

**Working as a Newly Qualified Nursing Associate: Experiences and
Perceptions**

Project Report

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Abstract

The literature field related to the role of the Nursing Associate (NA) remains an under-researched area. This is particularly evident in the context of the newly qualified Nursing Associate. To support evidence-based care delivery and workforce development there is a need to explore and understand the role so that the curriculum and professional development once qualified can be improved and enhanced. Within the literature, Kessler et al (2020) and Coghill (2018) have examined the NA role from the employer's perspective. This literature has demonstrated a gap in terms of the implementation of the NA role in practice and the experiences of the newly qualified NA.

In this project, data was collected through a mixed methods approach using both a quantitative online survey and data from local NHS Trusts, qualitative data via semi-structured interviews, and a creative methods approach of photo-elicitation. The purpose of using these data collection methods was to explore the lived experience of participants who have completed the NA course. When the data was analysed the following 2 Superordinate and Subordinate themes emerged: Value of the Nursing Associate: subordinate theme: self-perceptions; perceptions of others; and Scope of the Role: subordinate themes: enablers and barriers in the workplace environment; training and support. These themes highlighted that there was limited understanding of the role of the NA and that often it was viewed not as an important role but as an interim method of achieving the registered nurse qualification through further study. The data demonstrated that it was important to develop a more nuanced understanding of the role and its impact on the provision of quality care in practice.

Working as a newly qualified Nursing Associate: Experiences and Perceptions.

Introduction

The Nursing Associate (NA) role is varied and includes the provision of care to patients and supporting first level Registered Nurses (RN) (Lucas et al, 2021). In the clinical setting, the NA will contribute to most aspects of patient care under the management of the RN (Nursing and Midwifery Council (NMC) 2019). The NA role in England was created following a review by Health Education England (HEE) in 2015 which examined nurse education and training so that capacity and expertise in the delivery of care to patients could be improved. This report recognised a need for an alternate path into the nursing profession whilst additionally increasing the number of nurses within the workforce in England (HEE, 2015). This is particularly important in England as there is an aging population and an increasingly limited number of individuals entering the nursing profession (King's Fund, 2018). The Royal College of Nursing (RCN) (2020) states that there are approximately 40,000 nursing vacancies in health and social care in England. Therefore, the Nursing Associate role will help to support workforce planning for nurses within the NHS, over the next 10 years (Scheffler and Arnold, 2019). Currently, the Nursing and Midwifery Council (NMC, 2024) states that there are more than 10,000 registered nursing associates and that there is an intention for this to continue to increase in the region of 7000 a year by 2028/29 (NHS England 2023). It is therefore important to understand how the NA can be supported in practice so that they can contribute to the provision of quality care.

Background Literature Review

Within the literature, the voice of the NA is often missing from research studies exploring the implementation of the role since its inception in 2018. This is particularly evident in the context of the newly qualified NA and career aspirations and motivations. Recent studies by Kessler et al (2021) found conflicting data about the nature of the NA role, which was often 'impressionistic, anecdotal and at times speculative'. Studies such as Coghill (2018) and Kessler et al (2020) also found that there was limited evidence from the NAs themselves. This literature highlights a small but growing exploration of the impact of the NA role from the NA perspective. Thurgate & Griggs (2023) sampled 19 articles between 2017-2022 and highlighted that support, career development, resilience, cost, and learner identity were key to the development of the role. Equally King et al (2021) suggest that there is a need to protect NA development and wellbeing as it has a valuable role in the healthcare sector

(King et al 2021). A case study which employed photo-elicitation methods) and examined the experience of an NA, highlighted that with support from the workplace, there was a determination, ambition, and confidence to progress in the role (Ward 2022). Fewings et al (2022) found that the implementation of NA Champions further supported role clarification and progression routes. Whilst Waring et al (2024) noted that support from family and friends was a key motivator in career progression decisions. Hughes and Fraser (2011) examined the competence of the newly registered nurse and suggested that support and guidance were important in terms of career progression. Although the Fraser and Hughes (2011) study did not include the NA it does nevertheless mirror recent NMC guidance on preceptorship programmes and the importance of accountability and safe practice (NMC, 2018). Importantly the literature highlights that operational factors and a nuanced understanding of the NA role remain a hindrance to its acceptance and has the potential to impact on the role and career progression of the NA.

To develop the understanding of the role of the NA from the NA perspective this study explored the views and experiences of the NA themselves. This enabled the voice of the NA to be heard and understood. This study follows the 2023 CCCU research within the School of Nursing Midwifery and Social Work which explored how the NA role is viewed and understood across different stakeholders, where one of the findings was that it was important to examine the experience of the NA from their perspective (Wier et al, 2023).

Aim of the Research Project

The study aims to explore the opinions, experiences, and expectations of the NA who is newly qualified, to determine how this journey impacts the participants' role as a registered NA. The research question for this study is therefore *“What are the experiences of working as a newly qualified NA when undertaking their role in practice”*

Methodology

The study was designed to explore and evaluate the experiences of the new Nurse Associate (NA) in practice and how this might impact their career aspirations. In this research study, a mixed methods approach enabled the comparison of data collected from different local NHS Trusts together with an online survey and semi-structured interview data which also involved a creative methodology element. This approach was considered to have the potential to provide a nuanced understanding of the participants' experiences of being a newly qualified NA.

The data that was provided by local service providers included numbers of NAs working in the Trusts, NAs who were currently considering or undertaking further qualifications to become a registered nurse on the NMC register, and other general information related to NAs in the Trusts. The online survey examined the experiences of the newly qualified NAs in a cost-effective manner which enabled individuals to participate in the study without it being time-consuming. Following the online survey interested participants were invited to volunteer to participate in a semi-structured interview. The semi-structured interviews enabled a free-flowing discussion on their experiences. The study employed a semi-structured interview methodology as it permits the researchers the opportunity to examine the participants' views and opinions and therefore gain a nuanced understanding (Newington and Metcalfe, 2014). Bryman, (2015) suggests that examining the “lived experience” of the participants enables the emergence of unanticipated insights within the collected data.

The Individual semi-structured interviews were conducted via a confidential online forum (Microsoft Teams) instead. This enabled the researchers the opportunity to use the topic guide to structure the interview and gain unanticipated insights (Struebert and Carpenter 1995). These conversational semi-structured interviews allowed in-depth probing with the use of some pre-determined questions and questions that emerged from the conversations. The semi-structured question template is shown in Table 1 below.

Table 1: Semi-Structured Interview Topic Template

Loose schedule of questions to start the Semi-Structured Interview discussion
<p><i>The Grand Tour Question</i></p> <ul style="list-style-type: none"> • <i>What have been your experiences, expectations, and perceptions of working as a newly qualified NA?</i>
<p><i>Recursive Questions</i></p> <ul style="list-style-type: none"> ➤ How does your photograph represent your experiences and expectations? ➤ How does what you are describing relate to your expectations?
<p><i>Open Ended Questions</i></p> <ul style="list-style-type: none"> ➤ What helped you during the transition from student to NA, provide an example? ➤ What help do you think could have supported the transition further, provide an example? ➤ What examples do you have of your experience that has influenced your career development? ➤ What are your aspirations for the future?

<i>Summary Question – after a brief oral summary</i>
➤ Is this an adequate summary?
<i>Final Question – after reviewing the purpose of the study ask</i>
➤ Have we missed anything?

An additional strategy for the collection of data included a creative methodology approach. Washington and Moxley (2008) assert that through using an arts-based method, which is borrowed from the humanities, participants can portray their lived experiences in the data collection process in a manner that other forms of social sciences research inquiry cannot. This is because arts-based methods illustrate and illuminate an individual's story in terms of how that one experience can represent and contribute to the whole scope of a social issue (Feen-Calligan et al., 2010). Equally the use of creative methods such as photo elicitation (Collier & Collier, 1986) within research studies supports the emergence of the nuances of an individual's experiences and their 'instances of truth' (Emerling, 2012). The participants were asked to submit an anonymous photograph to the research team before the semi-structured interview which represented their career expectations and aspirations in practice. The participants then had the opportunity to discuss their chosen photograph and explore what it represented to them during the interview (Dainty et al, 2021).

Data Analysis

As a mixed methods approach was employed for this research project it was important that a practical framework process was used which included familiarisation with the data; analysis; and interpretation (Crowe et al, 2011). The research team first studied the data collected to ensure that they were familiar with the different elements of the data so that they could commence analysis.

The thematic analysis was utilised which enabled the researchers to fully immerse and engage with the data (Fielding and Lee 1998) and understand any subtle nuances it contained. As thematic analysis was used, coding was, therefore, an important part of the process as it permitted the researchers the ability to deconstruct and find the links between the data and thus identify the themes in the data (Liamputtong, 2012). The data from the online survey was analysed using thematic analysis following the closure of the survey and emergent themes were identified. The data from the semi-structured interviews was transcribed verbatim after each interview; this included the photo elicitation element of the data collection. Respondent validation, via member checking of themes from the transcripts (Birt et al, 2016), was carried out, with 2 responses confirming accuracy, therefore increasing

credibility. The data was then read carefully, enabling the responses to be coded and categorised to determine the main ideas that emerged from the responses. Once the data had been coded, themes were organised across each transcript and photograph which were then validated against the original transcript. These were considered in conjunction with the themes from the online survey before the themes were condensed into conceptual themes, thereby producing a synthesised interpretation of the participant's perceptions. Alasuutari, Bickman, and Brennen (2008) maintain that the themes that are generated within the data are an essential aspect of the analytical process as it can facilitate the disclosure of the interactive nature of the interview discussion. This in turn may verify or test the individual's views and opinions (Warr, 2005) and produce a more nuanced understanding of the data.

Ethical Considerations

The study was approved by the Faculty Research Ethics panel within Canterbury Christ Church University. It was also given approval from the local NHS Trusts where the participants were working following qualification and before the start of the study (National Health Service Research Authority (NHSRA) (2017). Participants were recruited following the successful completion of their NA programme. The potential participants who met the inclusion criteria for the study were given a 'Participant information form' before participating in the study. Participants were then given the opportunity to ask questions before being sent the online survey. The online survey, which was constructed using a secure server and encrypted responses, did not contain any names of participants or any other identifying information (Flick, 2011). The invitation email was sent to potential participants inviting them to complete the online survey and was accessed by a separate link contained in the email. Consent to participate in the survey was assumed when the participant completed the online survey. The researchers did not have access to online survey participants' responses through email which ensured anonymity and confidentiality of the respondents, as anonymity is ensured when the researcher is unable to connect a subject with the data that the subject has provided. The survey was provided to all individuals who met the criteria which included being an NA student at the end of their course or being within 3 months of qualifying as a NA.

Individuals who were interested in participating in the semi-structured interview and photo-elicitation element of the data collection were asked to contact the Research Team using the email information at the end of the online survey. Participants were then asked to sign a consent form if they wished to participate in the semi-structured interview, which indicated that they had read the participant information sheet and had the opportunity to ask questions. They were informed that their participation was voluntary and that they could withdraw from the research one month before the

production of the project report. As the interviews were recorded and transcribed participants were informed that any personal information that was provided to the researchers would be kept strictly confidential in accordance with the Data Protection Act 2018, GDPR 2018 regulations, and Canterbury Christ Church University Research Governance and Ethics procedures. After the collection of the data, the transcripts from the interviews were anonymised so that the participants could not be identified.

The participants who agreed to participate in the semi-structured interviews were asked to take an anonymous photograph that represented their experiences, perceptions, and expectations of being a qualified NA before attending the semi-structured interview. The participants then had the opportunity to discuss their chosen photograph in the semi-structured interview which enhanced the discussion and provided visual symbolism of their role (Dainty et al, 2021). The potential participants were informed that the significant photograph should not contain any information that could lead to possible identification. This included the environment and background of any photos used to ensure that the non-identification and privacy of other individuals and institutions are observed.

Demographic data such as gender, and length of time in the role was collected via the online survey as part of the research project. All demographic data collected was anonymised. The identified public interest in processing the personal data was to further understand the demographics of the participants in the research study.

Participants

The participants for the study were drawn from students who had completed their academic studies for the Nursing Associate course. The participant data is represented in Table 2 and Figure 1 below:

Table 2: Participant Demographic Data

Participant Roles	Gender	Participant Age
Specialist Nursing (n=2) Community Nursing (n=3) Acute Services (n=2) Primary Care (n=2) Other (n=9)	Female (n= 16) Male (n=2)	25-40 (n=8) 40+ (n= 10)

Figure 1 Participant Demographic Data



Findings

The data from the online surveys semi-structured interviews and significant photographs were compared and categorised in combination with the Trust data (Evans and Lewis, 2018). A theme matrix assisted in the identification and development of two superordinate themes and additional subthemes; these were:

Theme 1: Value of the Nursing Associate: subordinate theme: self-perceptions; perceptions of others;

Theme 2: Scope of the Role: subordinate themes: enablers and barriers in the workplace environment; training and support

These themes will be outlined in the following section and illustrated with quotations and significant photographs from participants.

Photo-Elicitation

The use of creative methods such as photo elicitation (Collier & Collier, 1986) within nursing and health research studies supports the emergence of the nuances of an individual's experience and highlights their 'instances of truth' (Emerling, 2012).

In the significant photograph that was provided by NA 5 the photo of the key ring shared by NA-5 highlighted the nuances of their experience in four key areas; a visual reminder of progression and achievements, a reminder of future opportunities, a reminder of being on a learning curve, and having something physical and sensory as a daily reminder of achievements and wellbeing. The symbolism in the key ring is evident in the recognition of the participant of their career journey so far. The key ring enabled reflection reflecting on the day-to-day and provided space to reflect on the potential in their future career.

Figure 2 is participant NA 5's significant photograph

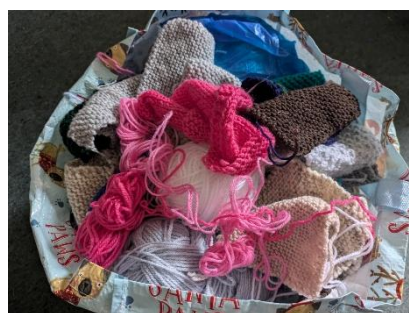


(NA-5)

"It's the beginning of my journey and I can do this, the world's my oyster, and I can just go off now and progress even more, and that they've got faith in me" (NA5)

Interestingly in the photograph provided by NA –2 the picture is representative of the emotional impact that the NA journey has had on them. Here the different strands of being a student and then a qualified NA are represented by the contents of the basket which is complex and at times tortuous.

Figure 3 is participant NA 2's significant photograph



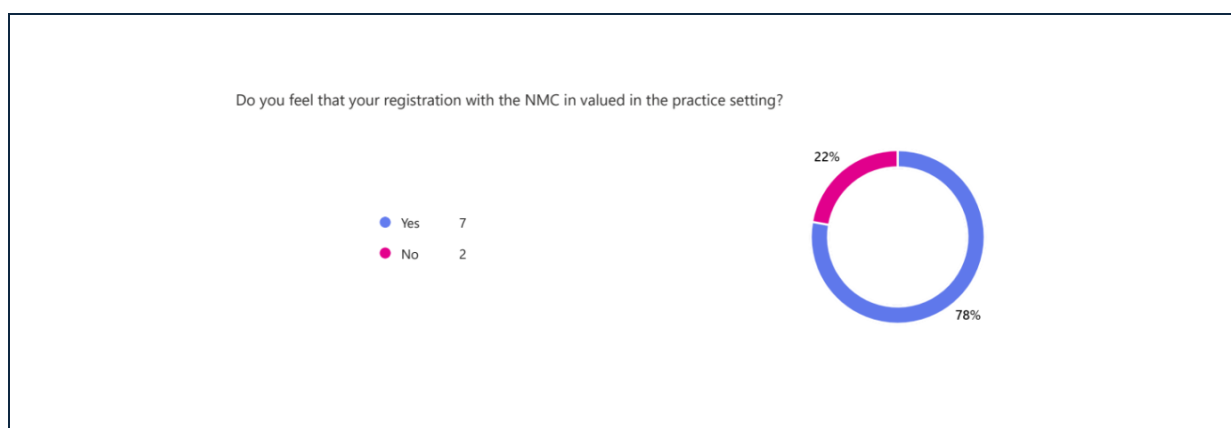
(NA-2)

“it’s quite messybut then you’ve got the knitted little squares and when I qualified, it came together, and I feel I can do my job properly. I might struggle but it knitted back together in the end..” (NA2)

Superordinate Theme 1: Value of Nursing Associate Role

Throughout the data, the value of the role of the NA emerged both from the participants and within the data provided by the service providers. In the online survey responses of those still working in an NA role (n=9) most participants (n=7) suggested that their ‘*registration with the NMC is valued in the practice setting*’ and n=2 did not. This is represented in figure 4 below:

Figure 4: Online Survey Data: Perceptions & Value of NMC Registration



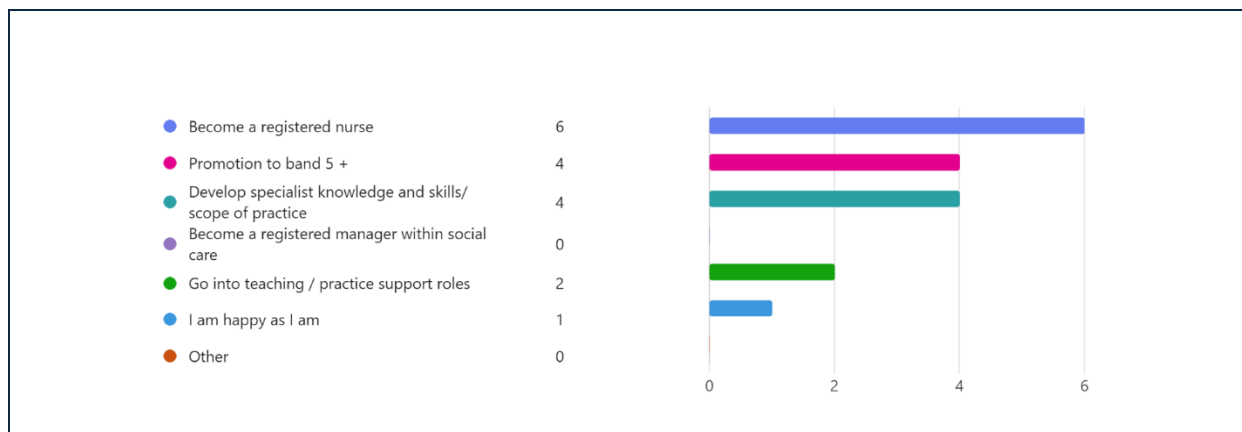
Within the semi-structured interviews participant NA 5 commented:

“On my ward, everyone’s really supportive, and we already have a nursing associate on the ward, so they know how it works and what our role is...” (NA 5)

Subordinate Theme 1: Self- Perceptions

Within the data the participants perceptions of their own value as a NA was evident both in the online survey and the semi-structured interview data. Within the online survey, some participants commented that they wanted to remain within the NA role and commented: ‘*I am happy as I am*’ and did not continue onto the Registered Nurse Degree Apprenticeship (RNDA) course which is in line with the online survey data (figure 5) that indicated that several participants (n=6) wanted to ‘become a registered nurse’ in their response to career aspirations.

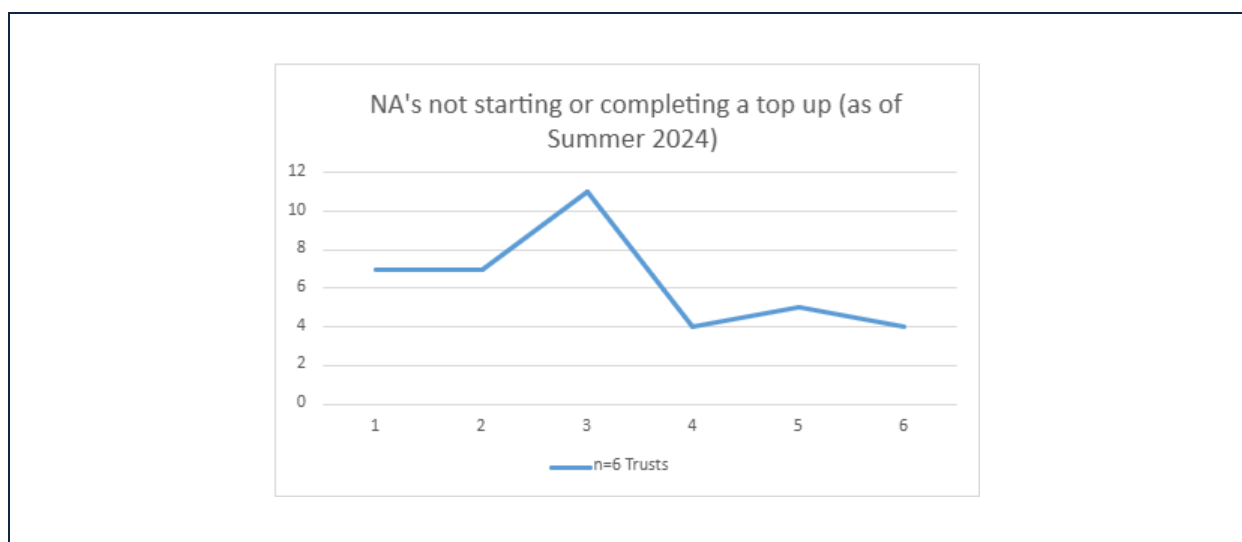
Figure 5: Online Survey Data: Aspirations



Subordinate Theme 1: Perceptions of Others

This subtheme highlighted a lack of clarity in terms of the perceptions of others which had the potential to impact the NA and their career aspirations. Within the NHS Trust data many of the organisations had a policy which supported qualified NAs to undertake the course which would enable them to become a registered Nurse. This is represented in Figure 6 below which provides information on NA's who were not completing the RNDA course which would enable them to become a registered nurse (RN).

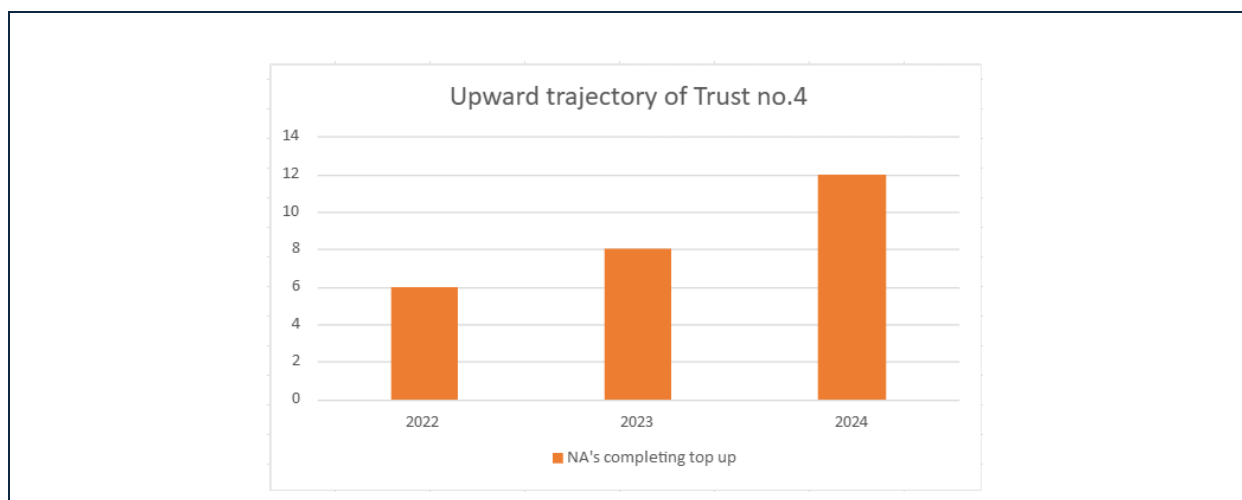
Figure 6: Trust Data: 2024 NAs not commencing the RNDA course



These statistics are mirrored by senior staff within the Trusts, where the NA was often seen as an interim arrangement or “steppingstone” to the RNDA course and subsequent RN qualification. The

data received from six local service providers in 2024, highlighted that the number of NAs completing additional study time to gain the RN qualification varied across each Trust. Trust no. 3 had the highest number of NAs who were not undertaking or completing the RNDA course (n=25). Trust no.3 also had the highest number of trained NAs in the sample (n=54). Trust no.2 (n=7) and Trust no.6 (n=7) had the lowest number of NAs completing the RNDA course. In the data Trust no.4 had seen an increase in the numbers of individuals who were studying to become an NA between 2022-2024.

Figure7: Trust no.4's upward trajectory for those undertaking the RNDA course:



The difference in the aspirations of those completing the RNDA course in the Trust data is multifaceted and may be indicative of a lack of understanding of the NA role within organisations. Funding for further developmental qualifications such as the RNDA course in the Trusts in the sample was varied. Trust no.1 and Trust no 5. reported a decline in the number of individuals wanting to complete NA training which was due to a lack of funding. Some Trusts did confirm that they had NA's who would be starting the RNDA course in September 2024 there were Trust no.6 (n=1) and Trust no.4 (n=12). The remaining 2 Trusts provide data about whether there were further investment issues but suggested that they expected that there would be a small intake for the RNDA course which was commencing in September 2024. Lack of investment in the NA role with significant recruitment from overseas, has also been highlighted as a factor in both the NA role and continuation of further careers in the scoping literature (Foster 2022).

Theme 2: Scope of the Role

Within the data participants highlighted the lack of clarity that surrounds the role. In the semi-structured interview data NA 5 commented:

“there are so many blurred lines of what a nursing associate actuallyno one really knows what we do ...sometimes we get classed as a CSW with a bit more added to the role but I think that’s because there’s a lack of understanding.”

Throughout the data both enablers and barriers were identified and will be discussed below.

Subordinate Theme 2: Enablers and barriers in the workplace environment (TS)

The enablers in the workplace environment included managers from both NA2 and NA5 experiences and that they felt supported in their roles after qualifying. NA2 had the opportunity to discuss the role and responsibilities within their scope of practice after qualifying as an NA, enabling development within their NA role. The organisation was supportive at a ward level through such individuals as peers, nurses' managers, and students to undertake the role of the nursing associate. To support with role transition NA5 could receive support clinically from a ward-based practice development who was able to support the embedding of the NA role.

Value and Barriers to the Role:

NMC registration was valued with the online survey results (noted in Figure 7 above), however, participant NA-5 during their semi-structured interview commented that there remains a need for further clarity of the NA role. Across the practice setting, NA-5 noted that there remains a ‘*lack of understanding*’ in terms of the role from the wider community of colleagues and patients and commented that there were assumptions ‘that you’re a registered nurse’. Participant NA-5 expressed that within the clinical setting it would be useful to have to provide colleagues with information about the scope of the role and commented that:

“there’s so many blurred lines of what a nursing associate is.... no one really knows what we do...I think that’s because there’s a lack of understanding.....the patient is basically just seeing nurses.....so, I think they assume that you’re a registered nurse”

Barriers to the role included that ward managers did not always understand the role of the Nurse Associate within the clinical area. Participant NA-5 felt that the NA had no scope for progression without undertaking the RNDA course which would enable them to become a RN and noted:

“There was no progression as a CSW.... you started as a band two and then you stayed as a band two and that was it and there was nowhere to go. I wanted to have the opportunity to move up.. This is the same in the NA role unless you do further study...” (NA-5)

Both participants in the semi-structured interviews found transitioning from health care support worker to NA role difficult due to the way the NA role is perceived. NA-2 additionally commented that when not working within the specialist area where they were employed that they were unable to transfer these clinical skills to the general ward setting:

‘There would have been a few things that I wouldn’t have been able to do until I was qualified and then I do my extra Trust training, to be able to deliver that clinical skill but I was really keen to do that because I felt that what’s the point of doing a two-year nursing associated course if I couldn’t upkeep some of my clinical skills?’ (NA-2)

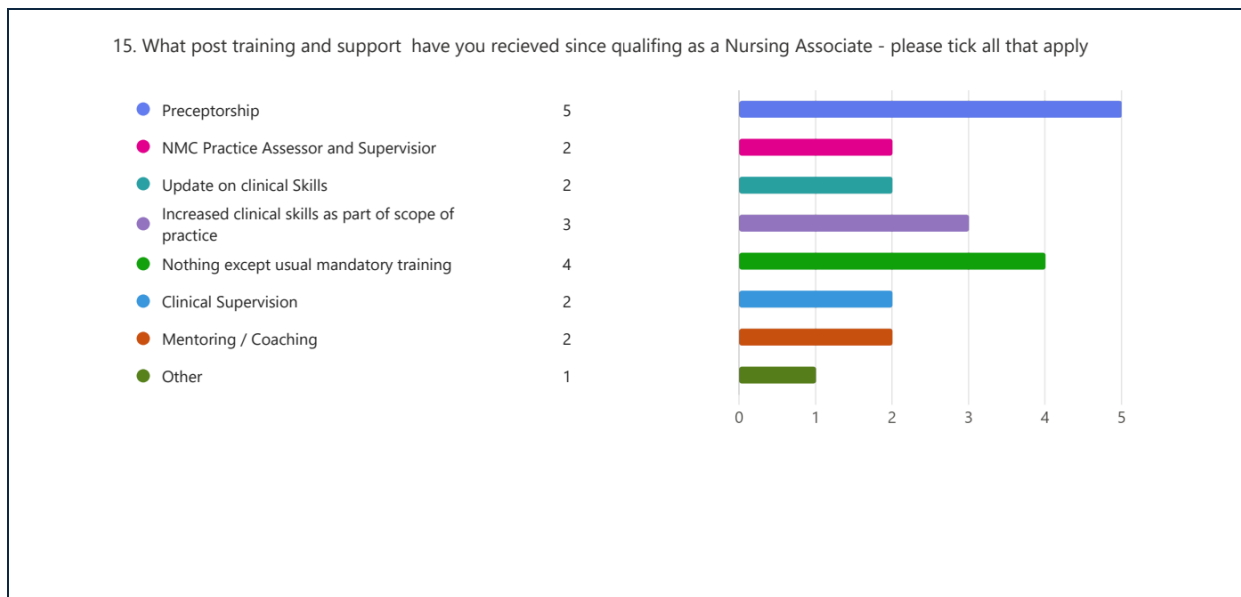
These challenges appear to result from a lack of understanding of the role of the Nursing associate from more senior colleagues which had a negative impact on the perceptions of the participants.

Subordinate Theme 2: Training and Support (NP)

Within this theme data provided in the online survey highlighted that preceptorship through ‘training and support’ was varied. Some participants undertook the preceptorship programme (n=5) whilst some participants only received mandatory training (n=4). Specialist training such as the NMC Practice Assessor & Supervisor training or clinical supervision and skills updates and the mentoring and coaching training were each experienced by few respondents (n=2). The higher number of those undertaking preceptorship remains in line with the NMC career development and expectations of the NA role. The focussed view on competencies and development of the new registrant (Hughes and Fraser, 2011) is mirrored by the Nursing and Midwifery Council's (2020) guidance on preceptorship. Mandatory and statutory training together with the preceptorship programme enabled the transition into the NA role, however the training was generic and not specific to the NA.

In the survey data (Figure 8 below) within the sample group of n=18, five responses related to training via preceptorship, and four responses related to further training whilst in the NA role.

Figure 8: Online Survey Data: Training and Support since qualifying as a NA



The semi-structured interviews enabled further exploration of the training and support received by newly qualified NAs. Participant NA-5 discussed their training needs and commented:

“Preceptorship is something I’ll do in the future...I need further training in specialist tasks such as ‘IV training as I’m asking other nurses to do that for me, which is a bit annoying really, for me and them...’ (NA-5).

In contrast, participant NA-2 had already undertaken the preceptorship programme at the time of their 1:1 semi-structured interview. Participant NA-2 noted that they were completing further *‘training to become a practice assessor’*, highlighting that there are different training opportunities areas available to newly qualified NAs within the practice setting. It also indicates that NA access and complete the preceptorship programme at different times in the clinical setting. Both participant NA-2 and participant NA-5 highlighted that there were opportunities for training, and that they were aware of their training requirements. Both participants acknowledged that to progress in their careers that they would *“go and do my top up [RNDA course]”* (NA-5) and that *‘without the top up registered nurse [RNDA course] career opportunities are limited’* (NA-2).

Both participants in the semi-structured interviews (NA-2 & NA-5) shared that they had many avenues of support within their roles. Key support came from ward managers, other registered nurses, and peers on the same NA programme. Participant NA –5 commented:

“my manager has been supportive and then the nurses I work with, they’re all very supportive, help me when I need help, answer questions that like if I’m not sure about something. I was lucky that I had the support from the word go” (NA-5)

Additionally support from within the original NA course group after the period of qualification was viewed as being important. Participant NA-5 commented:

“we’ve still got the WhatsApp group open, and I can say I’ve had a really bad day and say come on, you can do it, don’t worry you’ve got this far... we were quite a close cohort so it’s quite nice” (NA-5)

The experiences of training and support undertaken by NAs across the respondents in the online survey and those in the semi-structured interviews varied. Within the data whilst participants valued support of peers, line managers, the data highlighted that more support was required together with a preceptorship programme which addressed the needs of the newly qualified NA.

Discussion

The Nursing Associates (NA) role itself is relatively new having been created in 2015 (NHS England 2015) and although the NMC (2024) state that there are currently 10,000 Nursing Associates on the NMC register there is limited understanding of the role from the NA perspective (Coghill, 2018; Kessler et al, 2021). The aim of this study therefore was to explore the experiences of newly qualified Nursing Associates (NAs) to have a more nuanced understanding of the role from the perspective of those who have recently qualified. The data was collected from a variety of different sources and then analysed using thematic analysis. The identified themes were then synthesized to provide a broader understanding of the NA role in practice from the newly qualified NAs perspective. This was considered important as the NA role is a relatively new role. King et al (2020) argued that there was a need for role clarity which would improve occupational identity in the workplace. This was echoed by participants in this study who identified that the lack of clarity in terms of the NA role across the organisations where they were employed, meant that the newly qualified NA did not receive the support they needed to gain confidence and competence. In the current study it was found that when working in specialist areas there was a willingness from other colleagues and senior staff to embrace the NA role this experience was not replicated in the general ward setting where senior staff were unsure about the scope of the role. Therefore, it could be suggested this willingness to embrace the NA role should be extended to other areas of clinical practice as this might facilitate clarification of the contribution that the NA could make to clinical practice. This would help to improve the perception and value of the role more broadly across the NHS in England. The value of the NA role emerged as being important in the data in the current study. In the data, across local organisations it appeared

that there was limited appreciation of the role and how it could impact on service provision. This sequentially meant that many of the NA's when considering career goals and aspirations indicated that they believed that career advancement could only be achieved through completing the Registered Nurse Degree Apprenticeship (RNDA) course.

In the literature Fraser & Hughes (2011) found that support and guidance is important in terms of career progression. Furthermore, King et al (2021) suggested that there was a need to protect the newly qualified NA to ensure that development and wellbeing is maintained. This was echoed by participants in this study who valued support from colleagues which enabled them to gain in confidence in their new role. Additionally, Thurgate (2018) stated that there was a need to focus on existing support for those that work and learn. However, Coghill (2018) found that there was limited understanding of the requirements for learning in the work setting. Bain (1996) maintained that preceptorship is an important part of the support that is provided to newly qualified nursing and midwifery registrants. In this context the preceptorship programme aids the facilitation from trainee to newly qualified registrant (Wier and Lake, 2022). This mirrors the NMC (2018) guidance which indicates that preceptorship programmes facilitate the provision of safe care for newly qualified nurses. In the current study it was found that participants accessed the preceptorship programme and other training courses at different times. These were sometimes generic courses which were not provided specifically to newly qualified NA's and as such did not support the development of detailed skills and knowledge. To address this concern and provide the NA with the support they require, preceptorship programmes which prepare the NA for their unique role within the nursing workforce should be facilitated. A NA preceptorship programme would provide a consistent approach for the newly qualified NA which would provide role clarity for both them and others including managers and patients who use the service.

Limitations

This was a small qualitative study that explored how the Nurse Associate role is viewed by newly qualified NAs. Whilst the data was limited in terms of participant numbers it does nevertheless provide valuable insights of how the NA role is viewed in terms of the contribution to practice, and the enablers and barriers to its development in practice. Within the study, dependability was demonstrated by the researchers independently analysing the data using a consistent approach, thereby validating the themes and conclusions drawn (Barbour, 2001).

Conclusion

As a result of conducting this small study a nuanced understanding of the career experiences and aspirations of newly qualified Nursing Associate was obtained. Within the literature it is recognised that there is limited understanding of this role which was created in 2015 (NHS England, 2015) and as such this study makes a valuable contribution to this important area of research by providing data from newly qualified NA's. Additionally, by using creative methodology a detailed discussion on the experiences of 2 of the participants was obtained. As such this study has enabled the voice of the newly qualified NA to be heard and understood. The data demonstrated that there remains a lack of clarity in the clinical setting in terms of the role of the NA, a finding which is mirrored in the literature (Coghill, 2018; Kessler et al, 2021). To address this concern, it is important that local Trusts consider developing guidance for both ward managers and NA's so that the NA's contribution can be valued both in the specialist area and the general ward setting. This guidance could include information related to preceptorship programmes and training needs for the newly qualified NA which would enable them to develop their skills and knowledge within the role. This would sequentially facilitate clarity in terms of their career goals and aspirations, whilst helping them to provide quality care to patients in the clinical setting.

Recommendations

Key recommendations from the study include:

- Robust preceptorship programme tailored to the newly qualified NA
- Greater development within the NA role for those who wish to remain within the role
- Follow up study for the NA who has been qualified 6-12 months
- Future nursing research using such creative methods to support the emergence and nuances of individual's experiences
- Need to develop guidance within the Trust to address the lack of clarity about the role of the NA

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