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Introduction

This paper discusses research undertaken by the author as part of a Masters in Academic Practice.

A qualitative study was undertaken to investigate the journey that student nurses on the pre-registration nursing programme undertake to make the transition from being a Health Care Assistant (HCA) to Student Nurse. The study will take into account experiences in both their academic work and clinical practice. The study will identify when this transition takes place, in first second or third year. A small sample size was used from first, second and third year student nurses who had previously been HCA prior to commencing the programme. Semi-structured interviews were used to gather data about their experiences. Data was analysed into themes to allow the author to make sense of it.

In this paper the author would like to explore the differences identified in her research between the roles of HCA and Student Nurse.

The role of the health care assistant has changed in recent years, as has the expansion of the health care support staff, primarily since the introduction of Project 2000 pre-registration nursing programmes, (Alcorn & Topping 2009). Project 2000 saw the change in nurse education from an apprenticeship system to university led programmes, (Alcorn & Topping 2009). With the implementation of Project 2000 programmes in the late 1980's, early 1990's student nurses became supernumery (taken out the workforce numbers) and it left a wide gap in the workforce in NHS hospitals, (O'Driscoll et al 2010), (Alcorn & Topping 2009), (Mayne 2007).

Atwal et al (2006) and Alcorn & Topping (2009) suggest that up until the implementation of Project 2000 activities termed as basic care, such as meeting the patients personal hygiene needs, toileting and feeding was undertaken by student and qualified nurses but since then it has become the responsibility of support workers.

In the literature the term Health Care Assistant is interchanged with both nursing auxiliary and support worker, from here the term Healthcare Assistant (HCA) will be used.

Differences Between a HCA and Student Nurse

Accountability and Responsibility

The student nurses interviewed recognised the importance of accountability and responsibility for care delivery in practice. They recognised that as a HCA they could do their job and go home again whereas now as student nurses they need to be able to justify the decisions made in relation to the delivery of nursing practice.

“ Responsibility, it’s quite scary, and we’re at the stage now where we feel as though we should know everything, and we don’t really feel that we know anything, and we are going to be qualified in a few weeks time.....it’s me making the decisions now.”

Participant 6

Wild (2014) suggest that in the 1960's there was a change in the way that nurses viewed their role in relation to such concepts as accountability and consequences of their

actions. Theories supporting the art and science of nursing emerged in the literature, alongside models of nursing which helped to describe nursing in a variety of settings, and guide practice, (Wild 2014).

Evidence Based Practice Versus Routines and Rituals

Participant 2 discussed the impact that being taught properly how to do a bedbath, maintaining patients privacy and dignity had made on her because the way she had been taught to do this in her previous employment was very different to the way she has been taught in university. The Cavendish Report (2013) suggests that the term 'basic care' underestimates the work of HCA. Additionally she agrees that to carry out such intimate tasks such as bed bathing with dignity and without hurting the individual requires great skill, (Cavendish Report 2013.)

“I found that really difficult to think the way I had been giving someone a bedbath, and the way it’s done here.....It’s just..... an hours long session can teach you how to maintain the patients dignity. It can make such a difference to someone’s life.....Knowledge based/evidence based practice, nursing has that concept but health cares don’t” Participant 2

Butler (2011) defines the delivery of evidence based practice as the combination of best evidence, nursing expertise, and the inclusion of individuals and their families. Moreover, she goes on to say that inclusion of these factors assumes a positive outcome for the patient, (Butler 2011).

Knowledge underpinning Practice

Knowledge underpinning practice was one of the main differences between the HCA role and the Student Nurse role cited by the students participating in this research. They discussed that knowledge came from a variety of sources, eg lectures, seminars, practical sessions including simulation activities, and that knowledge is key to implementing high quality patient centred care.

“ One of the ladies had made Sim-Man feel sick.....I thought it was real, I got right into it, I was engrossed in those practicals, I love them.....“I think a carer is a doer, but the nurses have to think. ...I would care for them, of course I do everything that is needed for them but you didn’t really think what you were doing. You are caring for them in the same way but now you have to think, you are being taught these skills”. Participant 5

Moule (2011) suggests that simulation is an innovative teaching strategy. It encompasses a range of delivery of different knowledge and skills such as using a manikin to take clinical observations, to using high fidelity simulation using interactive manikins to recognise a patient whose condition has deteriorated. It allows some skills to be learned in a supportive environment without fear of causing pain and distress to the patient.

Achieving Competencies

Achieving clinical competencies is one of the ways that student nurses are assessed in clinical practice.

“They might quiz me on the meds or the anatomy and physiology of how it affects the body, like why the body needs the medicine” Participant 2

Mullen (2014) suggests that competencies are a description of the performance criteria required to undertake work activities, it includes what knowledge and understanding the individual needs to perform the activity. Student nurses are provided with a mentor in practice who guides them through the learning opportunities available in that placement, (Vinales 2015). The mentor needs to be able to make objective and unbiased assessment decisions based on their progress. The mentor is unable to do this if they do not ensure that it remains a professional partnership different from the role of a friend, (Casey & Clark 2011). O'Driscoll et al (2010) argue that mentors with day to day responsibility for student learning are key to successful learning, but they also add that students must be prepared to take responsibility for their own learning. Vinales (2015) echoes this stating that both the mentor and mentee have to take responsibility in maintaining their personal and professional development.

Delegation

Delegation was something that was highlighted by the students as something that was particularly difficult to do. They felt very uneasy asking those they had worked with before as HCA to do things now as student nurse, especially if the HCA was older than the student nurse.

"are they really going to be happy with you delegating to them. You are going to be the Staff Nurse, and you are going to have to say are you all right with doing this? And it doesn't matter how nice you say it, when you have been working with someone as a HCA and then for you to have a more seniorish role" Participant 3

The ability to delegate and assign tasks to other health care workers is an essential task of a registrant, (NMC 2012).

The NMC outline factors to be considered when delegating tasks such as the complexity and expected outcome of the task, the needs of patients, how stable the individual is, the resources available to carry out the task safely, and the judgement of the nurse, (NMC 2012). Mullen (2014) agrees with this but adds that the delegatee is responsible for carrying out the task safely when they agree to do the task.

Gould et al (2011) concurs in their research that students who had previously been HCA's found delegation difficult, and were concerned that they may upset their former colleagues.

Supernumerary Status

Supernumerary status means that student nurses are not counted in the workforce numbers and skill mix on the ward. Supernumerary status has meant that student nurses should have the time and support to learn how to nurse patients safely and effectively in clinical practice.

".....Doing things I haven't done before. I am seeing new experiences like going down to theatre, radiology, x-rays, spending time with the dietician, physio.....I can seize opportunities" Participant 2

Supernumerary status was one of the major influencing factors in the development of the HCA role. The Project 2000 initiative changed the way that nurse education pre-registration programmes were delivered. The student nurses were expected to study at a higher level of education rather than the apprenticeship style of training where they were part of the workforce and skill mix on the ward. In the 1990's this also introduced the

concept that pre-registration student nurses were supernumerary, (Alcorn & Topping 2009), and O'Driscoll et al 2010). The change from the apprenticeship style of training left a gap in the workforce and skill mix of the ward, so more HCA's were recruited to undertake the roles previously done by student nurses, (Alcorn & Topping 2009).

Discussion from Findings

Accountability and Responsibility

Accountability is an integral part of professional practice, Felstead (2013) suggests that both clinical and academic staff are able to exemplify behaviours and attitudes that influence the development of professionalism in student nurses. Nurses are expected to make clinical judgements in a wide variety of areas of practice on a daily basis. These decisions should be based on best available evidence and in the patients best interests and nurses must be able to justify their decisions, (NMC 2010).

Nurses hold a position of responsibility where clients are reliant on their clinical decisions. They are professionally accountable to the NMC but are also contractually responsible to their employer and are legally accountable for their actions, NMC (2010).

Although student nurses are not accountable for their actions, the qualified nurse they are working with is, however they are responsible for their actions, so they should never embark on delivery of patient care unless they feel they have the skills and knowledge to undertake this activity safely and effectively, (NMC 2010). Felstead (2013) concurs that patients expect to be cared for by nurses who are competent but also act professionally. Keeling & Templeman (2013) assert that student nurses can feel vulnerable as they are aware of their increasing responsibility and the professional implications associated with this.

Evidence Based Practice Vs Nursing Rituals

Wild (2014) suggest that evidence based practice is a concept that infers that nurses are using the best information available to inform contemporary nursing practice. This concept was first introduced by Archie Cochrane in 1972 who believed that rituals and traditions in health care did not do very much to enhance health care provision. At this time the development of research in health care was proving that some practices were outdated and could be harmful to the patient, (Wild 2014). Walsh & Ford (1999) seminal work on nursing rituals and traditions suggest that ritual actions implies that the nurse is carrying out a task without thinking it through in a logical way, whilst traditional nursing practice is based on unsubstantiated beliefs but not so many facts. They assert that nurses who do not keep up to date with current research findings base their practices on little more than intuition. Moreover they suggest that although there is a place for intuition in the art of nursing there is no justification for it in the science of nursing, (Walsh & Ford 1999).

Knowledge Underpinning Practice

Evans & Donnelly (2006) argue that nurses rely on tasks and psychomotor skills that do not take into account the knowledge and skills that underpin clinical decisions. Furthermore they discuss that this knowledge must be visible or nurses will continue to be defined by the tasks that they do rather than the knowledge that they have that underpins the skill or task, (Evans & Donnelly 2006). Forbes (2011) believes that instead of nursing being thought of as a series of tasks it should be thought of as a dynamic

process focussed on meeting the patients individual needs. Keeney et al(2005) concurs with this suggesting that qualified staff provide holistic care in contrast to the task oriented care delivered by HCA's. This supports the findings in the authors research and was one of the main differences highlighted between the role of the student nurse and HCA.

Achieving Competencies

Students discuss with their mentor which competencies are achievable within the placement. Evans & Donnelly (2006) argue that clinical competence requires knowledge and skills inherent within nursing practice. If nurses are required to explain the full extent of nursing practice, knowledge, skills and judgement are essential to doing this, otherwise it may be an inventory of tasks, (Evans & Donnelly 2006).

Supernumerary Status

Adams (2013) suggests that to plan learning activities for the student protected time should be available to enable this to happen. Anecdotal evidence suggests that this does not happen, students continually mention that their mentor has to take home their Practice Assessment Document to complete it or their mentor is coming in on their day off to have a tri-partite meeting with the Guidance Tutor of the student.

Conclusion and Implications for Practice

When interviewed all the students stated that they definitely felt like student nurses rather than HCA's. They all felt in their first placement that the roles they were undertaking were very similar to their HCA role but after that they recognised their need for knowledge to underpin practice, their accountability and being able to justify their nursing actions. Overall from the authors findings of this research study we as academics need to be mindful that former HCA's may need additional support in the first year of their programme to facilitate the transition from HCA to Student Nurse. The additional support may be in the form of extra tutorial support for academic work or help in suggesting the right evidence to achieve learning outcomes in clinical practice. Mentors in practice may also need to be aware that former HCA's may need to be reminded of the importance of evidence based practice.

There are pre-registration courses which are now running where some student nurses commence an 18 month programme. Students go through an Accreditation of Prior learning (APL) process where their health care and academic experience is accredited to the clinical competencies and academic learning outcomes of the first 18 months of the nursing degree. They have academic qualifications to Foundation Degree level. These students could potentially require a lot of support to make that transition from HCA to student nurse as their first placement is essentially half way through second year.

All the participants in the study were very positive about the input that their HCA experience had contributed to their training programme so far.

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This paper is submitted by:

Fiona M Adair

Senior Lecturer

Northumbria University

Coach Lane Campus

Coach Lane

Benton

Newcastle

NE7 7XA