Research has shown that nursing students benefit from working in healthcare support roles before and during their nurse education (Hasson et al, 2013; Wilson et al, 2011). Grainger and Bolan (2006) suggested attrition from nurse education programmes could occur if students lacked a realistic perception of nursing and prior care experience has been linked to an increased likelihood of successful programme completion (Wilson et al, 2011). In addition, Hasson et al (2013) found that people with healthcare assistant (HCA) experience were more familiar with care settings than those without care experience, who can be shocked by the experience of being on a ward.

Other studies of formal pre-nursing care programmes found they were helpful in supporting aspirant nurses to make decisions about their future careers (Smith et al, 2015; Beattie et al, 2014). Box 1 summarises the benefits of pre-nursing care experience.

In 2013, the East Midlands region took part in a national pilot allowing people wishing to become nurses to work as HCAs for up to one year before starting their nurse education. This was part of the government’s response to the Francis report, which stated that “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 [RN]” (recommendation 187) (Francis, 2013). We were one of six English regions participating, and recruited 23 people as HCAs at four hospitals before they started nurse education at one of two universities. Other regions offered 12-month programmes, but ours lasted for six months. The national pre-nursing care pilot prompted much debate and not everyone welcomed the scheme. Some argued that aspirant nurses already had care experience before starting nurse education, making the programme unnecessary (Council of Deans of Health, 2013). This article discusses our study – Whiffin et al (2018) – examining the value of providing pre-nursing care experience for aspirant nurses.
The study

Participation in the study was voluntary and all 23 pre-nursing HCAs consented to take part. Ethical approval was obtained from both universities and each of the four hospitals. Focus groups, which lasted for about an hour, were held at each hospital site at the start, middle and end of the pilot to explore participants’ experiences. They were digitally recorded, with the results transcribed in full. Braun and Clarke’s (2006) thematic analysis was used to analyse the data and five major themes were identified (Box 3). This article discusses data from the themes that specifically explored the experience of working as a pre-nursing HCA and how this affected interest in and motivation to progress with a career in nursing.

Role confusion and boundaries

From the outset, there was confusion about the role of these HCAs in the workforce. Study participants described the blurring of boundaries between an HCA and a student nurse.

Once they felt confident as HCAs, their attention quickly turned to what else they could do or observe. Some were offered new learning opportunities because they were seen as ‘pre nursing’; others sought these out themselves. However, participants’ desire for learning sometimes conflicted with the demands of the HCA role, making some of these extra opportunities contentious.

For some, the boundaries of the HCA role were clearly marked out by other staff; for some individuals, this could be frustrating because they felt they were being held back: “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.” (Hospital C, focus group 3)

Motivation

Throughout this experience, participants developed insight into healthcare work as a career. They described the origins of their aspirations to become nurses and were able to test out their assumptions about a caring role:

“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, focus group 1)

Affirmations from patients, relatives and staff were important to them, as was their own validation of self. While working as HCAs, their scrutiny of nurses and nursing was a key influence on their motivation and aspiration to become RNs.

Some participants were surprised at what they learned about the nursing role; descriptions of nurses focusing on paperwork featured heavily in their accounts. Nurses were described as being “jaded” with “upside-down smiles”, and participants talked about the conflicting priorities of doing paperwork and attending to patients’ needs:

“There is an hour left to go trying to get all the care plans up to date […] and their [RNs’] hearts sink when I come up with [a] medication chart for a patient who says ‘I am in pain, please can you get me some more morphine?’” (Hospital B, focus group 3)

These experiences led many to reflect on the type of registrant they wanted to be. Despite being exposed to such experiences, they remained committed to their core values of compassion and empathy, and talked about wanting to be the nurse who prioritised patient needs above all else. Some also spoke about their appreciation for the HCA role, which they felt was undervalued:

 philosopher’s interest and motivation in embarking on a nursing career.

Pre-nursing care experience programme

The pilot programme operated in line with a number of shared principles, but there were differences in each region. These differences included cohort size, length of programme, availability of supernumerary time, educational input, and relationships between employing organisations and their local universities.

Box 2 outlines the programme in our East Midlands region.

Although there was a national evaluation of the scheme, we wanted to better understand the programme our region had provided. Our research aimed to:

- Examine the experiences of our cohort of pre-nursing HCAs;
- Determine the benefits of such experience;
- Examine how this experience informed values and behaviours;
- Identify the strengths and challenges in the delivery of the programme.

The study

Box 3. Study themes

1. Personal development

- The journey: motivation, affirmation, confirmation, ready
- An exploration and examination of nurses and nursing

2. Positioning of role within the healthcare team

- Who am I?
- Developing competence in the healthcare assistant role
- Saturation and stagnation—what now, what else?

3. Support and supervision

- Getting it right
- Getting it wrong

4. Perceived benefits

5. Advice and recommendations

Box 2. East Midlands pre-nursing nursing care pilot programme

Candidates for the programme were:

- Identified from those who had applied to the September 2013 nursing programme, but did not achieve a place on the course. They were contacted and the opportunity of participating discussed with them
- Offered a fixed-term contract as a healthcare assistant (HCA) at one of the region’s four hospitals
- Guaranteed access to the March cohort of the pre-registration nursing degree programme, subject to successful completion of the pre-nursing programme
- Supported by an HCA ‘buddy’ on the ward
- Supported by the clinical education team

Box 1. Benefits of pre-nursing care experience

- People are more likely to complete their nursing education
- Helps individuals make decisions about their future career
- Gives individuals experience of care provision and the care environment
- Increases confidence
- Supports university applications

Clinical Practice

Discussion
“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...I think it has given us respect for the healthcare assistants.” (Hospital C, focus group 3)

Again, this shaped their view of the type of registrant they wanted to be:

“It’s a really good thing that we have done this because I think you can appreciate how hard healthcare assistants do actually work...and I don’t want to be a sit-down nurse...who ignores buzzers and doesn’t help out the healthcare assistants.” (Hospital A, focus group 3)

Participants described role models who had delivered excellent care and reflected on how inspirational it was to work with people who loved their jobs.

Support and supervision
Many participants viewed being “thrown in the deep end” as a good way to learn. Support for these HCAs was important. Every participant spoke about the need for whole-team support and the examples of excellent support that were shared all involved a team approach.

When supervision was less than adequate, participants expressed concern for their own safety and that of others:

“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 A, focus group 1)

All participants were assigned an HCA ‘buddy’, but the role was poorly defined, adding to confusion about the support available.

Implications of the findings
The first pilots were completed in 2014, and the landscape of workforce development has continued to evolve since then. Few regions still offer this formal pre-nursing care programme, but we believe our study findings have wider implications in terms of the support that should be given to HCAs who aspire to further their study and progress into a nursing role. Recent initiatives, such as nursing associate (NA) roles and nursing degree apprenticeships, provide new opportunities for developing the workforce in this way.

Nursing associate training
The trainee NA initiative has shown there is an appetite among HCAs for further study and progression into regulated roles. When the trainee NA pilot project was first offered in 2017, it attracted more than 8,000 HCA applicants. Of these, half were motivated by a desire to improve the quality of care they provided, and many saw the programme as a route to nursing, which had been previously unavailable or inaccessible (Vanson and Beckett, 2018).

Experiences of the NA initiative cohort, collected through evaluations of the pilot projects undertaken by, for example, Vanson and Beckett (2018) and Coghill (2018), revealed findings similar to ours. These include:

- Role confusion/lack of role clarity;
- Factors hindering learning in practice;
- Being workers rather than learners;
- Limited time to learn;
- Attitudes of other staff towards their aspirations.

These shared themes suggest experiences before career advancement influence:

- People’s motivation to become registrants;
- How they see themselves delivering care as a registrant;
- How they view themselves within the clinical team.

Nurse degree apprenticeships
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 learners have done (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, suggesting that those who have a clear understanding of the reality of the role they seek are more likely to succeed. Evidence from our study echoes this finding that being able to try out a career before committing to it is valuable.

Another shared finding was the importance of learner support, which was key in the work on apprenticeships of Chan (2016) and Billet (2003). Billet (2003) stated that the success or failure of an apprenticeship is contingent on the availability of adequate support.

Learner support
The NHS is a high-pressure working and learning environment. The number of learners in the workforce, and the rise in NAs and apprenticeships in particular, means demand for learner support will increase. Achieving the right balance between allowing people the time and space to learn, and turning them into productive workers, is something with which the NHS struggles (Turbin, et al., 2014).

Achievement of skills or competencies is seen as the desired outcome, but this stifles informal learning and reduces the focus on person-centred care. The HCAs in our 2018 study were eager to learn and actively sought additional learning opportunities. If the learning culture of the NHS is to be optimised, this hunger for knowledge needs to be recognised and encouraged, rather than being seen as time ‘away from the job’.

Workforce development
NHS England’s (2019) NHS Long Term Plan continues the commitment to non-traditional routes into nursing, devoting an entire chapter to workforce development through increased training and recruitment of nurses. It projects a 50% increase in recruitment to nursing degree apprenticeships from 2018 to 2019, alongside plans for widening participation through ‘learn and earn’ support premiums.

We welcome recognition of the importance of nursing to high-quality care and the need for more nurses and pathways into nursing. However, we believe there is a need to reflect on evidence around the benefits and challenges of supporting aspirant nurses. Our research shows the importance of both adequately supporting those who wish to join the nursing profession, and ensuring there is clarity around roles, opportunities to learn and the clinical support people receive on their journey.

Knowledge from pre-nursing programmes informs work on reducing pre-registration attrition and improving
retention (RePAIR) and RePAIR legacy work (Health Education England, 2018). RePAIR recognises that pre-registration programme applicants need to have a realistic view of the roles and environments in which they will be working, and cites the pre-nursing pilot programme described here as a good example of how students can be helped at this stage in their careers (HEE, 2018).

The Kings Fund (2018) has highlighted the problem of NHS staff shortages, and the challenges posed by 36,000 nursing vacancies. The HCA workforce is a rich resource of aspirant nurses and NAs, nurturing this group and providing the right working conditions is of utmost importance to make the most of this opportunity. The need to ‘grow our own’ nurses is recognised by North (2011), who called for self-sufficiency and sustainability of our healthcare workforce, requiring us to consider the elements that may help or hinder this process.

Our research findings align with those of others, such as Vanson and Beckett (2018) and Coghill (2018), and show there is a large pool of unregistered carers who are highly motivated to learn and develop. Among HCAs, there is recognised appetite and aspiration for personal and professional development. Our research findings align with those of others, such as Vanson and Beckett (2018) and Coghill (2018), and show there is a large pool of unregistered carers who are highly motivated to learn and develop. Among these groups there is a recognised appetite and aspiration for personal and professional development. Vanson and Beckett’s (2018) study showed the benefit of HCAs using their skills and experience and how this developed their potential to progress successfully into nursing.

Being treated as workers, rather than learners, and encountering ceilings on available learning opportunities has a negative effect. Recognising that the HCA role can be a stepping stone to nursing, and actively encouraging and supporting aspiring HCAs to progress, is a way to inspire people and maintain motivation. A key element is supporting learning in the workplace as part of a culture that sees all workers as learners, and fosters an expectation of shared learning across professional boundaries (Modern Workplace Learning, 2019).

Support across organisations for their learning and development, particularly from close colleagues, supervisors and line managers, will help to motivate and encourage HCAs and help them feel supported. Having access to a representative to learn from and reflect with can further promote practice-based learning and the development of a professional mindset, and encourages HCAs to identify early with nursing values. A good place to start is for managers of care environments to start a conversation with HCAs that recognises their value and potential, explores their aspirations, supports their learning, and produces joint action plans for their career development (Box 4).

Conclusion

Our study showed that giving aspirant student nurses frontline care experience as HCAs can increase their motivation to become nurses, shape their understanding of the nursing role and increase their desire to learn. It also highlighted the importance of proper supervision; this mirrors the findings of recent studies on nursing degree apprenticeships and trainee NAs.

Many HCAs are aspirant nurses well before they make formal applications to nursing programmes. The way they are treated in practice influences their decisions about future careers, self-image, and values and behaviours. Retention of HCAs, encouraging and sustaining their motivation to learn, and helping those who want to progress into nursing should be key strategies for all workforce planners and stakeholders. If we are to provide the right working conditions to grow our own nurses from the rich pool of talent available, with values and behaviours that support the delivery of high-quality patient care, we need to be aware of the importance of these early experiences, and support critical reflection.

Box 4. How to improve workforce growth and practice

- Recognise that the healthcare assistant (HCA) workforce is a rich resource
- Actively facilitate learning opportunities for 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 in staff at all levels
- Provide reflection opportunities between HCAs and registrants
- Develop joint action plans that identify aspirations and plans to facilitate future ambitions

References


