Using the OU foundation degree curriculum to support trainee nursing associates to develop professional identity.

‘A framework to effectively promote professional identity in nursing associates: a realist ethnographic study’

Dr Gemma Ryan Blackwell (principal investigator)

Senior lecturer in nursing

Programme leader Foundation Degree in nursing associate practice.

Open University

Gemma.ryan-blackwell@open.ac.uk

Dr Nicky Genders (co-investigator)

Associate lecturer

Open University

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1. Abstract

The nursing associate (NA) role is relatively new one with the first few registrants qualifying in 2019. Professional identity formation and socialisation into a profession are complex and influenced by many factors and there is little research about how NAs specifically, develop their professional identity.

The aim of this study was to explore where the strengths, opportunities, weaknesses and threats (SWOT) to formation of professional identity exist in the curriculum design and delivery so that mechanisms to mediate or make best use of these can be identified and implemented into the OU curriculum.

A realist ethnographic approach using semi-structured interviews with NAs (n=8) and focus groups with people involved in supporting NAs (n=8) was employed.

A variety of SWOT were observed. Weaknesses and threats included lack of role clarity and perceptions of the role from others, personal motivations for taking on the training and lack of career progression routes. Opportunities and strengths included the positive impact on patient care and use of this in structure and style of the curriculum and career progression routes.

From identifying the SWOT, it was possible to identify five key entities that influence the formation of professional identity in NAs, the trainee and peers, education provider, placement teams, the employer and wider organisations such as professional bodies. A framework, making best use of the opportunities and strengths and weaknesses and threats was produced. This outlines interventions and improvements that the OU can make to better promote the formation of professional identity in NAs.

2. Literature review

Background to the nursing associate role and trainee nursing associates at the OU

The nursing associate role was proposed in England in 2015 following the Shape of Caring review (Higher Education England, HEE, 2015) and is regulated by the Nursing and Midwifery Council (NMC). The nursing associate role sought to 'bridge the gap' between the registered nurse and healthcare assistant in the healthcare team (HEE, 2017; NMC, 2022). Nursing associates contribute to most of the care for patients under the supervision of a registered nurse, but they do not complete all tasks that a registered nurse would. It is known that the nursing associate role is being utilised in many different healthcare environments (e.g. GP practices, inpatient settings and in the community) and that employers have differing policies about what the nursing associate is able to do in practice. For example, some employers allow nursing associates to deliver intravenous medication while others do not, some allow them to second 'check' controlled medications, and some do not. This often makes the role rather ambiguous and unclear which trainee nursing associates and nursing associates report to have a significant impact on their identity as a professional. In England the Nurse Associate role is generic across fields of nursing which some suggests created flexibility and enhances employability (Taylor & Flaherty, 2021). In 2021 there are approximately 4000 qualified nurse associates and 6000 trainee nurse associates (Kessler *et al*, 2021).

Table 1 outlines the similarities and **differences** between the roles.

*Table 1 The similarities and **differences** between the nursing associate and registered nurse (West, 2019)*

Nursing associate	**Registered nurse**
Be an accountable professional	Be an accountable professional
Promote health and prevent ill health	Promote health and prevent ill health
Provide and **monitor** care	Provide and **evaluate** care
Work in teams	**Lead and manage nursing care** and work in teams
Improve safety and quality of care	Improve safety and quality of care
Contribute to integrated care	**Co-ordinating** care
	Assessing needs and planning care (e.g. initial assessments and writing initial care plans)

Comparable roles outside of the UK

In a number of countries outside of the UK associate nurses exist as part of the workforce in addition to the Registered Nurse. Notably literature in this paper is drawn from the United States and Canada with limited literature also available from China. Whilst it is not within the remit of this paper to discuss the detail of these roles it is important to note that associate nurses in these countries also undertake education programmes at degree (US & Canada) and diploma/degree (China) level to underpin their role. It appears that these roles also have related concerns around identity, role ambiguity, career opportunities and retention.

Nursing associate role in the UK

In the UK Nurse Associate training is usually undertaken within or in conjunction with a university and part of an apprenticeship model of training. Whilst this varies across the nations of the UK Nurse Associate training in England has taken place in universities since the pilot schemes of 2017 began. In one of the largest studies in the UK Kessler *et al* (2021) suggested the most common structure for training for nurse associates, *"TNA training comprises three main elements: a college component where the TNA engages in formal 'classroom' and assignment centred activities, whether on a given day of the week or for a more concentrated block of time; an anchored workplace learning experience in a particular team or ward, designed to acquire and sign-off on relevant competencies; and a series of shorter learning placements away from the anchor workplace in different care settings".* This model is often described as the hub and spoke model undertaken by around 90% of the respondents in the study. Respondents also reported that in their base placement they were likely to have 'protected time' for study and be part of the workforce numbers whereas in their spoke placement they were more likely to be supernumerary.

Nursing associates in the OU

Most trainee nursing associates at the Open University (OU) are on an apprenticeship programme, this adds a layer of complexity in the development of professional identity as they typically work in a team where they are also a healthcare assistant (HCA) and are 'dual role', with trainee days and a uniform on one day per week, a study day per week and a HCA for the rest of the time (i.e. they have multiple identities in the working environment). The only exception to this is when they are on external placement (a minimum 460 hours of the 1150 hours required for the entirety of their programme) and working as a supernumerary apprentice.

Literature Review

The literature reviewed for this study has been organised into themes of Professional socialisation/identity, Transition to registrant and Importance of curriculum in developing professional identity.

Professional socialisation/identity

Professional identity in nursing has been identified by Godfrey and Young (2020) as '*a sense of oneself, and in relationship with others, that is influenced by characteristics, norms, values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse'* (p495). There is an abundance of literature around the development of professional identity in nursing however this is more limited when focussed on the professional identity of the nurse associate. As a specific role within health care services and regulated by the NMC it is critical to understand the influences shaping the professional identity development of the nurse associate.

Professional socialisation is an important contributing factor in professional identity (Lambert *et al,* 2021; Goodolf & Godfrey, 2020), engaging in activities, tasks and roles in the context of the trainee nurse associate shapes the professional identity of the individual. A key finding from Goodolf & Godfrey (2020) highlights the importance of a shared vision of identity, including a shared understanding from education, regulation and clinical practice. Some key elements are identified in professional identity formation include role models, curriculum and the nature of clinical practice. Positive experiences in the context of the placement element of the trainees' programme is identified as a factor in developing a positive identity as a nurse associate and support from mentors and Registered Nurses in practice is also highlighted (Kessler *et al,* 2021; King *et al,* 2020).

The earliest pilot sites for the nurse associate programmes were started in 2017 with Nurse Associates qualifying and joining the NMC Register in 2019. Research focussed on the nurse associate and particularly the development of identity therefore is in its infancy in the UK. Notable studies highlight issues of role ambiguity, a lack of job

descriptions and uncertainty around career pathways, all impacting on professional identity (King *et al,* 2020; Vansen & Bidley, 2019; Lucas *et al,* 2021; Dainty *et al,* 2021). Role ambiguity is described in a number of studies, Dainty *et al* 2021 in their UK based study of the lived experience of trainee Nurse Associates (TNA) found that the perception of others around their role had an impact on identity. TNAs in this study reported negative comments about the value of their role but also a lack of clarity around their purpose and job description. It was suggested led to TNAs feeling there was a lack of understanding of their role. Dainty *et al* (2021) go on to suggest a challenge to the identity of the TNAs '*has both extrinsic and intrinsic elements, students own sense of who they are is shaped by the perceptions of others based on a lack of clarity about the role*'.

King *et al* (2020) in their UK based study of trainee nurse associates utilised focus groups with 15 participants that took place in December 2018. Their findings suggest that several factors influence the development of professional identity including role ambiguity. This is described as both 'organisational' and 'personal'. At the time of data collection for this study the role was very new with the first pilot course trainees only beginning their studies the year before. At this time there were few clear job descriptions for the nurse associate, and it was only in 2017 that the framework for the Nurse Associate curriculum was published by Health Education England (HEE, 2017) outlining the role, scope of practice and curriculum. King *et al* (2020) also highlight the impact of the perceptions of others, notably Registered Nurses about the role of the NA and the impact of this on professional identity. This is also described in a self-reported experience by Davey (2019) who experience not only first-hand negativity from registered nurses but also read this in the media. Whilst the nature of the 'pilot site' status of trainees in the study by King *et al* (2020) and Davey (2019) may have accounted for some ambiguity it appears this is repeated in the later study by Kessler et al in their 2021 study. 69.8% of trainee nurse associates and 53.7% of qualified NAs (53.7%), felt their colleagues understood their role only partly or not at all. Lucas *et al* (2021) in their UK study of practice-based stakeholders identified that the role needs to "*be clearly communicated, championed and supervised and its scope demarcated to build a clear identity within healthcare organisations*." (p1322)

In an international context, the connection with placement, perception and role is also highlighted by in a study by Wu *et al* (2020) in China. 198 post associate degree students engaged with a questionnaire identifying influencing factors shaping professional identity. Their findings suggest that positive perception of them on placement had a positive impact on professional identity development. This is also identified in USA based studies where there is a focus on communication in the placement environment. Studies by Patel & Chrisman (2020) and Patel *et al* (2022) suggest incivility has a negative effect on sense of belonging and professional socialisation, causing psychological distress in some.

This transition is also examined by Draper (2018) who investigated a population of Health Care Assistants who undertook their Registered Nurse Training. The findings of this study appear to relate also to nurse associates around identity. Specifically, the challenge around combining a student role with a support role and the impact this has on identity, the impact of increased responsibility (and for the NA accountability) and the changing identity this leads to. However, the key difference between the transition for undergraduate nursing students and trainee nurse associates appears to be rooted in the lack of clarity around the role of the qualified nurse associate and therefore what the nurse associate is transitioning to. King *et al* (2022) acknowledge this in their study of the lived experience of trainee nurse associates who identity the lack of role clarity has led them to undertake the Registered Nurse training on completion of the NA programme. This is also identified by Kessler *et al* (2021), identifying role ambiguity as a reason for choosing to 'top up' to Registered Nurse. Several authors suggest that the curriculum has a key role to play in managing a successful transition to qualified nurse (Draper 2018; Wu *et al* 2020; Patel & Chrisman 2020; King *et al* 2021). This is also highlighted by Dainty *et al* (2021) for the nurse associate curriculum.

Curriculum design and delivery

Curriculum design and delivery is considered in several articles in the UK and USA (Pence & Suerce, 2020; Sabio & Petges, 2020; Sabio, 2019; Linton *et al,* 2019; Dainty *et al,* 2021; King *et al,* 2022). The importance of curriculum innovation and design in recruiting and retaining associate nurses is explored by Sabio & Petges (2020) in their USA based study of associate level nurses highlight the demographics and profile of associate nurses as a consideration in curriculum design. Some of the perceived barriers to entry to the degree level programme for registration from participants in this study included finances, working arrangements and the balance with family commitments. Time for programme completion is also noted as a barrier with the associate nurse programme being shorter. All of these

perceived barriers have been noted in UK studies (Dainty *et al,* 2021; King *et al,* 2020; King *et al*, 2022) and are worthy of consideration at curriculum design stage.

Raising the profile of the role of nurse associates is also seen to be a responsibility of education providers by Dainty *et al* (2021). Their study suggests there is a role in 'raising awareness and training' with clinical partners to enhance understanding. Education providers are often in an ideal position to work with partners and key stakeholders to raise the profile of the nurse associate role. In a study by Taylor & Flaherty (2020) this relationship is explored and joint working in recruitment and programme delivery are highlighted. A specific communication approach for the apprenticeship schemes were described that build upon the work already happening in other health care courses. This has the potential to create a shared understanding of the role and responsibilities of the nurse associate in the workforce.

Whilst a curriculum framework exists for the nurse associate in England the delivery and design of curriculum within this framework remains the domain of education providers. Whilst there appear to have been some challenges managing an apprenticeship approach within an HE model (Taylor & Flaherty, 2020) as time moves on and more nurse associates are trained in this way HE systems and processes need to adapt.

There are a number of key findings in relation to trainees' educational profiles, demographics, working patterns, placement experience and lived experiences of the programmes in the existing literature that may influence curriculum design and delivery. The curriculum may also be seen as a tool for the development of professional identity. It appears that professional identity formation is an implicit rather than explicit element of curriculum. The recommendations from the study by Goodolf & Godfrey (2021) using the 'think tank' approach suggests that this professional identity should become a more explicit element of curriculum and states there is hope that '*all schools of nursing worldwide will incorporate professional identity formation as a distinct curricular component early in the educational process'* (p497). Whilst this study focusses on nursing identity generally there are some specific transferable points around the role stakeholders, including the role holder themselves, must play in developing role identity.

The development of professional identity is a complex process of professional socialisation and internal and external factors that shape not only the individual's perception of self but also the perception of others. As a relatively new role in health care in England the nurse associate role is in a process of identity development which requires role clarity, understanding of the role by the nurse associate themselves and others and curriculum design and delivery that supports professional identity development. The existing literature specific to the role of the nurse associate in England is limited but that which exists includes evaluations of pilot sites, pedagogical approaches and self-reported or lived experience approaches. Further research around the developing professional identity of the nurse associate is required to understand this new role in the health care context.

Aims and objectives

This study aimed to:

i. Use qualitative methods to explore the nursing associate[1] journey from trainee to newly qualified registrant with the NMC.
ii. Identify where strengths, weakness, opportunities and threats exist for the NA in curriculum design and delivery.
iii. Make recommendations about what universities (in this case, the OU) can do to promote formation of professional identity among NAs.

3. Methodology

This realist ethnographic study conducted semi-structured interviews and focus groups.

[1] The term 'nursing associate' or NA will be used throughout this report to encompass trainee nursing associates and newly qualified nursing associates.

Sample and sampling frame

Convenience sampling on a first come first served basis was used to recruit participants. Participants were recruited via the following routes:

- Two Facebook groups where trainees and nursing associates were members
- OU module discussion forums and module websites
- The two researcher's professional networks e.g. via email to staff and practice tutors

Participants were provided with a participant information sheet.

Semi-structured interviews

Inclusion criteria

- Year 1, 2 nursing associate students or newly qualified within the previous 12 months
- Willing to provide valid informed consent
- Access to skype or Microsoft teams

Exclusion criteria

- Nursing associate students who accessed the programme via credit transfer

Focus groups

Inclusion criteria

- An employer education lead or practice supervisor/assessor or academic assessor/practice tutor/staff tutor for trainee nursing associates or who work alongside nursing associates
- Willing to provide valid informed consent
- Access to skype or Microsoft teams

Exclusion criteria

- Employers, supervisors or assessors who do not work with trainee nursing associates or nursing associates

Data collection

Semi-structured interview

Themes evolved as the researcher makes field notes on observations of social media and each interview. Suggested themes include:

- Challenges of being a trainee nursing associate/newly qualified nursing associate.
- Understanding of the nursing associate role and how it 'fits' in the healthcare team
- Perspectives relating to professional identity and accountability.
- Differences between the nursing associate role and other roles in the healthcare team.
- Perspectives on what professional socialisation is and what factors influence these e.g. background, personal experiences, peers, colleagues, culture, beliefs, education.

Field notes were made during interviews which were included in the analysis and helped to expand the above prompts as data collection progressed.

Focus groups

The developed focus group schedule that reflects similar themes to that of the interviews but adapted for the employer/practice tutor focus where required.

Data analysis

The coding framework was based on a strengths, weaknesses, opportunities and threats (SWOT) analysis to identify key components under each of these headings that relate to the nursing associate role or curriculum for example. Themes under each heading identified different 'components' as per the approach to analysis outlined in Ryan (2017). These included identification of,

- Entities: people, places, organisations

- Actions: things the 'entities' do
- Outcomes: the consequences of 'actions' or 'events' or combination of other components
- Events: things that happen within a social space or culture
- Tendencies: such as values or cultural 'norms' of entities
- Structures (morphogenic/morphostatic): things that change or sustain actions or tendencies
- Mechanisms: theory that can be used to explain what a situation is (how the above interact) and why it exists. Mechanisms inform the final 'framework'.

Ethical approval and quality

The original project proposal planned to conduct content analysis of discussions in a Facebook group for trainee and nursing associates. However, this was not approved by Human Research Ethics Committee (HREC), so this component was removed to proceed with the project in a timely manner. The project was finally approved by the OU HREC 'HREC 4052 Ryan' and the Student Research Project Panel '2021/1936'. The quality measure TAPUPASM (transferability, accessibility, propriety, utility, purposivity, accuracy, specificity and modified objectivity) described in Ryan & Rutty (2019) were applied to the research process.

4. Findings

Participants

Eight participants were involved in semi-structured interviews (table 2).

Table 1 Semi-structured interview participant characteristics

Characteristic	Response	n
Gender	Female	8
Age (years)	16-24	0
	25-34	3
	35-44	2
	45-54	3
Ethnicity	White British	7
	Black	1
	Other	1
Stage of journey	Training year 1	1
	Training year 2	4
	Newly qualified	3
Field of practice	Adult	3
	Learning disability	1
	Mental health	2
	Child	2
Main area of practice	Community – child	1
	Community – mental health	1
	Community – learning disability	1
	Inpatient – emergency medicine	1
	Inpatient – rheumatology	1
	Inpatient – neonates	1
	Inpatient - forensic	1
	Acute - endoscopy	1

Eight participants were involved in the focus groups (table 3). All participants were experienced registered nurses who had been qualified for between 13-37 years with a mean length of time registered of 24.5 years.

Table 2 Focus group participant characteristics

Characteristic	Response	n
Gender	Female	8
Age (years)	35-44	3
	45-54	2
	55+	3
Ethnicity	White British	8
Role	Practice assessor/supervisor	6

	Academic assessor Other – workforce project lead	1 1
Field of practice	Adult Learning disability Mental health Child	1 6 1 0
Area of practice	Education (university based) Inpatient Community Other – corporate Other – NHS Trust	1 1 4 1 1

Weaknesses and threats

Negative or unclear perspectives and understanding of the role

Incivility is defined as *'Incivility is defined as a rude and deviant act characterised by low-intensity discourteous behaviour with or without intent to harm, offend and humiliate the target.'* (D'Ambra & Andrews, 2014). All interview participants described experiencing some level of incivility from nurses, HCAs and administrative staff while working in practice and this related to their role as a nursing associate,

> *'You're not, as a TNA as well, within the placements, you're not accepted as part of the team; you always feel like you're an outcast and you're always having to fight to be within the team. You were accepted more by the healthcare support workers than you were the nurses.'* (SSI4)

This, coupled with the perception that they are just 'cheap nurses' contributes to negative experiences and perspectives about the NA role creates a culture where they do not feel they are valued or where they 'belong' and clearly impacts on self-esteem,

> *'And I had to explain myself every single time, which is a bit of a drag. That's been fed back to the trust, so they are not clear on my job role. It's not that I am. Yeah because otherwise you're effectively a cheap nurse! That's what somebody on my ward has said, you're a cheap nurse, you're doing the same things, but you're not paid as much.'* (SSI7)

This feeling is also compounded by conflicting policies and lack of clarity about the scope of the NA role across English employers.

Curriculum and placements

Interview participants felt that there should be more opportunity for external supernumerary placements with most providers only offering the minimum 460 hours for the whole programme and that there should be more balance across fields of practice (this is also noted as an opportunity below) and that external placements should not be tokenistic to meet minimum requirements but better considered and planned,

> *'They don't have to have a whole experience of a six-week or eight-week placement working with children or people with learning disabilities. And I think that's quite difficult for them to achieve, especially for the employers to get placements in those areas when it's just an exposure that you're expecting them to have.'* (FG2P3)

And the importance of having 'good' practice assessors/supervisors who are willing and able to work with NAs,

> *'I've got two days left at this placement this week, because it's only a week's placement in A&E, and I've actually refused to go. I've got all my hours that I need and I just have to think, for my own sanity rather than putting myself at this point in my course through all that trauma basically. It's not even seeing the patients, I want to help the patients; it's just the hostility from the staff as well. You walk in, nobody speaks to you. You get allocated a nurse. But you're not shadowing that nurse.'* (SSI1)

'And I felt like on quite a few of my placements, like this is not benefitting me, because all I'm learning is how the teamwork is not teamwork and how that I would never want a student to come into where I work in my base place and feel the way that I have been made to feel, because some of them it's horrific.' (SSI1)

The length of placements are also often not long enough to gain meaningful experience, especially as there seems to be a perceived 'hierarchy' where student nurses who are always supernumerary are offered more opportunity for placements and experiences within placement,

'The placements in themselves aren't great. They're only two weeks at a time. They should be a minimum of four weeks.' (SSI6)

'I'm counted in the numbers as a healthcare, and then in the afternoon I'm supernumerary so I will be a nursing associate with a nurse. So, I have these two hats that I have to wear, and I never know quite what role I'm playing. And I think certainly during the time, now it's not so bad because I've finished and I'm just trying to gain as much knowledge as I can before I'm on my own. So, any opportunity to actually work as a nursing associate rather than a healthcare is great. But with the shortages in staff, and obviously you're counted in the numbers. So I know if I do a night shift I am a healthcare. Whether that means sitting as a one to one in a room with a patient, you know, it's quite frustrating really. And I think that's one of the biggest drawbacks of it. As a student nurse they rarely get treated like that.' (SSI2)

This also seems to suggest that the nature of being an apprentice who is not supernumerary all of the time does appear to be problematic and other participants also felt the same,

'Then as it got onto the second placement it went ever worse. Our competences became more, we weren't, we were restricted in doing our competences because we were short staffed it was constantly, you're paid to do your job, you get there, you get stuck in. Which again I didn't mind, but I did express to them on several occasions, I had competences to fulfil. It was a case of when we get time to do it with you, we will do, you're paid to do your job, get on with it.' (SSI3)

'Again, it's difficult. I think I would like to see nursing associates treated the same as student nurses, but how you achieve that I don't know. Because if you look at an apprenticeship nurse that are supernumerary, why isn't a nursing associate counted as supernumerary? They have supernumerary times, but even in that time they still don't get treated the same as a student nurse.' (SSI2)

Motivations

A threat to the formation of professional identity was deemed to be the personal motivations for taking on NA training. Most trainees seem to use it as a route into RN training, viewing it as a convenient 'steppingstone' rather than a worthy role in its own right,

'part of me thinks it's a real shame if that's people's only incentive to do it is to then go on and do registered nursing. Part of me thinks you've got to really focus on being that nursing associate and don't just see it as a steppingstone or as not such a good role. I think it's really encouraging that recognition of the role.' (FG1P2)

This suggests that many NAs do not want to be an NA at all so their identity formation is not of priority.

Strengths and opportunities

Strengths and opportunities included,

- Strengths for patient care and skill mix
- Opportunities for structure and style of the qualification and curriculum
- Opportunities for career progression
- Strengths in the personal characteristics of nursing associates in the face of adversity

Patient care and skill mix and associated opportunities for structure and style of the qualification

These were taken in the context that, if nursing associates and the wider team can see a uniqueness and benefit of the role within the healthcare team then their professional identity within the team and more widely, will be

strengthened. Conversely, if the structure and style of qualification delivery can make use of the observed strengths of the role then this will contribute to the formation of professional identity at the point of entry and throughout their training.

Strengths of the nursing associate role were noted by all participants with reference to the positive impact for patients in providing holistic patient-centred care and why this set them apart from a registered nurse or healthcare assistant (an important component for forming a unique professional identity),

> *'I supported a student not long after they qualified and they were working in a mental health setting as a nursing associate, and one of their patients was deteriorating rapidly, and she actually recognised that they were having symptoms of sepsis, followed the sepsis pathway, got her admitted to hospital; whereas the registered nurses she was working with hadn't worked in an adult setting for a long time or perhaps hadn't had that experience and hadn't really picked up on it in the same way as the nursing associate had and I think that's because of the style of their training.'* (Focus group 1, FG1 Participant 2, P2)

In these circumstances, the generic nature of their training was of clear importance. However, interview participants also noted that to make best use of the role, to give nursing associates 'uniqueness' in teams and therefore, contribute to professional identity formation, education providers and employers organising placements should do more to ensure that there is a more balanced curriculum across all fields of practice,

> *'To get the most out of nursing associates, the training needs to be equally split between the four fields of nursing, because that will make nursing associates more valuable in every team, because they can draw on that knowledge from the other fields of nursing, so yeah... And you're looking at the community as a whole and not just people fitting into adult, children, whatever. Because there's going to be adults in general hospital with mental health problems, same as there's going to be children in children's services with learning disabilities. I think it'd make you a lot more valuable.'* (Semi-structured interview participant 3, SSI3)

Interestingly, this could look something like the previous Diploma of Higher Education model in the United Kingdom 'Project 2000' as described in Allen (2009) where the first part of training was equally split between all four fields of nursing practice and the latter part in their own specialism. Although project 2000 students studied over 3 rather than 2 years, the model could be applied to the foundation degree currently offered to nursing associates. Conversely, as most nursing associates are apprentices and 'training on the job' this project 2000 model could be coupled with the more 'old school' nurse training offered pre-project 2000 which was essentially training 'on the job', providing fundamental nursing care to patients under the supervision of a registered nurse. However, several interview participants felt that there should be more opportunity for supernumerary time for nursing associates so that their learning in practice would be more meaningful and so that the role is viewed as equally important to that of nursing apprenticeship students who are usually supernumerary and viewed as having more opportunities for learning.

Module design and structure within the qualification was also viewed as an important component which contributes to developing knowledge for holistic patient care rather than the more specialist, field specific role of a registered nurse and the healthcare assistant role which is more task based rather than informed by underpinning theoretical knowledge (evidence-based practice). In many universities, 'topics' are taught separately rather than applied to care for example, anatomy and physiology is taught as a standalone module and then long-term conditions in another module which limits students' ability to understand the 'patient' and apply the knowledge in practice,

> *'I feel that is more of a practical way of doing this course. And I think even the nursing course to be honest because we were taught anatomy and physiology then we are taught about cardiac conditions then the role of the nursing associate in delivering care. And I felt that if we had that approach that, you know, you come with like I don't know, the [unclear 1:02:10] family like they use in the books and you have different conditions in the family, like a whole family tree and we were taught through that, that would have been, that would make sense to us. Because it feels like we're somehow detached from our learning.'* (SSI8 a non-OU student)

The latter approach to learning is used in the OU module K234 *Healthcare theory for practice* which is unique to nursing associates, promoting a community of practice but it is designed around a family tree, based on real world people and their individual experiences but also how these interact in the wider family context. The knowledge of which promotes the skills required of a nursing associate for holistic care across a lifespan, encouraging learners to see the biological, psychological and social factors. In doing so, our nursing associates, regardless of the specialist area they work in are taught to see the 'patient and their family' and not the 'condition', for example, a patient on a respiratory ward may have a learning disability or mental health issue that an adult nurse may not understand but a nursing associate, providing direct patient care will. As previously discussed, the challenge is how this strength is communicated to and acknowledged by other team members and the public so that i) they see the nursing associate as a role that is different to that of the healthcare assistant or nurse and ii) so that nursing associates have 'permission to be proud' that they are a core component to the healthcare team in their own right.

Opportunities for career progression

The lack of clarity about career progression opportunities/pathways was identified as a weakness and threat to the formation of professional identity,

> *'And I've actually known a couple, for example, who have done their nursing associate training within a GP surgery and in a local university they've then gone and done the practice nurse programme, so practice nursing but still within that scope of practice of a nursing associate, and they're like actually I want to stay working in the GP surgery, I don't want to do anything else, but actually I can see a very clear pathway as to I can become a specialist in my own role.'* (FG1P2)

> *'It is yeah, and also I think, I may be jumping ahead of questions but I think the fact that as a band 4 there's nowhere else to go unless you do the top-up. So you can't, so as a band 5 you can progress through to a band 6, band 7, band 8, but you can't as a band 4.'* (SSI2)

However, this factor provides universities with the opportunity to incorporate more specific and unique employability learning as part of their curriculum. Furthermore, this also indicates the opportunity for development and delivery of continuing professional development opportunities specifically aimed at NAs. For example, modules that allow them to 'top-up' to a degree without needing to pursue a route into being an RN. It should not be assumed that all NAs want to be RNs eventually. For a range of reasons, this is not always the goal for example, financial reasons, lack of opportunity within an employer or personal circumstances. This would enable them to 'specialise' and offer the opportunity for progression academically. This in turn would open career opportunities in specialist areas, academia, practice education and clinical research for example, meaning they are not limited to the pay band they enter when they qualify but are given the opportunity to develop and pursue a career.

Personal characteristics of nursing associates in the face of adversity

Interview participants described specific personal characteristics and past experiences that they already had upon entry or developed because of negative experiences during their training,

> *'And then other times I've been used as extra staffing on the wards and stuff if they've been short-staffed, if they've no HCAs turn up then I've just been used as an HCA. But I think having my previous experience of working in a care home was invaluable, because if I'd have started this and had minimal then I probably wouldn't have got this far.'* (SSI1)

> *'And I can also still help nurses as well, you know, which, because of my past experiences with my dad, hopefully stops things happening that shouldn't have happened. So yeah, I'm happy to stay an NA. I've no intentions at all of topping up.'* (SSI4)

This concept of having to be 'tough', resilient and courage to be assertive were viewed as positive characteristics that enabled them to operate in the best interests of patients and despite facing challenges and internal tensions about 'being in the middle' and not fitting in. And despite these tensions, they did acknowledge that they valued their own contribution to the team even if others did not,

'So this patient, he had the mental age of a five-year-old and they see him as being aggressive so they would call the security guards, and I said please don't do that, because that will make him scared, which we're sure is an aggression. He wouldn't eat his meals. So from my past experience I used, I played a game with him and he would only have finger food. So what I would do, I said are you having your food? No, take away, take away. So they'd go oh he doesn't want it. I said no leave it on his tray. So then you'd walk away and you'd turn around and he'd be eating it. Now you'd do that all the time, so you'd walk away, he'd eat it, you'd look back and he formed a game with you. But by the end of say 15 minutes he would have ate all his finger food. So I wrote this in the care plan and I said look this is all you need to do with him, it takes a little bit longer, use it as a game with him and he'll eat. And then I wasn't on shift for three days and I came back and it was Donna please, please will you just go and get him to eat something, he's not eaten in three days. So I said did you follow what I'd wrote in the care plan? Oh no, we haven't got time for that!' (SSI4)

It was apparent that due to the weaknesses and threats already identified, these NAs did develop positive characteristics required of registered professionals, often not as evident in nursing such as being 'self-starters' and taking action to achieve what they wanted to achieve,

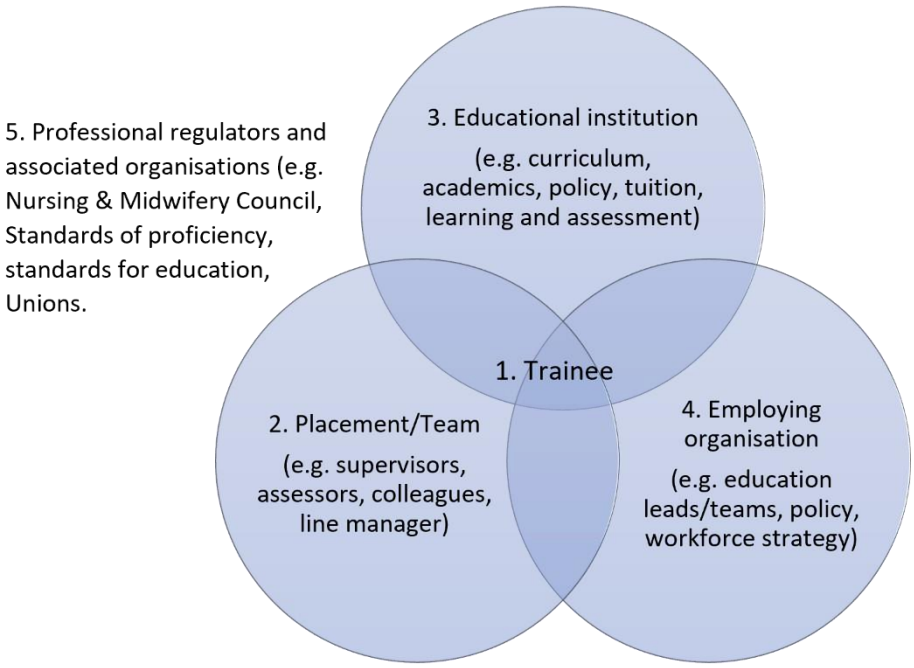
'I had on my placement on dementia ward, I had the lady who was chocking slash having heart attack at the same time, very intense. Brilliant, I love it but I was able to help, I was able to do the ECG [unclear 00:39:33], you know, observations, ECG while my nurse was sort of bleeping the doctor. The doctor then, the doctor was brilliant. And I find it good numbers of time, which I was surprised and happy surprised that the doctors would communicate with me and ask me. Not treating me as like the extra person. But yeah she communicated with me. She was like what are the symptoms, what have we done so far? Where is that? So I was able to, you know, we are able to do that stuff. We are able to communicate with them. What is the blood pressure, what has happened, what medication is she on. I had the access to EPMA which is the electronic system already so I can just like bear with me. So, I managed to open that while the nurse brought the notes. So it was like really good team work. And I think that's a success to any, you know, person-centred good care, if we're all working and kind of, a bit like a puzzle joining different sort of professions all together. I think that's how I see us.' (SSI5)

5. Discussion and recommendations

Mechanisms that influence the formation of professional identity

Like King *et al* (2020), the findings presented here showed five main 'entities' influencing the formation of professional identity for nursing associates, the trainee and their nursing associate/trainee peers, their placements and teams in these placements, the education providers, the employing organisation and more broadly, organisations such as professional regulators and unions such as NMC and Royal College of Nursing (RCN). The way in which they interact is illustrated in figure 1.

Figure 1 Entities influencing the formation of professional identity of nursing associates



In response to the overarching research aim, the scope of this report is to discuss the role of the education provider (in this case the OU) in promoting the formation of professional identity for nursing associates and in working collaboratively with the other entities to do so. Discussion of interventions required of the other entities is outside the scope of this report but recommendations for other entities will be reported elsewhere.

Effective interventions to promote the formation of professional identity

When considering the SWOT analysis findings in this study, it is argued that there should be collaborative interventions (with the entities identified in figure 1) to address the threats and make best use of the opportunities which in turn will address some of the weaknesses and make best use of the strengths. Table 3 outlines a framework of interventions that the OU can use to promote the formation of professional identity in nursing associates and key points are discussed further.

Ryan (2016) proposed a realist framework to enhance nursing student success, this involved different interventions under four themes, encourage, empower, enable and ennoble:

i. Encourage: *'to give support, confidence or hope'*
ii. Empower: *'authority or power given to someone to do something'*
iii. Enable: *'make something possible'*
iv. Ennoble: *'lend greater dignity or nobility of character to'* referring to praise or pride in academic performance and practice (p67)

Although this study was focused on nursing rather than NAs and more generally focused on success, the interventions and principles of these four components can be used to structure actions and interventions to make use of the strengths and target opportunities along with addressing the identified weaknesses and threats (table 3) and all entities (non-OU specific) (table 4).

Table 3 Recommendations for curriculum design and delivery at the OU

Strengths and opportunities	Actions/interventions	Weaknesses and threats	Actions/interventions
Patient care and skill mix and curriculum structure and style	*Enable & empower* Good examples of this exist in the OU curriculum such as module KXY234. Practice modules such as K104 and K211 deliver content in more traditional 'topics' e.g. infection control as standalone and not in a person centred context. A curriculum review is revisiting these modules along with the study calendar during 2022-2023. *Ennoble* Explore methods by which NAs can share their positive experiences and outcomes that are linked to the uniqueness of the role and explicitly identify why it was the NA role that achieved these positive outcomes such as the examples some of the SSI participants gave. For example, 'without me…' reflections at key points in module materials. This would allow NAs to share the importance of their role but also give them 'permission to be proud' about their role. *Enable, empower & ennoble* It could be that we co-produce an online resource (e.g. OpenLearn or another platform) with NAs, academic assessors and practice assessors specifically relating to the NA role.	**Perspectives and understanding of the role**	*Enable* OU employer facing staff can work closely with employers to disseminate the findings of this study and provide recommendations about small interventions that could help improve understanding of the role. Ensure that uniforms are provided in a timely manner and ensure the employer provides a 'trainee nursing associate' ID badge to clearly identify them as NAs. *Enable, empower & ennoble* The OU has an OpenLearn resource in production that briefs practice assessors and supervisors which should help to 'upskill' them in supporting NAs in practice. However, this is more generic across nursing, and it could be that we co-produce something with NAs, academic assessors and practice assessors specifically relating to the NA role. *Enable & empower* Practice modules such as K104 and K211 deliver content in more traditional 'topics' e.g. infection control as standalone and not in a person centred context. A curriculum review is revisiting these modules along with the study calendar during 2022-2023. Explore methods by which NAs can share their positive experiences and outcomes that are linked to the uniqueness of the role and explicitly identify why it was the NA role that achieved these positive outcomes such as the examples some of the SSI participants gave. For example, 'without me…' reflections at key points in module materials. This would allow NAs to share the importance of their role but also give them 'permission to be proud' about their role. *Ennoble & enable* The OU could promote the qualification and role more widely across social media for example, rather than focus on RN training,

Strengths and opportunities	Actions/interventions	Weaknesses and threats	Actions/interventions
			using exemplar students such as those who achieve distinction across all modules.
Career progression/pathways	*Enable & encourage* Include employability and career pathway opportunities within the curriculum and make these specifically for NAs. This could be included in block 6 of module KXY234 where transition is covered. *Ennoble, enable, empower & encourage* Offer opportunities for NAs to deliver curriculum and make them visible e.g. in masterclasses or tutorials. In module KXY234 a newly qualified OU NA authored topics about mental health and it was made clear that this person authored on our module. Enable NAs to apply for AL/PT roles.	**Curriculum and placements**	*Enable* Gaining more exposure to external placements is a challenge as the OU only needs to ensure minimum regulatory requirements are met and employers are often reluctant to allow apprentices more time in external supernumerary placements. However, it is possible for our employer facing staff to share best practices in planning placements, for example, week by week study calendars ensuring that at least one day per week in practice is identified as a protected learning time day and ensuring that NAs have an NA specific uniform. Planning in external placements blocks of at least four weeks and equally across the two years of study. Revisit the study calendar for module KXY234 to slow the pace and intensity of study in year 2 and allow for more meaningful learning. Practice modules such as K104 and K211 deliver content in more traditional 'topics' e.g. infection control as standalone and not in a person centred context. A curriculum review is revisiting these modules along with the study calendar during 2022-2023.
Personal characteristics and motivations	*Ennoble, empower & encourage* Resilience and stress management is included in the curriculum as is courage and assertiveness. However, we could make better use of our NA experiences by exploring methods to share case examples/studies of positive experiences or achievements.	**Lack of policy, unclear scope of the role and limitations of the role**	*Enable* This is a challenge in the broader context of NA training across England and largely relies on employer policy and practices and is an evolving issue as NAs become more visible. However, the NA specific module promotes the scope of the role e.g. with patient group directions. Employer facing OU staff could be briefed more explicitly [by the programme leader] about what NAs can and cannot do and in what capacity so that a consistent message is sent about the OU stand on this. OU module materials could better promote concepts such as: - Professional accountability and what to do if asked to complete tasks believed to be outside of the scope of their role, and indeed outside of their pay band - How to create and communicate where their role begins and ends and the rationale for this - Promote the 'generic' rather than specialist role they have

Strengths and opportunities	Actions/interventions	Weaknesses and threats	Actions/interventions
			- Provide a clear definition and explanation of their role so that they are easily able to articulate this to others *Enable, empower & ennoble* The OU has an OpenLearn resource in production that briefs practice assessors and supervisors which should help to 'upskill' them in supporting NAs in practice. However, this is more generic across nursing, and it could be that we co-produce something with NAs, academic assessors and practice assessors specifically relating to the NA role.

Table 4 Suggested actions/interventions for all entities

Entity Weakness/Threat	1. Trainee	2. Placement/ workplace team	3. Education provider	4. Employing organisation	5. Professional regulators/other organisations
Incivility and role ambiguity Scope of the role	*Encourage & empower* - Develop courage, confidence, resilience and assertiveness skills - Be clear on the scope of your role and practice only within the scope of policy and second level nursing practice *Ennoble* - Promote the role by articulating it's benefit to the team - Be proud of your achievements and the NA role *Enable & encourage* - Set up peer group support with TNAs/NAs	*Ennoble* - Acknowledge the role and make best use of the strengths of the generic nature of NAs and their knowledge of all fields of practice *Enable* - Consider offering supernumerary status - Ensure supervisors in practice are well trained to carry out the role with NAs specifically - Use a core base placement that is outside of where they would normally work *Empower* - Allow NAs to support trainee NAs as they understand their role - Ensure teams are clear about the role and its [positive] purpose along with scope of practice - Include NAs in nursing rotas	*Enable* - Employer facing staff can work closely with employers to disseminate the findings of this study and provide recommendations about small interventions that could help improve understanding of the role - Offer academic roles to NAs to educate TNAs *Encourage* - Explore methods by which NAs can share their positive experiences and outcomes that are linked to the uniqueness of the role and explicitly identify why it was the NA role that achieved these positive outcomes such as the examples some of the SSI participants gave. For example, 'without me…' reflections at key points in module materials. This would allow NAs to share the importance of their role but also give	*Enable & empower* - Ensure that policy is clear about scope of practice and what is reasonable to expect for the salary offered - Workforce planning: use the role effectively, making best use of the strengths and opportunities to contribute to patient care and not to substitute for nurses. Ensure there are a variety of career progression routes - Policy and indemnity put in place that explicitly outlines the skills that can be practiced by trainees and NAs - Consider the medium-long term cost benefits/effectiveness as opposed to short term cost (Thurgate & Griggs, 2023) *Ennoble*	*Empower* - Be explicit about what the role is and is not and what can and cannot be done by a NA. This would protect the role from being used to complete RN tasks *Ennoble* - Promote the role to the public: what it is and what it is not *Enable* - Allow NAs to be one of the professional groups able to administer medications under Patient Group Directions (UK Government, 2017)

Entity Weakness/Threat	1. Trainee	2. Placement/ workplace team	3. Education provider	4. Employing organisation	5. Professional regulators/other organisations
		- Add them onto 'team notice boards' as a profession in their own right, and not within the healthcare assistant team	them 'permission to be proud' about their role. *Empower* - Ensure that uniforms are provided in a timely manner and ensure the employer provides a 'trainee nursing associate' ID badge to clearly identify them as NAs - Include topics such as resilience, assertiveness and scope of the NA role in the curriculum - Professional accountability and what to do if asked to complete tasks believed to be outside of the scope of their role, and indeed outside of their pay band - How to create and communicate where their role begins and ends and the rationale for this - Promote the 'generic' rather than specialist role they have *Ennoble* - Provide a clear definition and explanation of their role so that they are easily able to articulate this to others - Promote the purpose and scope of the role in RN curriculum and share learning that is not just focused on RNs	- Consider the NA to be part of the nursing rather than healthcare support workforce - Promote the role across the employing organisation, it's benefit, impact and purpose	
Curriculum and placements	*Enable* - Be proactive, organise insight visits and plan goals in placements	*Enable* - Provide equal opportunity for learning and plan placements in advance *Encourage & empower* - Offer clinical supervision for TNAs/NAs by NAs	*Enable* - Develop curriculum that allows for experiences in all fields of practice possibly similar to that described in Allan (2009) *Empower & ennoble* - Consider the use of a 'flipped classroom' and EBL	*Enable* - Provide equal opportunity for learning and plan placements in advance - Ensure any backfill funds (for apprentices) are used to ensure proper learning opportunities are available *Encourage & empower*	

Entity Weakness/Threat	1. Trainee	2. Placement/ workplace team	3. Education provider	4. Employing organisation	5. Professional regulators/other organisations
			- Co-production of teaching material with NAs	- Offer clinical supervision for TNAs/NAs by NAs	
Motivations and career progression	*Enable* - Consider career progression opportunities outside of the top-up to RN *Empower* - Following top up, support TNAs effectively with preceptorship programmes	*Empower* - Following top up, support TNAs effectively with preceptorship programmes - Offer NAs the opportunity to supervise trainee NAs	*Empower* - Offer opportunities for NAs to deliver curriculum and make them visible e.g. in masterclasses or tutorials. *Ennoble* - Use exemplar NAs who have taken different career pathways to that of topping up to RN	*Encourage & enable* - Encourage career progression with job specifications that can be done by NAs can be applied for by NAs e.g. research roles, educator roles	*Enable* - Develop career progression frameworks and promote these e.g. specialist modules to enable NAs to continue education and achieve a degree without having to complete RN training but enabling them to seek higher salaried roles

Addressing the weaknesses and threats

Incivility

The impact of incivility seemed to have a significant impact on the participants in this study, this reflects the findings from Eka & Chambers' (2019) systematic review, Patel & Chrisman (2020) and Patel *et al* (2022) on the topic of incivility in nurse education. The impact of incivility on students includes emotional and physical distress, low confidence, withdrawal from the qualification and inhibition of the learning process. Eka & Chambers (2019) identified several interventional and non-interventional studies that outline interventions to prevent incivility such as enquiry-based learning (EBL), role modelling, reflective discussion/supervision. At the OU, the module K234 uses a hybrid EBL approach to learning, however, more could be done to promote role-modelling and discussion through peer support or by increasing the number of qualified NAs visible within the programme, from a theory and practice perspective and participants from the present study did indicate that they better identified with their role where they could work alongside NAs which was also identified by King *et al* (2020). The OU could also consider recruiting or embedding registered NAs to support our students on programme to promote role-modelling, demonstrate career progression opportunities other than that of becoming an RN. Also, where shared modules exist there could be more to be done to illustrate the strengths and opportunities of the NA role within the healthcare team, helping future RNs to understand the role as part of their own training. This would also address some of the challenges around lack of understanding and perspectives of the NA role.

Scope of the role and career progression

King *et al* (2020) was one of the few pieces of research to focus on NAs and like the findings in the present study, the lack of understanding and along with the lack of [affordable] career progression opportunities, lack of role clarity was viewed as a challenge to the NA role. From an OU perspective, this is a challenge and where the collaborative approach to interventions would be best placed. From participant responses it was apparent that there is significant variance between employing organisations about what skills NAs are and are not allowed to practice and what their scope of practice should be for them to feel like a valued member of the team without feeling like a 'cheap nurse'. Addressing this challenge would require a national consensus about the scope of the NA role and may require further OU research into job descriptions, the similarities and differences and how these reflect the NMCs perspective of the role. At the moment, the scope of the role as outlined by NMC (2019) is subjectively interpreted by different entities. Conversely, there is an important role for curriculum in promoting professional identity and scope of the NA role in the context of professional accountability (Dainty *et al*, 2021; Taylor & Flaherty, 2020). At the OU, module KXY234 is strategically placed to incorporate these types of activities as it is solely for NAs. Interventions such as real-world case studies on career progression opportunities [not solely topping up to RN] could help to promote the role. Additionally, content exploring the scope of the role in the healthcare team in the context of patient safety, quality [improvement] and accountability could assist NAs in better defining their role and promote resilience and assertiveness when challenged to complete tasks outside of their remit as defined by NMC.

6. Conclusion

There are various entities that influence the formation of professional identity of NAs and currently, these entities include the trainee and their peers, education providers, placement teams, employers and wider organisations such as the professional body. From the SWOT analysis it was determined that these may have a positive or negative effect on identity formation.

The importance of education providers in promoting the formation of professional identity in NAs is evident. This study found that there are many interventions and improvements that could be implemented to promote the formation of professional identity in OU NAs including additions and adaptations in the curriculum and working partnerships with employers.

Further research into the scope of the NA role, the similarities and differences across England would be of benefit.

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