

DR CHARLOTTE JANE WHIFFIN (Orcid ID : 0000-0002-9767-2123)

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Author Details

Charlotte J WHIFFIN (**Corresponding author**)

Senior Lecturer in Nursing, College of Health and Social Care, University of Derby

RN, BA(Hons), PhD

c.whiffin@derby.ac.uk

Twitter user name: @CJWhiffin

Denise BAKER

Head of Allied Health and Social Care, College of Health and Social Care, University of Derby

DCR, BSc (Hons), MA

d.baker@derby.ac.uk

Twitter user name: @poppytea

Lorraine HENSHAW

Head of Post-Graduate Health Care, College of Health and Social Care, University of Derby

RGN, MSc

l.henshaw@derby.ac.uk

Twitter user name: @lor_henshaw

Julia J NICHOLS

Senior Lecturer in Nursing, Faculty of Health and Society , University of Northampton

RGN, BSc (Hons), MSc

julia.nichols@northampton.ac.uk

Michelle PYER

Senior Researcher, Faculty of Health and Society, University of Northampton

BA (Hons), PhD

michelle.pyer@northampton.ac.uk

Twitter user name:@MichellePyer

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Debbie Kilmartin (Sister ENT Out Patients)

Dr Maxine Simmons (Senior Matron Practice Development)

Together with the authors, those listed below observed and/or moderated the focus groups

Clency Meurier (Senior Lecturer Adult Nursing, School of Health University of Northampton)

Lucinda O'Dell (Senior Lecturer School of Health, University of Northampton)

Michelle Thompson (Principal Lecturer – Undergraduate Admissions, School of Health University of Northampton)

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Abstract

Aim: To examine the experiences of pre-nursing Health Care Assistants during a six-month programme of pre-nursing care experience.

Background: Care experience prior to commencing programmes of nurse education is broadly considered to be advantageous. However, it is not clear how formal care experience prior to nurse education has an impact on the values and behaviours of the aspirant nurse.

Design: A longitudinal prospective qualitative study using focus group discussions.

Methods: Data were collected from 23 pre-nursing health care assistants during September

2013 - February 2014. Three focus groups were held at the beginning, middle and end of the programme of care experience at each of the participating hospitals. A thematic analysis was used to analyse data sets from each hospital. Findings from each hospital were then compared to reach final themes.

Results: Five major themes were identified in the analysis of qualitative data: personal development; positioning of role in the healthcare team; support and supervision; perceived benefits; and advice and recommendations. These themes were underpinned by deep aspirations for better care and better nurses in the future.

Conclusions. Pre-nursing care experience can positively prepare aspirant nurses for programmes of nurse education. The benefits identified were confirmation of aspiration (or otherwise) to pursue nursing; learning opportunities and aspiration to improve patient experience. Risks for the programme included poor supervision; role ambiguity or confusion; demotivation through a deteriorating view of nursing and poor treatment by others. The longer-term impact on values and behaviours of this cohort requires further evaluation.

Key Words: nursing; pre-nursing; student; health care assistant; role conflict

SUMMARY STATEMENT

Why is this research needed?

- The acquisition of care experience prior to commencing nurse education provides insight into the nursing role and is considered by many to be advantageous in student nurse populations.
- It has been suggested that making prior care experience mandatory will improve entry level nursing and drive up standards of patient care.

- There is limited evidence regarding how care experience shapes the aspirant nurse prior to commencing nurse education.

What are the key findings?

- Five major themes were identified in the analysis of qualitative data: personal development; positioning of role in the healthcare team; support and supervision; perceived benefits; and advice and recommendations.
- There are considerable benefits to formal programmes of pre-nursing care experience including confirmation of career aspirations, learning opportunities and aspirations to improve patient care.
- Understanding the risks of such programmes is key, these relate to safety through proper supervision, demotivating aspirant nurses through a deteriorating view of nursing, role confusion and poor treatment by others.

How should the findings be used to influence policy/practice/research/education?

- The findings should assist policy makers to understand both the benefits and the limitations of formal programmes of care experience for aspirant nurses.
- It is important that nurse educators and clinicians understand the needs of pre-nursing health care assistants so proper support/ supervision is provided and individuals can make the right career choice.
- The assertion that prior care experience can improve entry-level nursing and subsequently improve care delivered to patients requires further long-term evaluation.

INTRODUCTION

In 2013 the UK Government's mandate to Health Education England included ensuring

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students seeking National Health Service (NHS) funded nursing degrees spend up to a year as a health care assistant (HCA) (Department of Health (DH), 2014). This was in response to the Francis report which examined failings at Mid-Staffordshire National Health Service (NHS) foundation hospital and made recommendations with the intention of improving patient care (Francis, 2013). 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 assumption was improving entry-level nursing could lead to improved care. However, this assumption was challenged by the Council of Deans of Health (2013), who represent the UK’s university faculties engaged in education and research for nurses, midwives and allied health professionals. Others described the pilot scheme as ‘expensive, politically motivated and lacking in evidence’ (Snowden et al., 2015, p.156).

Poor care is not a problem that is exclusive to NHS England and ways to address poor care should be examined by the healthcare workforce worldwide (Darbyshire & McKenna, 2013). Therefore, the potential for pre-nursing care experience to contribute to improving standards of care should be examined. Consequently, six regions in England participated in a national pilot programme to recruit aspirant nurses into HCA positions (Health Education England, 2015). The research reported here was conducted in one of the six regions who took part in the pilot scheme.

Background

Pre-nursing care experience is often gained by aspirant nurses working in healthcare support

roles. These unregistered healthcare workers support registered nurses and are involved in direct bedside care (Cavendish, 2013). In 2008 a survey of over 4500 nursing students found eight in every ten students working as a HCA (Royal College of Nursing, 2008). Therefore, it is not unusual for student nurses to have HCA experience and many consider this experience advantageous in student nurse populations (Hasson, McKenna, & Keeney, 2013; Wilson, Chur-Hansen, Marshall, & Air, 2011).

In a qualitative study by Hasson, McKenna and Keeney (2013) 27 out of 32 student nurse participants had experience of working as a HCA. This UK study found those with HCA experience reported increased confidence due to their familiarity with care settings. Those without HCA experience described shock at the reality of being on a ward, staff shortages and lack of patient nurse contact. Conclusions suggested those with HCA experience were inhibited in their development of a professional mind-set and reported role confusion between HCA and student nurse. Commenting on the research The Council of Deans of Health (2013) suggested that if poor models of nursing care had been witnessed, students may enter nurse education with attitudes and assumptions in need of challenge.

Grainger and Bolan (2006) found first year student nurses had a more idyllic view of nursing than fourth year students with more clinical and classroom experience (Grainger & Bolan, 2006) and suggested attrition may result from those without a realistic perception of nursing. In support of this conclusion Wilson, Chur-Hansen, Marshall and Air (2011) found in a study of 101 Australian nursing students successful students were more likely to have had prior care experience ($p=0.011$). However, this study only considered completion and not how this experience shaped their values or behaviours (Snowden et al., 2015). In another UK based study, Snowden et al. (2015) examined emotional intelligence (EI) in 869 student nurses and hypothesised that those with prior care experience ($N=452$) would demonstrate higher EI. However, no such correlation was found.

Participants in studies cited here are typically drawn from student nurse populations. In contrast, there is an emerging evidence base that considers the experience of individuals prior to commencing nurse education. Examples include Beattie, Smith and Kyle (2014) and Smith, Beattie and Kyle, (2015) who examined a two week programme of care experience. Findings revealed the experience helped aspirant nurses make decisions about their career. In the US, pre-nursing experiences have been facilitated through the use of nursing camps (Daumer & Britson, 2004; Drenkard, Swartwout, & Hill, 2002). The aims of these programmes include increasing interest in nursing and helping individuals make the right career choice. With the increasing interest in prior care experience it is important to develop the evidence base in this field. The study reported here will continue this debate, by examining how formal care experience prior to nurse education affects the values and behaviours of the aspirant nurse.

THE STUDY

Aim:

To examine the experiences of pre-nursing HCAs during a six-month programme of pre-nursing care experience.

Objectives:

- Determine the benefit of the experience to the individual participant and their ambition to become a registered nurse.
- Examine how the experience informs participant's values and behaviours in clinical practice.
- Identify key strengths and challenges in the delivery of formal programmes of pre-nursing care experience.

Design

The study adopted a constructivist approach to inquiry whereby experience is considered to be created, shaped and constructed through social interaction and individual interpretation (Denzin & Lincoln, 2005). Focus groups were carried out to facilitate in-depth discussions of shared experiences. Goodman and Evans (2010) and Holloway and Wheeler (2010) state focus groups are a means of understanding a common experience.

Participants

Participants were employed in adult care settings at acute hospitals. Exposure was limited to acute areas due to the constraints of the project. Therefore, purposive sampling was employed. Inclusion criteria were that the participant was contracted into employment as a pre-nursing HCA at one of four specific hospitals and could provide informed consent. Employment was paid and the job description for a HCA in the employing hospital was applied to this role.

There were no exclusion criteria.

Pre-nursing HCA positions were offered to individuals who had previously applied to adult nursing programmes at one of two universities and had performed very well at interview but were unsuccessful in securing a place in the September cohort. A total of 23 individuals accepted this invitation and were employed as HCAs in one of four hospitals. These participants were offered the opportunity to commence nurse education in March if they successfully completed the pre-nursing programme.

Participants were predominantly female white British and had some experience of paid and unpaid care roles (Table One). Most participants were contracted to work in full-time posts (37.5 hours) in a range of specialities and engaged in a range of shifts (Table Two).

Access to participants was through local collaborators (nurses working in nurse educator

roles). If individuals expressed interest in the study, they were contacted by the research team to establish a relationship and invite them to join the study following a 24-hour cooling off period. All participants in the programme consented to participate in the research.

Data Collection

Data were collected from September 2013 – February 2014. Focus groups were held in education departments at four different hospitals at the beginning, middle and end of the programme of care experience (three at each site, twelve in total). When research is too large for an individual researcher Stake (2005) suggests adopting a *teaming* approach. As a result, the research team consisted of eight individuals who were all experienced in focus group approaches (see authors and acknowledgements). A moderator and observer were present at each focus group.

Although a pilot study was not conducted, the focus group schedule was discussed and trialled in the research team. Due to the longitudinal design revisions could be made to the schedule moving forward. Questions were broad in the first focus group, then refined for follow-up focus groups (see Box 1). Focus groups lasted approximately one hour (range 45-75 minutes).

Ethical considerations

Ethical approval was obtained from both universities and each of the four hospitals.

Individuals were informed that participation was voluntary. However, because participants were informed that the research was being conducted by university academics it was not unreasonable to assume participants felt obliged to take part. Therefore, if a participant did not attend a focus group the reason for this was not investigated by the research team. This enabled participants to make an individual choice about taking part. All data were anonymised and where appropriate pseudonyms used.

Data analysis

The aim of data analysis was to conduct an analysis that prioritised the needs of the research question. Miles and Huberman (1994) recommend foregrounding issues directly relevant to the research question to prevent being lost in the data (see Box 2). Stake (2005) also suggests analysis can be pared down in this way to facilitate analysis by a team of researchers. While some depth and complexity may be lost through this approach, a rich description of the research question is still achieved (Stake, 2005).

Focus groups were digitally recorded and audio files transcribed in full. Braun & Clarke's (2006) thematic analysis, which is compatible with constructivist research, was used to analyse the data. Analysts were allocated to data sets from each hospital, therefore there were four data coders. Analysts were instructed to follow the first four stages of Braun & Clarke's (2006) six stage thematic analysis (see Box 2). Stages Five and Six were then completed through peer debrief in partnership with the lead analyst (CW). The research team met for a data sharing event to explore the whole data set and data from each hospital site. Through peer discussion assumptions were challenged and fresh perspectives seen to develop a greater understanding of the entire data set. Major themes were identified when the team agreed data saturation had been reached (See Box 3).

Rigour

Rigour is essential in qualitative research and credibility is a core component (Guba & Lincoln, 1994). One of the more effective ways to establish credibility is through prolonged engagement in the research setting (Polit & Beck, 2014; Streubert & Carpenter, 2011).

Meeting with participants three times aided the research team to confirm data and to test out findings with the group, therefore transcripts were not returned to participants for correction.

Reflective diaries were kept by the research team to record field notes after each focus group. Reflective diaries were also used during data analysis to record early interpretations of the data, which according to Creswell (2013) creates an audit trail by connecting original data to final findings. Working as a team also increases the rigour of the study as we were able to check analysis, discuss emerging interpretations and explore different positions. The research team were critically reflective of how their backgrounds as healthcare academics and researchers may influence the data which may have prioritised data that reflected how the participants felt the experience influenced their future education.

FINDINGS

Five major themes and eight minor themes were derived from the data (Table 3). The five major themes were: personal development; positioning of role in the healthcare team; support and supervision; perceived benefits; and advice and recommendations. These are outlined below, for reasons of confidentiality individual contributions have not been identified, all quotes distinguish between the hospitals (A-D) and the timing of the focus group (FG1-3).

1.1 Personal Development

Throughout this experience participants developed insight into healthcare work as a career choice and their desire to become a registered nurse. Participants achieved this personal development in two ways; first by describing their journey in deciding nursing was right for them and second by examining their assumptions about the role of the nurse and if this was a motivator to join the profession. The knowledge they gained was contextually bound through their own sense of self and how they understood their ambitions and career aspirations.

1.1.1 *The Journey: Motivation, Affirmation, Confirmation, Ready!*

The journey describes the chronology of aspirations to become a nurse. Ambitions were tested and participants were able to see first-hand if their assumptions about their ability and desire, to care were correct. Ambitions often originated from childhood or the desire for a career change and meaningful employment that would help others. Affirmation of their career choice came from patients, family and staff while engaged in this HCA role. However, affirmation also came through validation of self in the role:

I like the fact that we're appreciated for the hard work we do but I do also like going home and thinking 'ah I've helped people' that's what I've enjoyed ^(Hospital B - FG2)

...because the manager did say to me she said, "I see you as a positive asset on this ward" ^(Hospital D - FG2)

Participants felt they were being given the opportunity to test out a career in nursing, confirming the appropriateness of their career choice through the self-fulfilment of the role. Subsequently feeling ready for this career was an important part of the journey for participants. Confirmation, however, was not a stage reached by all:

I like what I am doing at the moment as first person contact with the patient, doing the care side. I'd be ready for all of that in the future, I just want to do this for a little bit longer ^(Hospital B - FG3)

This participant explained that they had decided to continue their HCA experience and defer their place at university.

1.1.2 *An exploration and examination of nurses and nursing*

An important influence on participant's personal development was their scrutiny of nurses and nursing. Individuals used the experience to understand the role of the registered nurse and what nursing care really involved:

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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)

In the early focus groups, there was a clear sense of the right and wrong values and behaviours for those delivering care. Later experiences revealed pre-nursing HCAs exposure to 'real care' in what were often acute and busy environments and their first-hand experiences of nursing were sometimes overwhelming:

My first death on a ward...and I just cried my eyes out...and went, "can I go home" because my eyes just went pure red and I was just crying for that patient (Hospital C - FG2)

I found last week we had one of the patients that had dementia I sat and tried to feed him and he'd been there for about 2 or 3 days and I said to one of the nurses after a while, "this patient can't chew this food" [...] and I said, "well why has this patient got food that he can't chew". He had basically forgotten the process of chewing...and nobody had actually sat there long enough to actually feed him to realise that he could not eat his food (Hospital B - FG2)

Some participants were surprised at what they learnt about the nursing role. Views of HCA roles and registered nursing roles shifted:

I love the way how HCA are so close to patients...More than nurses and I think it is true HCA are the [...] backbone of the wards (Hospital C - FG3)

The identification of the nurse's responsibility for paper work featured prominently in many of the accounts and there was a deteriorating view of nurses expressed by some:

You see different people don't you, there are some nurses that have been here for 30

years and are completely jaded and yeah got upside down smiles ^(Hospital D - FG2)

And I know that isn't how it should be but paperwork is very important to them all and they line up at the nurses' station when there is an hour left to go trying to get all the care plans up to date, sighing, making sure they've got everything for the handover 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)

There were also very positive experiences of care and participants talked about how inspirational it was to work with someone who loved their job. Positive role models influenced their aspirations for the type of nurse they wanted to be. Less positive care experiences also shaped their understanding of the care they wished to deliver through a commitment to their core values of compassion and empathy and to deliver care that prioritised the needs of the patient. Both positive and negative experiences appeared to be motivational towards who they aspired to be in their future career.

1.2 Positioning of role in the healthcare team

Positioning of role in the healthcare team was identified as a theme from the data relating to the role of the pre-nursing HCA in a hospital setting. Participants spoke of confusion about their role, blurred boundaries between HCAs and student nurses. This led many participants to question who and what a pre-nursing HCA was and to examine their competence, confidence and ultimately stagnation, in the role of HCA. Other data pertinent to this theme considered how the environment facilitated and/or hindered their immersion in this experience.

1.2.1 *Who am I?*

All participants shared a sense of role ambiguity. This ambiguity was expressed more readily at the start of the programme; however, it continued for some until completion. Some participants felt they were the same as any other HCA employed at their hospital and others felt there was a blurring of roles somewhere between a student nurse and a HCA:

There was confusion, are we a student nurse or a HCA but I don't think that, well, where I was anyway she, the Sister, didn't really understand ^(Hospital A - FG1)

Participants discussed different experiences on the wards and whilst some were offered opportunities to develop their learning others noted an implied ceiling to their role. Due to the confusion, some questioned whether 'pre-nursing' had any value and that this marked them out as different to other HCAs. Being different was not always welcomed when trying to integrate into the team and some participants described negative attitudes towards them from others:

'Who are you?' 'What's that for, what's the point in that then?' 'I think it is a waste of money' ... Wow talk about putting you off ^(Hospital C - FG3)

1.2.2 *Developing competence in the HCA role*

Most participants felt they developed competence in the HCA role quickly. Although many had prior care experience this feeling of competence was also experienced by those without care experience. The foundation for this competence was often through familiarity with the ward routine:

Personal care in the morning you do go into handover for half an hour and then you'd go out; get all the stuff ready and then you would start washes or give people showers...after that's done you'll start observations and you will be doing hourly rounding's as well asking patients if they are in any pain, if they need the toilet ^{(Hospital}

After completing their care experience participants talked about their increasing self-confidence and their ability to be effective and valued team members.

1.2.3 *Saturation and stagnation – what now, what else?*

Once perceived competence in the role had been achieved participants were looking for new opportunities. This was interpreted as reaching saturation and wanting to move into other experiences that would facilitate their transition to student nurse. Subsequently, there was then conflict identified between the demands of the HCA role and the participant's desire to learn:

And 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 - FG3)

I keep being told "you're not a student nurse yet" (Hospital C - FG2)

There was a level of frustration felt by some participants that by the end of the programme they were being held back from developing in their true ambition of becoming a nurse.

1.3 **Support and supervision**

Participants discussed in detail the operational aspects of this care experience programme. Fundamental to its success was the effective use of support.

1.3.1 *Getting it right*

Throughout all three focus groups participants talked about the need for support and supervision. There were numerous examples of exemplary support and having a named person for support was considered key for many. This named person was often a 'HCA buddy' who was assigned for the duration of the programme:

I had a fantastic Buddy. She was very supportive; showed me everything I needed to

know about the role of HCA. I was always put on shifts that she worked and if I didn't then she would say to me the names of the people that would be on the shift that could help (Hospital B - FG3)

It is important to recognise that not all participants were able to work with their buddies on a regular basis and cultures of support from the whole clinical team, from HCAs to ward managers, were also considered important.

1.4.1 Getting it wrong

However, participants also spoke about situations, both real and hypothetical, whereby they felt patients or themselves were put at risk through the lack of proper support and supervision. At best these situations reduced their emerging confidence whilst at worst they put themselves and others at risk of harm:

She [nurse] goes, "you have to go down with this patient to x-ray". I thought, 'oh God' anyway the porter showed up with the oxygen...we got about two footsteps out of the ward and the oxygen ran out; patient was getting blue, I was panicking. I was thinking, 'if she goes into respiratory arrest what am I going to do?'...you know I, I've never, ever, ever, ever, ever, I should have said, "no" to start with, it was my own fault (Hospital C - FG2)

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)

1.4 Perceived Benefits

While benefits of the programme can be observed in the earlier themes, participants specifically reflected on these in the focus group. Overall the programme was viewed as beneficial to the individuals taking part, patients and healthcare more broadly. The experience was viewed as a way of testing out a career in caring and a means to strengthen the gateway

into nursing. Overwhelmingly, care experience prior to entering nursing was considered to be essential. However, participants also felt that formal paid care experience in a hospital may not be necessary for everyone:

I'd give the opportunity more to those who have never done it [caring] because they are the ones that need it more. (Hospital D - FG2)

Participants also described how working as a HCA would enable them to value the HCA role in the healthcare team and how the HCA role is essential to maintaining high standards in care provision:

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)

Overall there was a sense that this programme of care experience has the ability to improve nursing and the provision of care overall and individuals taking part have seen the programme as a worthwhile initiative.

1.5 Advice and recommendations

There was general agreement that there was room for improvement in the communication of role, objectives and intended outcomes of the programme. There was concern raised about the terminology being used to describe those in supportive roles and the full definition of these roles was not fully understood. However, many also viewed being 'thrown in the deep end' of these busy and acute hospital environments positively:

I think if you come here first. Not in a bad way but it's not going to get worse than this; if that makes sense? So, you like get the worst thing out of the way everything else will probably seem better (Hospital B - FG3)

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Participants felt pre-nursing HCAs should have supernumerary time at the outset of the programme to ease them into the demands of the ward and those able to use supernumerary time to maximise their experience really valued these additional learning opportunities. However, there was a sense that being supernumerary for too long could mask the realities of clinical work.

DISCUSSION

A programme of pre-nursing care experience was delivered for a small cohort of individuals who wanted to become nurses. Five major themes were identified in the data. However, these themes overlap and so should not be viewed in isolation. Despite many of this group having had prior care experience, they discussed a range of benefits to this formal programme of care experience while also cautioning of the potential risks.

Mirroring the findings of Hasson, McKenna and Keeney (2013) and Smith, Beattie and Kyle (2015) the participants in this research felt hands-on care experience had helped them to develop a true insight and understanding of a caring role. However, it is essential that care experiences prior to nurse education do not socialise aspirant nurses into accepting poor standards of care (Council of Deans of Health, 2013) and therefore how care experience shapes individuals' understanding of care and the nursing role is important. Where some participants expressed a deteriorating view of nursing it made them question their chosen career path, evidencing the depth of feeling through which they viewed the importance of good quality care. It is essential that any pre-nursing experience is managed in a way which supports these individuals to develop their aspirations in order that they can act as advocates of change throughout their career. Without support to critically reflect on these observations such individuals may decide not to pursue their ambitions of becoming a nurse and this

would be to the detriment of the nursing profession.

In contrast to Smith, Beattie and Kyle (2015) whose pre-nursing scholarship students were supported by qualified nurses and student nurses, this programme relied on employment of individuals into HCA roles. The opportunity to test out a career in nursing by working as a HCA has some challenges. By definition, these individuals are not working in nursing roles and are immersed in experiences as HCAs. If pre-nursing programmes are disconnected to nurse education with distant observation of the nursing role it may exacerbate a problem identified by Hasson, McKenna and Keeney (2013) whereby those with experience as a HCA were inhibited in the development of a professional mindset.

Support for student nurses is an essential component of their education (Nursing and Midwifery Council, 2010). However, what is not yet fully understood are the support needs of pre-nursing programmes. Health care assistants in this research cited the ability to work unsupervised as confirmation they had reached competency in the role. Practice and research should carefully examine the decision-making process behind these HCAs working unsupervised and what procedures are in place to mitigate the risks involved.

Role confusion is commonly reported in the literature (Brennan & McSherry, 2007; Hasson, McKenna, & Keeney, 2013; Nicholl & Timmins, 2005; Tremayne, 2011). To add to this confusion participants were employed in hospitals as 'pre-nursing' HCAs. This prefix was contentious and for some negatively affected their relationship with other clinical colleagues. Further consideration should be given to whether this prefix has value. However, whilst participants described the frustration of role confusion they also identified that they were given additional learning opportunities because they could be identified as 'pre-nursing'. Therefore, there is a risk that limiting roles, responsibilities and opportunities while in pre-nursing positions, demotivates individuals and increases the feeling of stagnation in the role.

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These findings echo those from the pilot programme's national evaluation, which included all six regions that took part. Recommendations from this report included: proper support; clear role definition; and ensuring the depth and breadth of the experience (Allied Health Solutions, 2016).

For participants in this research, the sum of the programme benefits was deeply aspirational towards better care. Although the ability to measure or test the reality of these aspirations was not possible it remains an important finding. It is important to understand whether these values and behaviours are sustained during nurse education and into registration. Therefore, we look forward to the longitudinal study by Snowden et al. (2015) that will assess the impact of prior care experience on student progression and achievement, alongside the outcomes of current Department of Health research evaluating the impact of pre-nursing care experience prior to undertaking NHS funded education and training.

Limitations

Each hospital delivered a programme of pre-nursing care experience that was appropriate for them. Differences included the length of orientation to the role, availability of supernumerary time, use of HCA buddies as supervisors and access to education/structured learning opportunities. It is difficult therefore to be confident about comparisons and reach firm conclusions. However, despite specifically examining differences in the data set, development of the major themes did not alter, thus increasing their credibility. The experience was restricted to hospitals providing adult nursing care; therefore, relevance to other areas remains unknown. Finally, the research team used an approach to data analysis which prioritised the needs of the research question. A more open approach to coding and analysis may have revealed different insights.

CONCLUSION

This study has demonstrated that pre-nursing care experience positively prepares aspirant nurses for programmes of nurse education. The results of this six-month programme showed this experience to be beneficial to individual participants who believed they were contributing towards the provision of high quality care. However, it is not possible to state how these behaviours and attitudes were maintained once transitioned into a student nurse position and through to registration. Understanding the risks of such programmes is a key finding and relates to safety through proper supervision; demotivating aspirant nurses through a deteriorating view of nursing; role confusion and poor treatment by others. Given these risks, longer-term evaluation should take place to carefully evaluate the assertion that pre-nursing care experience can improve entry-level nursing and subsequently improve care delivered to patients.

Author Contributions:

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*):

- 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
- 2) drafting the article or revising it critically for important intellectual content.

* <http://www.icmje.org/recommendations>

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BOXES

Box 1: Focus Group Questions

FOCUS GROUP 1:

Qu.1: I would like you to think about the pilot project. Why do you think it has been set up and what do you think its value is?

Qu.2: Do you think student nurses need care experience prior to entering nurse education?

Qu.3: What made you want to become a nurse?

Qu.4: What characteristics is it important for nurses to demonstrate?

Qu. 5: Who should supervise or support you during this pre-nursing experience?

Qu.6: Do you think that the pre-nursing programme should be offered in hospitals only or should it be offered in other settings?

Qu.7: Do you think you should be supernumerary during the experience?

QU.8: What was your first visit to your clinical area like?

FOCUS GROUP 2

Phase One – exploring current experiences

1. Can you describe your day to day role and responsibilities?
 - a. Do you feel part of the team?
 - b. How would you describe your identity on the ward?
 - c. What do people expect from you?
2. What are your support mechanisms in practice?
3. Can you describe the differences between your previous care experience and the care you are providing as part of the project?
 - a. Do you feel comfortable / do you feel stretched in your current role?
 - b. Have your expectations of the programme met the reality?
 - c. How has your previous experience helped with this experience?
 - d. What things do you think you should be doing?

Phase Two – exploring focus group themes

Time allocated to test out emerging understanding of focus group one.

FOCUS GROUP 3

“Participants should be informed that many of these issues to be discussed in focus group three were explored in the focus group two. However we are now exploring if/how their opinions or

experiences have changed in the final few months of the programme”

Phase One – exploring current experiences

1. Day to day role and responsibilities
 - a. What is your role in the team (has this changed in any way during the pilot)?
 - b. What new experiences have you had in the last three months?
 - c. Have you been seeking out additional learning opportunities while on the ward?
 - d. What has been the highlight of the experience?
 - e. What has been the biggest challenge?
2. Support
 - a. Overall do you feel a supportive network has been in place during your work experience?
 - b. Do you have any suggestions for how pre-nursing HCAs should be supported in the work place in the future?
3. Preparation for nurse education
 - a. In what way has the experience prepared you for nurse education?
 - b. Do you think all aspirant nurses should do this formal programme of care experience?
 - c. Does it matter where the care setting is?
 - d. How have you been preparing yourself for the next phase of your journey to become a nurse?
 - e. How do you think this experience will help, or in any way hinder, your progress on the nursing programme?

Phase Two – exploring focus group two themes

Time allocated to test out emerging understanding of focus group two.

Box 2: Data analysis of individual focus groups

1. Familiarising yourself with your data: listen to recording, read and re-read the data, noting down initial ideas
2. Generate initial codes: code interesting features of the data in a systematic fashion across the entire data set based on
 - ❖ Motivation to take part in the pre-nursing pilot
 - ❖ Interpretation of the value in pre-nursing care experience
 - ❖ Areas of anxiety prior to commencing pilot programme
 - ❖ Areas of perceived benefit:
 - To the individual
 - To the patient
 - To the organisation
 - ❖ Attitude towards providing care
 - ❖ Motivation for becoming a nurse
 - ❖ Insight into nursing

} Foregrounding issues directly relevant to the research questions and aligned to the research objectives

Please pay attention to areas of agreement and controversy and views that were modified and reinforced during the discussion

3. Searching for themes: collate codes into potential themes
4. Reviewing themes: check the themes work in relation to the coded extracts and the entire data set
5. Defining and naming themes: Ongoing analysis with the lead analyst to refine the specifics of each theme
6. Produce the report: Select vivid compelling extracts to support the focus group theme

Box 3: Data analysis process for data sharing event

Step 1:

- a) Each member of the research team has a data set from one site to examine. Each data set has the '*focus group themes*' agreed by the lead and site analysts.
- b) The data for each focus group theme should be reviewed
- c) Focus group themes should be written on a piece of paper along with relevant data, reflections, and notes.
- d) The focus group themes from each site will be laid together and themes compared
- e) Where themes are related these will be stuck onto the wall for discussion and referred to as '*minor themes*'. A title for the minor theme will then be allocated following group discussion.
- f) Any data not allocated to a minor theme will then be discussed as to whether this data is important in understanding the participant's experiences.

Step 2: repeat for each set of focus group data

Step 3:

- a) Minor themes for each focus group will be laid together
- b) Similar themes will be brought together and discussed
- c) From these similar themes titles will be allocated to reflect a '*major theme*'
- d) Any data not allocated to a final theme will then be discussed as to whether this data is important in understanding the participant's overall experiences.

Step 4: Examine and discuss final themes and review their relationship to the research question

TABLES

Table 1: Demographic data

Mean Age	22.3 (Range 17-39) SD 5.3
Gender	Female= 18 Male = 3
Ethnic group	White British = 18 African = 2 White and Black Caribbean = 1
Previous paid care experience	Yes = 16 No = 5
Previous unpaid care experience	Yes = 16 No = 5

*Two participants did not return their demographic questionnaire

Table 2: Clinical experience of pre-nursing HCAs (Post pilot only 18 completed and returned their questionnaire (a response rate of 78%)

Mean average contracted hours	34.2 (SD 3.9) Range 30 – 37.5		
Clinical speciality of ward			
Medical	6	Care of the elderly	1
Surgical	4	Care of the elderly and Rehabilitation	2
Other	Acute; stroke rehabilitation; cardiac; medical and care of the elderly; medical and surgical		
Shift pattern (participants identified all relevant shifts)			
Early	13	72.2%	
Late	12	66.7%	
Long days	17	94.4%	
Weekends	15	83.3%	
Night duty	16	88.9%	
Primary supervisor (Participants were allowed to identify more than one person)			
HCA buddy	6	33.3%	
Registered nurse	11	61.1%	
Education Lead	6	33.3%	
What clinical work did you participate in?			
Physical care eg washing, dressing, toileting	18	100%	
Taking observations eg temp/blood pressure	18	100%	
Chaperoning patients to different departments	18	100%	
Assisting nurse/doctors with medical investigations /treatments	16	88.9%	
Admitting/discharging service users	5	27.8%	
Care planning	2	11.1%	
What did you do in your Supernumerary time?			
Delivered care on the ward	18	100%	
Observed other healthcare workers	15	83.3%	
Visited other departments	12	66.7%	
Engaged in educational activities	8	44.4%	
Did you undertake any additional learning opportunities other than those offered as part of the pilot?			
Yes	12	66.7%	
No	6	33.3%	

Table 3: Minor and Major Themes

Minor Themes	Major Theme
<p><i>'The journey: motivation, affirmation, confirmation, ready'</i></p> <p><i>'An exploration and examination of nurses and nursing'</i></p>	<p>Personal development</p>
<p><i>'Who am I?'</i></p> <p><i>'Developing competence in the HCA role'</i></p> <p><i>'Saturation and stagnation – what now, what else?'</i></p>	<p>Positioning of role within the healthcare team</p>
<p><i>'Getting it right'</i></p> <p><i>'Getting it wrong'</i></p>	<p>Support and supervision</p>
<p><i>'Perceived benefits'</i></p>	<p>Perceived benefits</p>
<p><i>'Advice and recommendations'</i></p>	<p>Advice and Recommendations</p>