

Supporting those who work and learn: A phenomenological research study

Abstract

Aim: With a shift in the United Kingdom's National Health Service to organisational learning and the local introduction of the Assistant Practitioner role to support the nursing workforce there was a broad need to understand the lived experiences of those who work and learn.

Method: Hermeneutic phenomenology was the chosen methodology. A purposive sample of eight trainee assistant practitioners, four matrons, seven mentors and the practice development nurse participated in conversational interviews at intermittent points in the journey.

Results: A stepped process of analysis produced three over-arching super-ordinate themes which indicated that the transition to assistant practitioner is non-linear and complex necessitating a change in knowledge and behaviour and the workplace culture must enable learning and role development. This paper focuses on supporting the journey which encompassed learning at university and learning in the workplace.

Conclusion: Participants' stories demonstrated the presence of knowledgeable mentors and a learning culture enabled new roles to be supported.

Introduction

This study explores the two-year journey from health care assistant (HCA) to assistant practitioner (AP) within an acute healthcare setting. With a paradigm shift in the National Health Service (NHS) to organisational and workplace learning and the local introduction of the AP role to support the nursing workforce, there was a broad need to understand the context of the lived experience of those who work and learn. This may be of relevance for those introducing the nursing associate role.

The content of this paper is drawn from my PhD thesis and will focus on supporting the journey so that those developing programmes consider not just the accumulation of knowledge and skills but the associated change in attitude required to work at a higher level.

Background

The United Kingdom (UK) needs to refocus care delivery roles and health care team skill mix to make £22 billion worth of efficiency savings by 2020 (NHS, 2014) to meet financial challenges and future demographic and technical changes while improving quality and outcomes.

At the same time nursing has moved to an all degree profession (NMC, 2010), the current workforce is ageing and less school leavers are entering nursing (Buchan and Seccombe, 2011). While the predicted number of Registered Nurses (RNs) may fall it appears that nursing assistant numbers have more than doubled since 1997 and this growth continues with the introduction of 2000 trainee Nursing Associates between January and April 2017 (Buchan and Seccombe, 2011).

Assistant Practitioner

The Assistant Practitioner (AP), is one way in which NHS Trusts are ensuring that they have a workforce who has the knowledge, skills and attitudes to deliver safe, effective care.

The Core Standard for APs (Skills for Health, 2009) outline that those deemed capable of undertaking the role are recruited as a Trainee Assistant Practitioner (TAP) and while in employment complete an appropriate programme of study, for example a Foundation Degree (FD).

Foundation Degree

Unlike traditional degree programmes and the majority of vocational qualifications, FD involves the employer playing a central role in developing and delivering the initiative (Thurgate et al., 2007).

The ability to focus a programme of learning to the identified needs of the role ensures that the knowledge and skills content reflect the employers' needs rather than the traditional pre-registration nursing programme which must meet the Nursing and Midwifery Council's (NMC) Standards for pre-registration nursing education (NMC, 2010).

Learning from work is not a new concept; an apprenticeship model had underpinned nurse training in the UK before it moved into HE. The difference with the proposed model of Work-Based Learning (WBL) for TAPs, as opposed to pre-registration nurse training, is TAPs have prior HCA experience; they are likely to remain on their HCA ward and the work-based curriculum and competency assessment is informed by the role being developed and not prescribed by a statutory body. It is this approach where the TAP remains in the same workplace while developing the knowledge, skills and attitudes to undertake a new role that needs to be understood.

Designing and Validating a Foundation Degree to Meet a Trust's Workforce Development Needs

The local Trust identified that the use of the AP role to support the RN would enhance patient care in light of increasing diverse care needs and demands. To ensure safe practice and to link theory to practice, job descriptions incorporated a competency assessment tool. An NMC registered mentor deemed the TAP competent in the workplace.

Aim

Due to the dearth of information relating to the lived experience of those who work and learn the broad aim of the study was to gain an understanding of the TAPs lived experience of the journey from HCA to AP (including the FD, WBL and working in the same workplace). The guiding research question was: What are the experiences in the journey from trainee Assistant Practitioner to Assistant Practitioner and what factors, within the workplace, support trainee Assistant Practitioners to take on their new roles? To achieve this there were two sub-aims:

- To understand how the TAP experienced their journey and what it meant to them.
- To identify the factors within the workplace which support and enable or inhibit the journey to being an AP. 4.

Method

The study was based on the philosophical assumption of understanding an individual's experience at a particular time and reflected the worldview that individuals seek understanding of their experiences and give meaning to certain events (Creswell, 2009). Constructivism (Denzin and Lincoln, 2008) provided the conceptual framework as it allows preconceptions to be challenged, refined or discontinued (Heidegger, 1927/1962). The theoretical perspective, inherent to constructivism and ultimately the study's aim, is phenomenology as it aims to understand the effects of an experience for the individual. Hermeneutical phenomenology, the theory of interpretation, enables the lived experience to be understood and to be contextualised in time and space while capturing the unique. Heidegger (1927/1962) suggested that hermeneutics was ontological; it was about the fundamental conditions of man's being in the world (Thompson, 1990).

Participants

Participants were selected from one acute NHS Trust in the South East of England. Sampling was purposive (Lincoln and Guba, 1985); participants were living the journey and would be able to represent this perspective, salient features and events or categories of behaviour rather than a population. In order to achieve homogeneity participants were identified on the basis of the following criteria:

- They worked as TAPs in the acute hospital Trust;
- They became a TAP in the autumn which this study began;
- Matrons and mentors had a TAP who had agreed to take part in this study.

Those excluded from the study were:

- Those who did not work in the acute hospital Trust;
- Matrons and mentors who did not have a TAP who had agreed to take part in this study.

Due to the need to understand a particular phenomenon, this study was conducted on a relatively small sample of eight TAPs. This allowed a detailed case-by-case analysis so that the essence could be understood. The TAPs matron and mentor were interviewed to provide contextualisation.

Ethical Consideration

Ethical approval was granted by the National Research Ethics Service. The Research Governance Framework (DOH, 2005) and the Faculty Research Governance Framework were adhered to. Permission to proceed was granted by the Trust concerned.

The purpose of the study was explained including data collection, maintaining anonymity and confidentiality through the allocation of a unique number to each participant. All participants received an information leaflet and a consent form and there was an opportunity to ask questions. There was no obligation to take part. All data was stored in accordance with the Data Protection Act (Home Office, 2003); all electronic data was stored on a password protected personal computer.

Data Collection

One-to-one conversational interviews undertaken by the researcher enabled the richness and depth of experiences to be captured as the lifeworld of the participant was accessed through first-person stories (Kvale and Brinkmann, 2009).

Participants gave permission for the interviews to be tape-recorded which were transcribed verbatim prior to analysis. It was acknowledged that an individual's meaning of the experience may change as new experience contributes to the subsequent construction of additional knowledge (Kvale and Brinkmann, 2009). Consequently, transcripts were not returned; rather participants received a copy of the study's findings to acknowledge that data relates to the time, space and context in which they were shared. Table 1 gives an overview of the study's stages and the groups involved.

Table 1 Number of participants at each stage

Stage	When	TAPs	Matrons	Mentors
One	Four months after commencing the Foundation Degree	8	4	7
Two	Sixteen months after commencing the Foundation Degree	8		
Three	Six months after completing the Foundation Degree	8	4	7

Analysis

Data analysis was based on Smith et al. (2009) heuristic framework for analysis. This incorporated flexible thinking, reduction, expansion, revision, creativity and innovation; a multi-directional process achieved through moving between the part and the whole of the hermeneutic circle. Formal analysis began when the transcription was studied in depth. The first stage involved listening to the tape recording to reacquaint the researcher with the participant and an understanding of the whole event. On subsequent readings specific notes were made which used three discrete processes:

- Descriptive comments — focused on describing the content of what the participant had said including key words, phrases or explanations.
- Linguistic comments — focused on exploring the specific use of language and what was heard, for example thoughtful pauses, stammers and speed of communication.
- Conceptual comments — focused on a more interrogative and conceptual level.

These comments were combined on the same transcript through the use of different colours to identify the focus of the comments. This fluid process of engaging with the text in detail and exploring different aspects of meaning allowed the analysis to be pushed to an interpretative level (Smith et al., 2009).

The next step was to reduce the volume of detail while maintaining the complexity. This process involved one part of the hermeneutic circle, the whole of the interview became a collection of parts as the analysis was undertaken before a new whole was created at the end of the analysis (Smith et al., 2009). Notes were transformed into specific phrases which aimed to capture the essence of what was being said and what it might mean to the participant in this context. It was important that the themes reflected the participant's original words and thoughts as well as the researcher's interpretations; reflecting a synergistic process of description and interpretation which captured and reflected an understanding. As the clustering of themes emerged they were checked against the transcripts so that the connections remained close to the primary source material — the actual words of the participants. This enabled the systematic identification of the main (super-ordinate) themes. Themes were organised by hand and required a degree of creativity which pushed the analysis to a higher level; the parts and the whole were considered alongside the primary research question.

Each participant's transcript was considered individually before moving to the next transcript, beginning with particular examples and slowly working to more general categorisation. This allowed super-ordinate themes to be considered within groups before ascertaining similarities and differences across groups. This procedure was undertaken for the stage two (TAPs only) and three interviews (TAPs and stakeholders) before the emergent and super-ordinate themes were synthesised to inform three over-arching super-ordinate themes:

- Supporting the journey;
- Recognising the transition;
- Being an AP.

Due to word limitation findings will focus on supporting the journey; there may be relevance for those developing the nursing associate role.

Findings

Supporting the journey encompassed a number of areas of understanding, learning at university, learning in the workplace and the role of mentors.

Learning at University

Two TAPs considered how reflection supported their development during the initial interview. TAP 5 acknowledged: *'learned without realising — only when you sit back and reflect do you realise'* (TAP 5). For TAP 4 time and space at university provided opportunities to understand workplace practice and learn from others' experiences. During the second interview four TAPs recognised the tutors' role in allowing them to understand, absorb and link content to their workplace.

University tutors must be able to facilitate the fusion of knowledge and skills so TAPs give meaning to their learning. Interestingly stakeholders did not consider how learning at university supported the journey. Stakeholders concerns focused on how the TAPs developed in the workplace.

Learning in the Workplace

During the initial interview TAPs discussed the challenges they faced when fusing theoretical and practical knowledge in the workplace. Two TAPs perceived a lack of support '*managers/mentors not supportive in fusing academic and workplace learning*' (TAP 5) contributed to feelings of uncertainty. New role development requires ward support.

TAPs should have been supernumerary but six TAPs claimed supernumerary status was not happening because of poor staffing levels and a lack of awareness:

'we need time to learn ... learning time to shadow nurses ... time to learn so not being an HCA ... time for more clinical learning' (TAP 1).

Time to develop as a TAP was central but a lack of understanding by mentors regarding supernumerary status meant inconsistency and unrest amongst the TAPs and ward staff.

Four APs made sense of how staffs behaviour influenced the 'ward's culture'. AP1 recognised that the ward culture inhibited them from demonstrating a change in behaviour.

'It was almost as though people were very possessive of their knowledge and didn't want to let that go. They did not have the time ... I was having no guidance, no input whatsoever' (AP1).

The other three TAPs made sense of how the culture enabled active guidance and support:

'what we have learnt we have been encouraged to put into practice ... it's learning about what you are doing and why you are doing it' (AP 7).

The Role of Mentors

Each TAP discussed the mentor role:

'I use my mentor to clarify answers to problems. They are supportive' (TAP 10).

TAP 2 valued the '*useful professional discussions*' and their role in facilitating reflection to clarify problems and fuse theoretical and practical knowledge.

TAPs considered aspects of the mentors' role which inhibited being a TAP, '*mentors were unclear of their role and needed to understand the TAP development*' (TAP1) while TAP 5 claimed '*mentors should own WBL.*' Alongside a lack of awareness and understanding of the mentor role a lack of time with their mentor was perceived as another inhibiting factor:

'It is the time all round it is not available for us, they have got to make time for us as well' (TAP 7).

Time was needed to make sense of formal and informal learning opportunities.

Three matrons and all seven mentors made sense of the mentors' role. The matrons gave meaning to allocating mentors and the role while mentors made sense of preparation, support and concerns. Matron 2 perceived:

'I felt the first couple of months was difficult as mentors did not know what they were meant to be assessing and they did not really understand what the TAPs were supposed to be doing' (Matron 2).

Mentors need preparation and support to enable WBL:

'I think I should have been better prepared, I mean I have mentored nursing students, but I have never actually done this before and I have never been given any guidelines or anything' (Mentor 10).

Despite having mentored student nurses Mentor 10 recognised they needed guidance to mentor their TAP. Two other mentors were conscious that a lack of preparation meant they did not know about the paperwork: *'need to know about the paperwork to be an efficient mentor'* (Mentor 3). It cannot be taken-for-granted that mentors who are competent to mentor student nurses can mentor TAPs:

'We had never had them before ... and we were all just kind of given them ... it is quite hard in practice, you want to just ask questions' (Mentor 1).

Alongside the lack of clarity and understanding of the mentor role four mentors made sense of mentoring TAPs:

'I think for the first term they expected us to do everything for them ... I think as they went into the second term we said right come back and tell us what you need to learn so they were set a task' (Mentor 1).

Mentor 1 considered the difficulties facilitating effective and meaningful WBL and the need to enable rather than prescribe learning:

'nurses want to help but they must enable learning ... needed the confidence to let go and give TAPs an additional workload' (Mentor 1).

During the final interview four APs considered the mentors' role and the skills required to be a good mentor:

'they were the ones asking me the questions and that was unusual for me, and then I had to sit, and then I had to think and then I had to go okay' (AP2).

Mentors needed to facilitate reflection and provide opportunities for TAPs to give meaning to their practice. AP 7 considered the challenges they had faced:

'everyone is doing their own role, trying to tie your mentor down and have a couple of hours and sit quietly is totally impossible sometimes....' (AP 7).

The use of the metaphor *'tying down'* reinforced AP 7's difficulties accessing their mentor. The four mentors revisited the need to understand the FD and the need to *'do it right'* (Mentor 5):

'You didn't know if you were coming or going, ... we were thrown in at the deep end ... I didn't know if I was doing the right thing, teaching the right things, giving the right feedback' (Mentor 9).

Linked to understanding the FD and appropriate support three mentors made sense of the skills required to be effective:

'It is about two-way communication and questioning, what are they doing, why are they doing it, what is the significance of what they are doing.... It's all-round two-way coaching' (Mentor 2).

Mentors must be able to facilitate coaching conversations so TAPs recognise the *'not so good bits and bring in ideas of their own'* (Mentor 2). It cannot be taken-for-granted that mentors have the knowledge and skills to facilitate WBL.

Discussion

The findings demonstrated the complexities associated with the lived experience of journeying from HCA to AP while remaining in work. There is a need for knowledgeable mentors and a learning culture which enables WBL.

Knowledgeable Mentor

The term and concept of a mentor, based on the NMC's (2008) standards to support learning and assessment in practice, was chosen to identify qualified staff who would support and assess WBL. Mentors, as well as supporting patients, are responsible for organising and co-ordinating learning activities; supervising students and providing effective feedback, and assessing knowledge, skills and behaviour (NMC, 2008).

Despite the NMC (2008) standards stating mentors must facilitate critical reflection this attribute is not explicit in the nursing literature which concentrates on the mentor's role in creating learning opportunities (Myall et al., 2008); as a source of support (Myall et al., 2008); to develop craft and technical knowledge (Spouse, 2001), and to facilitate socialisation (Ousey, 2009). Based on the nursing literature, it appears that the role of the mentor is to prepare the student nurse to be competent (Benner, 2001) for practice. Wareing's (2012) phenomenological study on theories of WBL and the lived experience of the TAP and mentor found that the mentor's role was to support the TAP to learn to learn and to develop knowledge and clinical skills. In contrast, findings from this study demonstrate that learning in the workplace is not only related to enhanced knowledge and skills but the ability to engage in double loop-learning (Schein, 2010), problem-solve, and reflect in- or on-action and learn from experience (Kolb and Kolb, 2009).

The nursing literature relates to the content of learning through the sharing of knowledge and skills. This study differed as it considered the process of learning, how knowledge is transformed through experience and the formation of reflection and action (Kolb and Kolb, 2009). From the TAPs' perspective, it appeared that mentors needed to understand the role and required skills to enable the process of learning. Mentors needed to understand the attitudes, beliefs and assumptions appropriate to the role (Myall et al., 2008) and the process of transformational learning in the workplace.

The mentor's focus on the content of learning is likely to have occurred as many student nurses, unlike TAPs, lack a repertoire of practice-based examples — they are novices who value the rules and directions of the scientific approach (Benner, 2001). Mentors must be able to support TAPs to develop skills of self-awareness, description, critical analysis, synthesis and evaluation (Atkins and Murphy, 1993), and the process of WBL and being a reflective practitioner. Mentors need to understand the parts as well as the whole of transformational learning so that they can recognise the personal consequences of letting go of a known identity; make sense of being a worker and learner; understand the need to learn how to learn and enable self-directed learning and give permission to be a new role. Mentoring those who work and learn is challenging as mentors need to move from technical expert with a tacit understanding (Schön, 1987) to an expert able to support individuals to fuse theoretical, practical and self-regulative knowledge.

Manley et al.'s (2009) concept analysis of WBL in the context of contemporary health care education and practice identified that a skilled facilitator was a pivotal attribute to effective WBL and an individual's transformation. Many of the attributes of Manley et al.'s (2009) skilled facilitator reflect the TAPs' perceptions of a knowledgeable mentor. The presence of a facilitator would allow TAPs to make sense of the process of learning; to co-create new knowledge based on local need through the

social construction of learning (Billett, 2002) and to transform them self. Mentors with facilitator skills would enable TAPs to identify their learning needs, guide processes, encourage critical thinking and assess the achievement of learning goal as opposed to a mentor who provides feedback and guidance on a performance (Garbett and McCormack, 2004). Facilitation and its emphasis on reflective discourse and action would support TAPs' transformation.

The literature regarding facilitation (Manley et al., 2009) and mentoring (Myall et al., 2008) does not consider the personal consequences of being a worker and learner. Based on the study's findings, those who support learning in the workplace need to understand the impact of becoming a worker and learner, the transition from known to unknown, coping behaviour, self-concept and self-identity, permission to be a new role and the ability to learn how to learn. This requires a shift in the process of mentoring from one which is structured on a theoretical concept of learning, teaching and assessment (Ellerbe and Regen, 2012) to one which incorporates the facilitation of reflection and action and an understanding of the personal journey to learning, how to learn and being a new role.

In the context of new role development and learning in the workplace, mentors require different skills and knowledge to mentor TAPs who have prior practical knowledge and little theoretical knowledge. Mentors need to be provided with structured professional development to develop additional strategies for each discreet level of performance (Benner, 2001; Schön, 1990); they require the knowledge and skills to support reflection in-and on-action so individuals reflect through context of use (Dewey, 1938). Without reflective learning practical and theoretical validity are *'naively taken-for-granted and accepted or rejected without discursive consideration'* (Habermas, 1976: 16).

A Learning Culture

To achieve the integration of theoretical, practical and self-regulative knowledge necessitated TAPs to combine informal, incidental, experiential and communal features of learning (Broome and Tillema, 1995). Their learning was situated as the knowledge gained from performing the task (Lave and Wenger, 1991) was socially constructed and embedded in routines developed from practice (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 WBL so that TAPs could recognise, acquire and apply knowledge, skills and abilities which are specific to them, their work and the University (Garnett, 2004). Schein (2010) identified ten domains of an enabled learning environment (as illustrated in Table 2) which TAPs perceived enabled a learning environment that allowed them to 'do and learn' (Dewey, 1938: 19) through the fusion of academic knowledge and professional practice (Schön, 1987). Manley et al. (2009) concept analysis of WBL advocated that the presence of a learning culture enabled a learning philosophy and the successful implementation of WBL. Similar to the TAPs' perception of an effective workplace culture, Manley et al. (2009) identified the need for employer and workplace commitment to learning at and from work; an organisational culture willing to accept challenge and innovation; practitioners are facilitators of WBL; reflection, reflexivity and critical thinking are valued; creativity, risk-taking and freedom to experiment; an adult learning culture, and everyone is considered expert at something.

While these findings are based on the AP role there may be relevance for those developing the nursing associate role where learning is focused on the workplace.

Table 2 Schein's (2010) ten domains of an enabled learning environment and the TAPs experiences

Schein's (2010) domain	TAPs experience
It must be assumed that individuals must be proactive problem solvers and learners within their environment.	The environment guides learning and gives permission to take on new tasks.
There is a shared assumption that learning must be invested in and learning to learn is a skill which must be mastered.	The role and WBL are understood.
Learners need appropriate resources to learn and the necessary psychological support.	Appropriate resources need to be clarified including role, time and space, reflective conversations and mentors who able to support WBL. The psychological effect of letting-go of the known is understood.
Management of the environment is desirable and possible.	There is active management.
There is a shared assumption that solutions to problems derive from flexible inquiry and a pragmatic search for truth.	There is transformational leadership which facilitates understanding. It is not taken-for-granted that mentors are able to support flexible inquiry and reflection-in action.
There is a positive orientation to the future.	There is a shared vision.
Communication and information are central to organisational well-being and must encompass everyone.	There is on-going support.
Cultural diversity will enable environments to cope with unpredictable events.	There is recognition of the value of new roles to support safe, effective care.
Commitment to systemic thinking.	There is a commitment to systemic thinking from an organisational perspective which must be shared with workplace stakeholders.
Cultural analysis	The culture is understood to ensure a shared vision for change.

Recommendations

The current qualitative research may have relevance for those developing nursing associates. There is a need to enable a workplace culture which supports, accommodates and learns from the development and implementation of new roles while:

- Workers on the ward need to clearly understand the role and expectations for TAPs and mentors;
- Professional development is required for mentors so that they understand the difference between TAPs and student nurses.

Conclusion

The impetus for this study was a broad need to understand the context of the lived experience of those undertaking WBL programmes. The study's methodology was informed by hermeneutical phenomenology which allowed the personal lived experience of those who journeyed from HCA to AP to be understood. Participants' stories demonstrated that while the journey from HCA to AP was non-linear, complex and unique the presence of knowledgeable mentors and a learning culture enabled new roles to be supported.

The consequence for the workplace is that learner and mentor cocreate new knowledge and contribute to deliver safe, effective evidence-based care. Mentors need to be knowledgeable and skilled facilitators who understand learning in the workplace, are able to create a learning environment and provide systems for organising and co-ordinating learning activities. They need to be able to assess learner's knowledge, skills and behaviour and provide effective feedback.

To achieve an effective culture where TAPs and mentors can flourish requires a learning readiness and the presence of the attributes and enabling factors identified by Manley et al. (2011) for workplaces. This includes shared values; shared vision and mission with individual and collective responsibility; adaptability, innovation and creativity.

Arising from the study's findings future research needs to explore how mentors become skilled facilitators who are able to use the workplace as the main resource for learning and a learning culture which enables staff to learn at, for and through work needs to be evaluated.

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