

REVIEW

Nursing associates 6 years on: A review of the literature

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Abstract

Aim: This paper reviews the empirical research evidence relating to the nursing associate (NA) role since its implementation in England in 2017.**Background:** The NA role arose from the findings of the Raising the Bar: Shape of Caring Review (Willis, 2015). The roles' aim is to bridge the gap between healthcare assistant and registered nurse as part of the nursing team, working with people of all ages in a variety of health and social care settings. NAs must successfully complete a trainee programme (usually a Foundation Degree) which, for many, has been completed as an apprentice while remaining in their place of work.**Methods:** A literature search was performed using the British Nursing Index and CINAHL Plus, along with Google Scholar. Exact key words were 'Nursing Associates' and papers were refined to primary research only. Data restrictions were applied from 2017 to the end of September 2022. Each paper was critically appraised to assess the robustness and validity of the search processes and then thematic analysis was undertaken using Braun and Clarke's (Qualitative Research in Psychology, 3, 2006 and 77) six stages of analysis.**Results:** Nineteen papers were identified; six key themes emerged: lack of support from others; career development; organisational readiness; resilience in the face of adversity; cost; and worker and learner identity.**Conclusion:** The NA role is allowing career progression for those who would have historically been prevented from accessing the nursing workforce because of entry qualifications and financial limitations. There is a need for organisational readiness to ensure trainee nursing associates (TNA) are supported during their training, that they have equal opportunities to learn, and they are given the status and recognition as a learner. Organisations need to raise awareness among staff to allow the nursing team to understand the NA role.**Relevance to clinical practice:** This literature review has relevance for those who employ Nursing Associates or who are considering introducing the role.**No patient or public consultation:** Due to being a literature review no patient or public consultation took place; however, local employers identified the need for a review of the literature pertaining to the Nursing Associate role.

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KEYWORDS

career development, nursing associates, organisational readiness, support, worker and learner

1 | INTRODUCTION

The global nursing shortage was an identified issue prior to the COVID-19 pandemic (International Council of Nurses, 2021) with the first State of the World's Nursing report (SOWN), (2020) identifying a global nursing shortfall of 5.9 million; 17% of the global nursing workforce is expected to retire in the next 10 years and an additional 4.7 million nurses are needed to be educated and employed to maintain the current workforce numbers, this is in addition to the current nursing shortage. In total the International Centre on Nurse Migration identified in 2020 that an additional 10.6 million nurses were required globally. At the same time the COVID-19 pandemic and the cost-of-living crises has placed additional economic pressure on countries.

According to Macdonald and Baker (2020) there were 40,000 nursing vacancies in 2020 in the United Kingdom (UK). This situation has been compounded by increasing numbers of nurses from the European Economic Area (EEA) leaving the permanent register following the UK's withdrawal from the European Union. In 2020–2021 the total number of EEA registrants was 30,331, which is 1054 (3.4 percent) less than the previous year (Nursing and Midwifery Council (NMC), 2021).

To address the nursing shortfall the Conservative and Unionist Party manifesto, (2019) guaranteed 50,000 more nurses by 2024. To create a sustainable nursing workforce and to meet the government's manifesto there is a need for more nurses to be trained domestically (The King's Fund, 2021). The UK government has taken action to address the situation including, the introduction of a non-repayable bursary of at least £5,000 per year for all nursing students starting programmes from September 2020 in England (DfHSC, 2019) and providing alternative routes into the profession including apprenticeships and a new Nursing Associate (NA) role which was introduced in England in 2017, to bridge the gap between healthcare assistant and registered nurse.

As the NA role enters its sixth year it is an opportune time to take stock of the empirical research evidence relating to the NA role.

2 | BACKGROUND

The NA role arose from the findings of the Raising the Bar: Shape of Caring Review (Willis, 2015) to bridge the gap between healthcare assistant and registered nurse while offering opportunities to progress into nursing on successful completion of the NA programme. The NA programme involves trainees, who are predominantly undertaking an apprentice, to be workers and learners where the workplace is central to their learning. Merrifield (2015) believed the role should enable nurses to focus on clinical duties and take more of a lead in patient care. However, Leary (2017) argued that the introduction of the NA

role should be considered carefully in line with the evidence available regarding second-level practitioners and particularly patient outcomes. This is supported by Aitken et al. (2017) who found that adding other assistive nurses without professional nurse qualifications may contribute to preventable deaths, erode quality and safety of hospital care and Griffiths et al. (2016) study which highlighted that a high RN to patient ratio or a high HCA to RN ratio resulted in poorer outcomes due to a deficit in care (Ball, 2016).

With the concerns that have been raised regarding the implementation of the NA role there is a need to understand the current evidence base.

3 | METHOD

A literature search was performed in September 2022 using the British Nursing Index and CINAHL Plus, along with a Google search to identify any research published within non-academic journals. Exact key words were 'Nursing Associates' and papers were refined to primary research only. Data restrictions were applied from 2017 to present. Discussion papers, narratives, commentaries and policy papers were all excluded as the focus of this review was on the experiences of NA's, managers and organisations in both training and qualified practice. It must be noted that several research studies were undertaken during the Covid-19 pandemic and associated national lockdowns in the United Kingdom.

A total of 19 papers were identified during the search process (Table 1). Each paper was then subject to critical appraisal to assess the robustness and validity of the search processes. For the papers that were qualitative in nature the Critical Appraisal Skills Programme (CASP), (2018) was used. The CASP (2018) checklist is not designed to be scored but rather to prompt the reader to consider validity in a systematic fashion. For the mixed-method paper Greenhalgh et al. (2005) quality checklist for mixed-methodology case studies and other in-depth complex designs was used. None of the papers were excluded following critical appraisal and all were considered to make a valid contribution to this review of the literature.

The papers were then subject to thematic analysis using Braun and Clarke's (2006) six stages of analysis. The data was analysed inductively meaning that key concepts were led by the data and not a pre-conceived framework or theory. The first stage involved a reading and re-reading of the papers as a familiarisation exercise, at this stage interesting points were highlighted. The second stage was the generation of initial codes, reoccurring topics were assigned to logical labels, for example frequent reference to the cost of the NA role was labelled 'cost'. The third stage was the collation of codes into broader themes. This was a creative process between both researchers using a mind map to see if codes were connected.

TABLE 1 Papers included for review.

Attenborough et al. (2020) Pioneering new roles in healthcare: Nursing associate students' experiences of work-based learning in the United Kingdom.
Coghill (2018a) An evaluation of how trainee nursing associates balance being a 'worker' and a 'learner' in clinical practice: an early experience study. Part 1/2
Coghill (2018b) An evaluation of how trainee nursing associates balance being a 'worker' and a 'learner' in clinical practice: an early experience study. Part 2/2
Dainty et al. (2021) Opportunity, Support and understanding: the experience of four early trainee nursing associates.
Kessler et al. (2020a) Evaluating the introduction of the nursing associate role: the Cambridgeshire and Peterborough NHS Foundation Trust case study.
Kessler et al. (2020b) Evaluating the introduction of the nursing associate role: the Livewell Southwest case study.
Kessler, Steils, et al. (2021a) NHS Trust Survey 2020 on the Nursing Associate Role: Emerging Findings.
Kessler, Steils, et al. (2021b) The Development of the Nursing Associate Role: The Postholder Perspective.
Kessler, Harris, et al. (2021) The introduction and development of the nursing associate role: policy maker and practitioner perspectives.
Kessler et al. (2022). Evaluating the introduction of the Nursing Associate role in social care.
King et al. (2020) Motivations, experiences and aspirations of trainee nursing associates in England: a qualitative study.
King et al. (2021) The impact of COVID-19 on work, training and well-being experiences of nursing associates in England: a cross-sectional survey.
King et al. (2022). A tale of two bridges: Factors influencing career choices of trainee nursing associates in England: A longitudinal qualitative study.
Lucas et al. (2021) Healthcare professionals' view of a new second-level nursing associate role: A qualitative study exploring early implementation in an acute setting.
Robertson et al. (2021) Support and career aspirations amongst trainee nursing associates: a longitudinal cohort study.
Robertson et al. (2022a). Development of the nursing associate role in community and primary care settings across England.
Robertson et al. (2022b) A local stakeholder perspective on Nursing Associate training.
Vanson and Beckett (2018) Evaluation of Introduction of Nursing Associates Phase 1 report for Health Education England.
Vanson and Bidey (2019) Introduction of Nursing Associates: Year 2 Evaluation Report for Health Education England

The fourth stage was a review of the themes to see if they represented the data, this was an iterative process that involved critical dialogue between the researchers to explore similarities and differences between the themes. The fifth stage was the naming of themes to sufficiently capture the nature of the codes contained within. The final stage was the creation of this report which aims to illustrate the fundamental issues that continue to stifle the development of the NA role. Compelling extracts will be used from the papers reviewed to give examples within each of the key themes.

4 | FINDINGS AND DISCUSSION

Six key themes emerged from the thematic analysis (Table 2): lack of support from others; career development; organisational readiness; resilience in the face of adversity; cost; and worker and learner identity.

4.1 | Support

This theme had several facets ranging from where the NA's got their support from, through to lack of support from their assessors, the burden of supervision experienced by registered nurses, and the need for a cultural change agent.

Both Dainty et al. (2021) and Vanson and Bidey (2019) found that support from both the Higher Education Institution (HEI) and the employer was critical to the success of the NA. Good support was described as a whole package that contributed to the overall educational experience. Despite the evidence in favour of a good support network, the lack of support from assessors in practice was a reoccurring theme (Attenborough et al., 2020; King et al., 2020; Lucas et al., 2021; Robertson et al., 2021). King et al. (2020) and Robertson et al. (2022b) found that inexperience of clinicians/workplaces in supporting trainee nursing associates (TNA) was often at the root of support issues. In addition, Attenborough et al. (2020) found that lack of support was not due to lack of willingness but often lack of capacity due to workload. Kessler, Steils, et al. (2021b) and Robertson et al. (2022b) found that the perceived lack of support was compounded during COVID-19 where there was a lack of staff to support, supervise and assess. This was heightened where TNAs or their practice supervisors had to move ward, or the ward specialty was changed which meant TNAs were unable to meet learning outcomes. Trust representatives in Kessler, Harris, et al. (2021) study acknowledged that due to a lack of practice supervisors and a lack of learning opportunities TNAs had to go back to being a HCA. On a positive one Trust noted that HEIs brought the learning to the Trust which supported engagement (Kessler, Harris, et al., 2021).

There was evidence indicating that peer support from other TNAs and NAs was of value (Coghill, 2018a, 2018b). The time spent together as a cohort at university fostered a sense of belonging and a professional bond (Coghill, 2018b) which was particularly important for the early cohorts in the absence of qualified NA role models (King et al., 2020). King et al. (2021) findings also demonstrated the importance of peer support as TNAs reported feeling isolated from their peers due to online learning at university. This will have impacted on their search for the shared occupational identity identified by Coghill (2018b) and King et al. (2020).

King et al. (2020) found that social media networks were an important mode of support and communication for TNA's. The use of social media networks has allowed TNAs across England to feel connected and part of a bigger movement. This sense of belonging may have empowered some TNAs to take responsibility for their own learning in the absence of supervisor or assessor input (Attenborough et al., 2020).

TABLE 2 Key themes and codes.

Themes	Codes
Support	Time with assessors
	Support from social media sources
	Burden of supervision for RNs
	Practice Development Nurse (PDN) role needed for culture change
	Time to study
Career development	Facilitators of personal growth
	Responsibility
	Money as a motivator
	Critical thinking
	Knowledge
	Opportunity
	HCA role invigorated
	Take on new skills/more responsibilities
Career progression to Registered Nurse	
Organisational readiness	Lack of guidance
	Lack of preparation
	Speed of implementation (too fast)
	Ambiguity/lack of clarity
Resilience in the face of adversity	Earning respect
	RNs see role as a threat
	Cheap nurse
	No role models
	Visibility
	Context – some wards work, others do not
	Experience of supervision
	Workplace pressures due to COVID-19
	Training challenges due to COVID-19
Quality of care	
Cost	Cost to train TNA – backfill
	Cost to establishment to employ an NA
Worker and learner identity	HCA or NA – identity
	Mentality – do they understand the role?
	Hats/jumping
	Adaptability
	Identity – JD and uniform
	Funding
	Supernumerary status – learning opportunities
	Sacrifice of band 5 role

Lucas et al. (2021) identified the role of practice development nurses (PDNs) as pivotal in 'embedding and clarifying the role in the organisation'. Recognising that the introduction of this role required change agents to raise the profile of the NA role, Lucas et al. (2021) acknowledged the scale of the culture change needed and raised important questions about PDN resources. This cultural change often

happened too late, sometimes a year after the TNA started the programme, leaving the TNA struggling with recognition of their status (Attenborough et al., 2020).

4.2 | Career development

A number of studies considered career development either from support worker to NA or from NA to RN. Coghill (2018b) TNAs stated that the course provided them with an opportunity to progress their careers and to complete a nursing degree. King et al. (2020) and Vanson and Bidey (2019) highlighted that the NA programme provided participants with an opportunity to progress their career without reducing their income, taking on additional debt or having to move. Similarly, the participants in Lucas et al. (2021) study considered progression to NA for support workers rather than progression from NA to RN. Kessler et al. (2022) focusing on social care found that the NA role provided career progression in a workforce that has a relatively flat career structure.

Kessler et al. (2020a), (2020b) found that the principal driver for the NA role within teams was the career aspiration of the healthcare worker. Kessler et al. (2020a), (2020b) found that finances, confidence (did not want to drop out) and increased knowledge and understanding were motivators; they would be able to earn and learn. For some the increased confidence which arose from new knowledge and understanding gave them the confidence to consider progressing to RN training.

Kessler, Steils, et al. (2021a) focused on the availability of an apprentice programme to support progression to RN with over half (55%) of employers offering an apprentice programme. There is, however, a marked variation in terms of the regulation of progression to nurse training by the Trusts. Around 28% of Trusts allow direct progression, 39% of Trusts require completion of preceptorship prior to progression and the remaining 29% require a further period as a NA on completion of the preceptor programme prior to progression. Kessler, Steils, et al. (2021b) considered T/NAs aspirations and found that that while 67.7% of NAs wanted to be a RN on commencing the TNA course this rose to 72.3% on completing the course. Interestingly Robertson et al. (2021) and King et al. (2022) found that the number of individuals wanting to progress to being a RN (50%) was similar on commencement and completion of the NA course. However, Robertson et al. (2022a)'s later work identified that future career intentions and progression to RN differed depending on where the individual worked. Their previously unpublished findings found that 47% of NAs from the community sector compared to 63% from the hospital sector were likely to progress. This difference may be due to NAs experiencing differing levels of encouragement to progress from their organisations. Where there was little support NAs considered self-funding while others were interested in the Registered Degree Nurse Apprentice. No rationale was included in the study as to why NAs wished to progress to RN. King et al. (2022) study identified that for some the NA was a route to achieve RN status while others chose to progress to RN as

they had become disillusioned with the NA role due to ambiguity and conflict.

Kessler, Harris, et al. (2021) found that many Trusts needed to attract direct entrants as internal applicants had decreased; saturation point was being reached as HCAs lacked functional skills or did not want to progress. Consequently, they found that direct entrants, who were younger, did not understand the NHS and are not always able to self-motivate. In contrast to other findings by Kessler, Steils, et al. (2021b) this study found that in some Trusts HCAs who may have been eligible for the NA training are opting to do the RN degree apprentice, so reducing the pool of progressing to TNA.

4.3 | Organisational readiness

The speed in which the NA role was designed, consulted upon and implemented was found to be a significant factor in an organisation's ability to respond (Vanson & Beckett, 2018). Lucas et al. (2021) found that implementation felt rushed and there was not sufficient time for organisations to prepare both in terms of preparing the TNA's themselves but also educating teams on the purpose of the role. Kessler et al. (2020b) found that organisations did not have the time to prepare a strategy of how the role would be implemented and the demand for the NA role was influenced by demand among the unregistered workforce to develop rather than based on service demand and strategic planning.

Attenborough et al. (2020) found a widespread ignorance of the NA role was a result of a poorly defined scope of practice and the absence of a clear job description. With Lucas et al. (2021) commenting on the impact that lack of uniforms and job descriptions had on the willingness of wider teams to accept the role. Attenborough et al. (2020) found that TNAs themselves seemed to be clear on their role and suggested that the problems were associated with a lack of education and awareness among staff. This is countered by Lucas et al. (2021) who documented that qualified NAs felt stifled in their role and managers noted that they were unable to work to their full potential due to the lack of clarity and scope of practice.

Kessler, Steils, et al. (2021b) study (completed after Attenborough et al., 2020 and Lucas et al., 2021) confirmed that the NA role had been rushed through and was not fully understood. Kessler, Steils, et al. (2021b) reflect the findings of Attenborough et al. (2020) and Lucas et al. (2021), there was no job description, managers were still figuring out the role and staff did not understand the role. King et al. (2021) work accentuated that role boundaries were unclear, particularly during COVID-19 when their scope of practice appeared unclear. While some valued taking on new learning and skill development others felt unsafe and unprepared. Kessler et al. (2022) and Robertson et al. (2022b) identified the importance of planning and linking the NA role to workforce need to enable workforce issues to be addressed. The plan to recruit experienced personnel yielded benefits for both individual development and organisations in retaining committed staff.

Kessler, Harris, et al. (2021) found that organisations were not experiencing the same resistance to the role that there had been when it was initially implemented. The development of critical mass in localities has enabled staff to see how the role works with clearer processes where the role should be developed. Organisations acknowledged that it has been an iterative process.

4.4 | Resilience in the face of adversity

TNAs and NAs described the persistent challenges associated with being part of this new role. Exposure to micro-aggression daily was evidenced from RN's and student Nurses as they felt their jobs were under threat (Kessler et al., 2020b; King et al., 2020). Vanson and Beckett (2018) identified the notion of NA's posing a threat to registered nurses in their early work with the pilot cohorts. They found that nurses were fearful of their future because they felt that NAs may be a cheaper and more desirable option. Kessler et al. (2020b) documented 'push-back and resistance' from staff particularly in areas that did not have Assistant Practitioners and where the band 4 role was novel. Kessler et al. (2022) found this was a particular concern in social care during the training course but fell away when the NA qualified and mindsets had changed.

There was reoccurring language within the literature describing 'cheap nurses' (Lucas et al., 2021); 'cheap replacement' (King et al., 2020). However, Kessler, Steils, et al. (2021a) described these issues as 'initial irritations' rather than long term problems, and as with other authors, once the role was embedded the value became more apparent to the wider team (Lucas et al., 2021). Kessler, Harris, et al. (2021) conducted a Chief Nurse survey and found that those who responded were most concerned about how to gain acceptance from the RN workforce. Kessler, Harris, et al. (2021) later work refers to accusations of role substitution but organisations state that the NA has enabled them to increase staffing considering RN vacancies. The pressure of COVID-19 on service delivery and workforce recruitment and retention has meant that it has not been the right time for systematic skill mix reviews (Kessler, Harris, et al., 2021). The challenge is to get ward staff to think differently and to see different ways of working. Kessler et al. (2022) undertook an evaluation of the NA role in social care where the role was perceived to bridge the gap between healthcare assistant and RN and result in improved patient care.

The NA role was also likened to the State Enrolled Nurse (SEN) that existed between the 1940s and 80s, (King et al., 2020). There was cynicism around the role and the cyclical nature of healthcare role and the sense that 'we've been here before' (King et al., 2020). While the NA and SEN have their own place on a two-tier nursing register that is about all they have in common, as the NA undergoes more rigorous academic education and far more advanced clinical skills (Kessler, Harris, et al., 2021). Kessler et al. (2020b) found comparisons between the NA to RNs working during their preceptorship, they are registered and accountable but working with an ongoing degree of supervision. In this context the TNAs had to earn the

respect of their peers to prove both their value but also the uniqueness of the role within contemporary nursing (Lucas et al., 2021).

Kessler, Steils, et al. (2021b), King et al. (2021) and Robertson et al. (2022a) incorporate the impact of COVID-19 on the implementation of the NA role. The studies found that COVID-19 affected the TNAs development programme; many placements were restricted, delayed or TNAs were moved to different areas, perceived as an HCA and little skill development, diminished workplace interest, online learning was challenging and intensity of work meant they were too busy to learn. King et al. (2021) found that TNAs felt isolated as a result. Participants in Vanson and Bidey's (2019) study from that individuals' well-being was impacted due to negativity re the NA role. King et al. (2021) identified the impact of COVID-19 on T/NAs well-being. Feelings of stress, fear and anxiety resulted from, among others, burden of workload, changes to training programme and keeping self and others safe. There was a general fear of the unknown. While many felt able to raise concerns a lack of appropriate action by managers contributed to feeling isolated and vulnerable (Robertson et al., 2022a) Despite these challenges many reported pride in their work, importance of their role in supporting patients and a sense of connection with colleagues.

Robertson et al. (2022a) is the only study to note differences between those TNAs in a hospital setting and those from a community setting. They found that community-based participants felt less prepared in relation to staff numbers, felt less safe at work, had a higher rate of working more overtime and felt less likely to have sufficient time to complete their work.

Uncertainty regarding the NAs scope of practice (Kessler, Harris, et al., 2021) has been a source of frustration and vulnerability for NAs while RNs need to know the limitations of the role. Uncertainty and uneven development of the role has raised dilemmas for individuals and organisations. This could result in the generic nature of the NA role being eroded as NAs develop specific technical skills which raise questions on the role of the RN.

Despite the adversity experienced by many TNAs organisations are reporting enhanced quality of care, in particular the ability for NAs to consider an individuals' physical and mental health needs (Kessler, Harris, et al., 2021).

4.5 | Cost

This can be viewed in terms of monetary costs of training NAs but also in terms of costs to skill mix. First, cost related to backfill was needed to allow individuals to attend their TNA training (Lucas et al., 2021). This was seen as an inhibitory factor as local wards and departments had to pay the full salary on the training days and also pay for agency/overtime to cover the shift (Kessler, Harris, et al., 2021). Vanson and Beckett (2018) found that this was a real concern for some of the smaller providers within social care settings. There was, however, consensus that if budget holders could balance the books during the training the long-term cost-effectiveness of the role was worth the investment (compared to use of agency staff and fill RN vacancies) (Lucas et al., 2021).

The cost associated with skill mix is a little more contentious and is concerned with how the NA fits within the nursing team. NAs are typically counted within the registered staff numbers. Kessler et al. (2020b) documents feedback about the Band 4 diluting the skill mix as they replaced a Band 5. Despite some opposition, there was recognition of the life and work experience the NAs can bring and the positive impact this can have on team dynamics (Kessler et al., 2020b). Vanson and Beckett (2018) found that NAs represent a more skills and knowledgeable workforce in comparison to either unfilled vacancies, agency staff or newly qualified nurses.

4.6 | Worker and learner identity

Lucas et al. (2021) found that TNAs were often attempting to juggle the demands of being a worker and learner at the same time. It seems that this struggle between worker and learner status is born out of the need to satisfy the demands of their substantive post (often as a health care assistant, Robertson et al. (2022b)) combined with the need to develop their knowledge and skills in the TNA role. The struggles in identity appeared to be a combination of physical and psychological factors. Physical factors are associated with workload and the need to deliver care for patients and the fact that they are counted within the health care assistant numbers, as opposed to being supernumerary (King et al., 2020). The psychological factors may be the tendency to slip back into the health care assistant role as this is safe and known. Coghill (2018b) believed that TNAs perceiving themselves as more of a 'worker' than a 'learner' was dependent upon the placement area and the individuals' assertiveness to ask for learning opportunities. Interestingly Robertson et al. (2022a), (2022b) found that there was a difference in terms of professional identify with 67% of TNAs in the hospital sector identifying that they had a clear professional identify compared to 52% from the community sector. The reason for this remains unclear.

Despite the anxieties expressed by TNAs around their identity and status as a learner, Attenborough et al. (2020) found that these anxieties were greatly reduced by the second year and suggested that a natural embedding within the role had occurred. In addition, those organisations who took the decision to make their TNA's supernumerary throughout had far less issues associated with status and identity (Kessler et al., 2020b).

TNAs in Kessler, Steils, et al. (2021b) and Robertson et al. (2022b) studies stated that there was a difference between their experiences and student nurses; they were not prioritized and often their learning needs were forgotten. They believed that they should be supernumerary when they were on their base ward as this would provide the time needed to learn and study.

In spite of these concerns regarding identity Vanson and Bidey (2019) found that here has been a shift in trainees' professional identifies, which has seen them become less focused on delivering tasks and more focused on delivering patient-centred care. They were able to let go of being a HCA.

4.7 | Practice implications

This paper raises some interesting concepts for consideration. The first is in relation to the culture change needed at a local level when introducing a new role. The second is in relation to what it really means to be a learner and worker.

This paper has presented evidence in support of PDN's who can be pivotal in the development and establishment of the NA role (Kessler et al., 2020b; Lucas et al., 2021). However, there is capacity to grow the scope of this role beyond working with TNA's themselves so that the role plays a more influential role in the cultural change that is needed within any workforce experiencing change. Manley et al. (2011) identified that a skilled facilitator was pivotal in enabling effective WBL and an individual's transformation. As a key change agent, the PDN has the ability to educate teams, raise awareness of the scope of practice, distil myths associated with a 'cheap workforce' and act as a conduit between operational and strategic levels. This approach would support an effective workplace culture which Di Maggio (1994) identified required a shared understanding, values and norms. Introducing the NA role requires an enabling culture at ward level (Clarke, 2005).

According to Schein (2010) culture is a set of basic assumptions which members of an organisation possess, and which tend to cause them to act in certain ways. Sharing assumptions regarding the NA role will ensure the role is understood; teams are involved in developing the role; practice supervisors and assessors have the knowledge to support NAs who work and learn, and RNs and HCAs value the career development of their own staff. The workplace culture needs to enable the vision to be achieved so that the new role is understood.

Issues around identity and being a worker and learner are not new (Thurgate, 2016). Some days they are a worker, performing HCA duties, and other days they are a learner and given permission to be a TNA. This delineation of roles appears to be unhelpful as the learner has to wear two hats and juggle these different roles. It suggests that greater work is required in supporting the transition to worker and learner, there is a need for organisational readiness (Thurgate, 2018). Further research is needed to understand how individuals transition to new roles while remaining in the workplace.

This role encompasses all care for the patients, whereby the TNA is encouraged to see the learning opportunity in all activities. When washing a patient the TNA is conversing but simultaneously assessing cognition, capacity, mood and well-being. They may also be making observations about skin integrity, mobility, continence and all of the risks associated with the patient. Just because it is an HCA duty does not mean the learning is switched off. This type of learning is invaluable as it allows the TNA to practice assessment and decision-making skills daily, to shift from a task-focused to patient-focused perspective (Vanson & Beckett, 2018).

Competent NAs need to fuse theoretical, practical and self-regulative knowledge during the transfer of formal 'book knowledge' into an expert's informal knowledge through an ability to solve

problems (Bereiter & Scardamalia, 1993). To achieve this necessitated NAs to combine informal, incidental, experiential and communal features of learning (Broome & Tilema, 1995). Their learning was situated as the knowledge gained from performing the task (Lave & Wegner, 1991) was socially constructed and embedded in routines developed from practice (Billet, 2002; Huzzard, 2004). It is difficult to separate learning from practice and the work experience from its organisational context (Goldman et al., 2009). The workplace culture needed to facilitate those who are workers and learners so that TNAs could recognise, acquire and apply knowledge, skills and abilities which are specific to them, their work and the University (Garnett, 2004).

5 | CONCLUSION

This literature review illustrates that 6 years on from the introduction of the NA role there are many successes and positive aspects to be celebrated. The role is allowing people to access the nursing workforce who would have historically been prevented from doing so because of entry qualifications and financial limitations. There are also many challenges and areas for development that must be addressed. There is a need for organisational readiness as organisations work to support their TNAs during their training, ensuring they have equal opportunities to learn and that they are given the status and recognition as a learner. Organisations have work to do with raising awareness among staff both HCA and RN to allow the entire nursing family to understand where the NA fits. This work is vital to ensure that NAs are able to work safely within their scope of practice while also being used to their full potential.

6 | RELEVANCE TO CLINICAL PRACTICE

This literature review has relevance for those in clinical practice who employ Nursing Associates or who are considering introducing the role.

CONFLICT OF INTEREST STATEMENT

No conflict of interest statement is declared.

DATA AVAILABILITY STATEMENT

The data in the literature review is freely available.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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