trainee nursing associates to participate in the survey and the interviews).

Conclusion

Nursing associate training programmes can transform people's professional perspectives and contribute to the recruitment of a skilled workforce in areas exposed to chronic understaffing. This exploration of the experiences of trainee nursing associates undertaking their home placement in GP practices or nursing homes showed that participants were keen learn and develop and that their home placement settings could provide a supportive learning environment. However, it also revealed some concerns regarding a lack of support during home placements; apprenticeship funding rules not being followed; trainees' entitlements to protected learning time, supervised practice and external placements not being respected; and abuses of power including sexual harassment and marginalisation. Action from HEIs and employers is required to clarify expectations, ensure rules are followed and resolve potential issues so that the professional development of trainee nursing associates is facilitated, not hindered.

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