

INTRODUCTION

Nursing in the UK, and internationally, is facing a number of challenges including reports of falling standards of care (see for example, Francis 2013, Keogh 2013), a global shortage (Rush et al. 2013), poor retention of newly qualified nurses (NQNs) and attrition from the profession (Urwin et al. 2010).

As a result, the education and training of nurses is under scrutiny (HEE 2015). Recruiting students with appropriate values (RCN 2012), high attrition from pre-registration education programmes and evidence that previous caring experience is a predictor of student retention (Wilson et al. 2011), have created policy interest in the benefits of healthcare experience prior to entry to nurse education programmes. In England, this has led to pilots of exposure to clinical practice for aspiring pre-registration nursing students (DH 2013).

In addition to *prior* experience, many student nurses choose to work part-time as healthcare assistants (HCAs) *during* their pre-registration studies (Hasson et al. 2013a). Whilst this is predominantly for financial reasons, there is increasing evidence of wider benefits including exposure to the realities of practice (Hasson et al. 2013a, Kenny et al. 2012), enhanced decision making and team working skills (Phillips et al. 2012), and aiding the transition to qualified nurse status (Kenny et al. 2012).

However, occupying the dual roles of both HCA and student is not straightforward (Hasson et al. 2013a). Role confusion can be a challenge

exacerbated by students sometimes being used as workers rather than learners (Thomas et al. 2012), mentors having entrenched views about students' capability and, under stress, students reverting back to their HCA role (Brennan and McSherry 2007). Colleagues can also have higher expectations of former HCAs because of their previous practice. Their past experience can mean they have different learning needs (Hasson et al. 2013a) and their prior HCA identity may make it difficult for them to embrace a student mind-set (Hasson et al. 2013a). There is also the potential for replication of learning or not being able to use their student nurse skills in their HCA role (Hasson et al. 2013a), and vice versa.

BACKGROUND

The impact of prior and ongoing HCA experience on the transition from student to NQN has received relatively limited attention. In contrast, there has been increasing research and policy interest on the transition to NQN in general, both in the UK and internationally. Much of the international literature suggests NQNs find the transition to be a stressful and traumatic process (Gardiner and Sheen 2016, Higgins et al. 2010, Duchscher 2009). Those making the transition report feeling unprepared for the role (Thomas et al. 2012) likening it to being thrown in at the deep end (Feng and Tsai 2012, Duchscher 2009). Increased responsibility and accountability (Banks et al. 2011, Higgins et al. 2010), fear of failure (Gould et al. 2006), a perceived lack of clinical skills (Walker et al. 2013), feelings of vulnerability and inadequacy (Banks et al. 2011) together with the unrealistic expectations of other staff have been reported as the greatest sources of stress.

The literature also identifies that resources in practice to support this transition are lacking (Banks et al. 2011, Brennan and McSherry 2007). Preceptorship¹ has an important role to play (Whitehead et al. 2016 and 2013, RCN 2012, Robinson and Griffiths 2009), lowering staff turnover (Rush et al. 2013), enhancing the quality of patient care (Teoh et al. 2013), reducing medication errors (Lee et al. 2009) and supporting clinical skill development (Whitehead et al. 2013). However, evidence suggests the experience of preceptorship is variable (Higgins et al. 2010, Robinson and Griffiths 2009) and that the training (Rush et al. 2013), protected time and resources to support preceptorship (Whitehead et al. 2013, Banks et al. 2011) are not always in place.

In addition, education preparation programmes may not always equip students with the necessary skills and knowledge for independent qualified practice (Feng and Tsai 2012, Higgins et al. 2010) or prepare them for the experience of transition (Duchscher 2009, 2008).

Programmes may also perpetuate a gap between the *ideal* world taught in universities and the *real* world of practice (Teoh et al. 2013). Students may enter pre-registration education with unrealistic expectations of what is involved (Wilson et al. 2011) and underestimate the preparation required for their roles as NQNs (Newton and McKenna 2007). These concerns and others such as high attrition (Banks et al. 2011, Lee et al. 2009), stress and retention (Robinson and Griffiths 2009) and poor job satisfaction (Banks et al. 2011) have led to continuing scrutiny of this

¹ The term 'preceptorship' has different meanings internationally. In North America, Australia and New Zealand it means the mentorship of student nurses. In the UK it refers to the support of newly qualified practitioners. This paper uses the latter interpretation.

transition process. However, the influence of previous employment as a HCA on students' experiences of this transition is relatively under-researched and therefore provided the rationale for this study.

METHOD

Setting

The programme under investigation is a unique, part-time, practice-based distance learning course delivered across the UK (excluding Wales) and designed for HCAs employed and sponsored by their employing organisation. It is therefore different to the three year full-time, campus-based nurse education model predominant in the UK. The programme helps organisations invest in their HCAs and 'grow their own' registered nurse workforce (adult and mental health) and widens access to higher education. Students remain employed as part-time HCAs for the duration of the four year programme, gaining practice experience in the organisations in which they work as HCAs and in complementary and contrasting practice learning environments. They therefore have significant experience of working in healthcare before embarking on pre-registration education, are familiar with their work setting and colleagues and occupy dual roles as both students and HCAs. The project set out to explore the extent to which this prior and concurrent experience of being a HCA influenced the transition to NQN. Working within an interpretive paradigm and strongly influenced by transition theory (see below) a qualitative approach was adopted.

Sample

The cohort under investigation was educated at Diploma of Higher Education level, prior to the move to all-degree programmes in England from 2013 onwards. As part of the programme's widening access philosophy, the entry criteria were set at the minimum required by the Nursing and Midwifery Council (NMC), the regulatory body for nursing and midwifery in the UK. Therefore in addition to their dual roles as both students and employed HCAs, students also entered the programme with comparatively lower academic qualifications than those at other universities in the UK.

Letters inviting participation were sent to 223 former students from across the UK who had qualified within the previous six months, followed by a reminder letter a number of weeks later. The resulting self-selecting sample (n=14) included both men and women (3, 11) and adult and mental health nurses (10, 4) with an age range of 27-62 years (mean=44). We had hoped to recruit up to 30 participants so the low response rate was disappointing and could have been related to contact details having changed and the longer than anticipated timeframe between qualification and the letter of invitation. The time taken to gain ethical permission, due to prolonged National Health Service (NHS) approval processes, meant that nine months elapsed between students' registration as NQNs and the invitation to participate. However, this delay arguably enabled a longer term reflection on their transition experience.

Ethical approval was granted from the NHS and the university. The ethical principles of confidentiality, anonymity and informed consent were upheld throughout the study. Signed consent was obtained (via a tear-off section on the participant information sheet) and participants reassured they could withdraw at any stage.

Data collection

To accommodate the dispersed geographical spread of participants, telephone interviews were used to explore the following questions:

What were their recollections of the immediate experience of the transition to NQN?

What was good and less good about their experiences of this transition?

What were the key challenges they experienced?

What were the mechanisms, resources and people they drew on to support the transition?

What were their perceptions of the extent to which the education programme prepared them to function as a NQN?

What additional resources would they have found useful?

Interviews were digitally recorded (the average length was 45 minutes).

Data analysis

Following verbatim transcription, transcripts were read twice by two of the research team in order to become familiar with the interview data.

NVivo8 software was then used to generate a set of initial coding categories. These categories were then scrutinised by the same two members of the research team to identify similarities and differences

and then organised into overarching categories. These were then further refined resulting in the final four themes. Three of these themes – *In at the deep end*, *Changing identities* and *Coming together* – described the experience of transition, whilst the fourth – *Scaffolding* – described the support networks needed to assist transition.

FINDINGS

The early stages of transition were characterised by the experiences of *In at the deep end* and *Changing identities*.

In at the deep end

This theme captured accounts of the early stages of transition from student to NQN. One participant made specific reference to the period of waiting for their PIN², capturing the 'no man's land' experience of transition:

The time between waiting for your PIN and actually becoming a staff nurse...you are sort of...in like no man's land, waiting, because you are not a student and you are not a staff nurse.

Participants frequently talked about the increased responsibility of their new role, with one feeling she was 'put in the deep end and didn't know what to do'. Another commented on the impact of working independently and not having the direct guidance she was used to as a student:

I think it is because you are suddenly responsible. Before, somebody was there to guide you. I know you have still got someone to guide you, but before you were always working under somebody and now you are on your own.

² Following successful completion of pre-registration education, registration with the NMC entails receiving a Personal Identification Number (PIN). Students are not allowed to practise as registrants until they have received their PIN.

They also talked about how this increased responsibility made them take more time over tasks, for example medication rounds, even though this risked them being labelled as slow. This heightened sense of responsibility also encouraged them to ask questions if they needed help or to question practice:

I am not afraid to turn round and say now 'Well I don't think that is the right way to do this.' If you see something maybe you think could be done better, then it is up to you to speak out.

Participants commented on how this increased responsibility raised the expectation of others around them and how they were now perceived by patients and relatives as a person in a position of authority:

I remember one of the first few weeks, a patient came up to me and said 'Staff Nurse, can I have a word?' and I just stood there and they went 'Excuse me' and I went 'Oh yeah, that's me!' You are a student for so long and then you are a staff nurse!

For a number of participants the first day at work as a staff nurse was a significant and 'scary' event. The increased responsibility and no longer having the supportive 'shield' of a mentor, was clearly recognised by participants:

There wasn't somebody at your shoulder...It's just a sudden realisation you know, the buck stops here.

There was also a realisation that being a qualified nurse was far more complex and busy than previously imagined. The reality of the NQN role came as a shock, especially the demands that kept them away from the bedside:

...for instance the other day, I came in at half past one and I was sat behind the desk until 4 o'clock sorting out paperwork and answering the phone, speaking to relatives and it was like 'where has the time gone?' I had not done any patient care because I was taken up with all that paperwork. So that was a big shock.

Changing identities

As previously described, all participants remained employed part-time as HCAs whilst students, which meant that they had two identities throughout the programme. They were well known as HCAs by their immediate team, including other HCAs, and yet they were also student nurses. The transition of these students was therefore complicated by their continuing identities as HCAs. From their accounts, it was possible to see these identities changing as they made the transition from HCA to student, and then from HCA to NQN.

HCA to student

Participants talked about the impact of their dual student and HCA identities and how they often had to remind colleagues that they were also student nurses:

They expected you to carry on with your HCA role, you know, your colleagues. I think it was difficult. You had to say 'Look, I am a student here', you know.

Repeatedly returning to their HCA role throughout the entirety of the programme, they became accustomed to pivoting between roles.

However, they continued to feel a strong allegiance to their HCA colleagues and to their own HCA roots:

I don't want to be seen as someone who has forgotten where she came from.

For some participants however, managing these simultaneous identities created some tensions, with one describing how she sometimes reverted back to her HCA role to help manage this tension:

The thing I probably did find most difficult, actually going up the ladder from HCA to student and then to a staff nurse. And that is the bit I found much harder because I would sometimes revert back from

a student to a HCA and that was difficult for me.

Mentors played an important role in helping students to protect their student identity and supporting their learning in practice.

HCA to NQN

Awareness of their previous HCA identities was also evident as they talked about their transition to NQN. Whilst they knew they had to 'let go' of their former HCA role, some spoke of their initial concerns about losing touch with their former HCA status. As NQNs however, they were aware of the implications of this new identity and how this might affect relationships with former HCA colleagues. One participant was very aware of the impact of her previous HCA status on her new peer relationships which made it difficult for her to change from being 'one of them':

Because the HCAs were my peers previously, I found it difficult to say to them 'Could you go and do this for me please?' because I was one of them, you know.

Despite some of the tensions associated with these dual roles, their previous HCA experience enhanced the way, as Registered Nurses (RNs), they now related to other HCAs, affording a deeper appreciation, value and respect for the contribution HCAs made to the team.

As well as the adjustments participants made, their former HCA colleagues also had to recognise the change in identity of their colleague and renegotiate relationships:

People had to try and realise that I was a staff nurse and not just a student anymore. That was quite difficult for other members of the team...Eventually they did come around to the idea that I actually was not 'one of the girls' anymore.

Uniform

Those working in hospital settings often made reference to the impact of the change in uniform on becoming a NQN and its significance as an external symbol defining their new identity:

The actual day that you changed your uniform, you know, you changed from your grey to blue, it was just a sudden feeling that right, this is it. You know, you are doing it for real now.

Some spoke of how this change in uniform suddenly made them visible to people and how this contrasted with their experience of being a student. For example, one participant said that 'When I had my student nurse uniform on they would walk straight past me' and another said:

When I first put my uniform on all the people who never gave me the time of day, all of a sudden were stopping to ask me questions.

The change in attitude towards them as a result of this change in uniform came as a surprise:

You wouldn't think that just the colour of the uniform would make such an impact but it does. It wasn't until I had gone through those transitions that I actually noticed that.

Coming together

Over time, the earlier stages of transition gave way to the experience of *Coming together* and their familiarity with people, place and routines appeared to be a key factor in facilitating this.

As they grew in confidence, they became less anxious and began to feel more comfortable in their role. They described the satisfaction of being able to apply their knowledge in practice and the resulting impact on patients:

Your confidence grows and your knowledge grows and, you know, you do become a more confident practitioner and I am sure that must show for the patients as well.

Some described how they felt able to challenge and question more experienced colleagues:

You know, you find your feet. When the doctors come onto the ward, you know, I find now I'll maybe question things and decisions they are making.

One participant described how her growing confidence and adjustment to her role enabled her to 'let my practice talk'. This feeling of increasing confidence was shared by most participants although they recalled it occurring at different times. For some it took place after about three months but for others it was up to six months. Those who experienced a shorter transitional period attributed this to remaining in their previous HCA work location once qualified. Eleven of the fourteen participants remained in the area in which they had formerly worked as HCAs. They considered this an advantage as they were familiar with the routine, the people and the infrastructure and therefore knew who to approach for advice. This familiarity and 'feeling of belonging' meant they were free from other anxieties associated with their NQN role:

You know the routine, you know where things are. You know the procedures. You have seen things done time and time again, so I think that actually did help because you knew the way the ward worked.

Scaffolding

The whole of this temporal process was supported by the *Scaffolding* of informal and formal support, which were stabilising structures supporting their changing identities through the transition phase.

Informal support was provided by family, friends (some of whom were also nurses) and by workplace colleagues, particularly those who had themselves recently made the transition to NQN. Formal support structures included preceptorship, which was considered highly important during this transition period. Preceptors played a key role in developing the confidence of the NQNs and taking them 'under their wing':

I think that is essential when starting out...you need to be able to have somebody there that you can turn to.

However, despite its obvious importance, participants' experiences of preceptorship were varied, with some describing excellent preceptorship support and others whose preceptors were not readily available:

The time that I needed her most obviously she wasn't there and because the ward is so busy...you know, I felt really, how should I say it, at a loss.

Participants also talked about the extent to which the programme had prepared them for their work as a RN. They valued the course, the high quality support, how it equipped them with the necessary skills and knowledge, how it enabled them to 'see practice through fresh eyes' and make connections between theory and practice.

DISCUSSION

Findings reinforce the existing literature, described earlier, to suggest there is an overarching transition process that all NQNs navigate, irrespective of whether or not they have been HCAs. However, these students who continued to work as HCAs during their nursing course faced a complex interaction of roles and a number of ongoing transition

experiences. They described the pivoting between being an HCA and a student, their constant juggling of the two roles, and how they negotiated different identities and relationships amongst peers. Despite some of the challenges, their familiarity with people, places and routines, gained through their HCA experience appeared to play an important role in facilitating transition, particularly if they stayed in the same clinical area as NQNs.

Transition theory

Van Gennep's theory of transition (1909 [1960]) was used to theoretically illuminate the study's findings. An early 20th century anthropologist interested in the way people make and mark life course transition, Van Gennep proposed that individuals move between fixed positions throughout the life course. He was not particularly interested in the position held by the person, but rather the *passage* or *movement* between positions. He suggested that irrespective of the positions between which people moved, a common and recurring pattern was discernible. He described this pattern in terms of three phases – separation, transition (or limen) and incorporation – which he called *Rites de Passage*. *Separation* (or the pre-liminal phase) was characterised by the removal of the individual from his or her 'normal' social life. *Transition* or *limen* (meaning threshold) was a stage between social statuses where the individual no longer belonged to the previous status but had not yet completed the passage to the next. This transitional or liminal phase, in which the individual occupies a non-status or 'no-man's land', was regarded by Van Gennep as

potentially threatening and harmful. *Incorporation* (or the post-liminal phase) was associated with rituals marking the completion of the passage to the new identity. Through the phases of *Rites de Passage* therefore, the individual enters as one kind of person and emerges as another.

Victor Turner (see for example, 1977) developed Van Gennep's work and was particularly interested in the liminal phase of transition. Turner described people in this liminal phase as 'initiators' or 'threshold people', who have a shared experience and equality with fellow initiators and who form a 'community of passers' or 'communitas'. Turner also argued that the changing identities associated with the liminal phase can be both disorienting and yet also create new opportunities. The disorientation eventually passes, with structure to stabilise it, and the liminality ends. For Turner, transition was not merely a 'one off' event but was a continuous process and 'a set way of life' (Turner 1977, p.37).

In the context of organisational change, Bridges (2003) similarly describes transition as occurring in three phases: *Letting Go*; the *Neutral Zone* which is a 'nowhere between two somewheres' (Bridges 2003, p.37); and a *New Beginning*. These phases resonate with Van Gennep's *Rites de Passage*. One of the limitations of *Rites de Passage* however, is the implication that transition is linear and sequential. In contrast, Bridges' (2003 p.100) three phases represent transition as 'curving, slanting and overlapping strata':

'Each of these processes starts before the preceding one is totally finished. That is why you are likely to be in more than one of these

phases at the same time and why the movement through transition is marked by a change in the dominance of one phase over the other two rather than an absolute shift from one to another' (Bridges 2003, p.101).

Combining Van Gennep and Bridges provided a theoretical perspective to understand participant's transition experiences, illustrating how they moved through curving, slanting and overlapping transition phases. This organic process allowed for simultaneous occupation of more than one phase and how, over time, the incorporation phase came to dominate. Drawing on these findings and the existing literature a number of implications can be identified to support former HCAs as they make the transition to NQN.

Implications for students

Students or 'initiators' making the transition need to be prepared for the likely feelings associated with the limen, which in itself may facilitate a smoother passage. Students should anticipate they may move backwards and forwards between the overlapping strata of transition and at times occupy more than one phase but that eventually the incorporation phase will come to dominate. Students with HCA experience may experience multiple limens however, they should be encouraged that other 'threshold people' negotiating similar transitions can form a 'community of passengers' and offer support and comradeship. In this way transition can be regarded not just as an individual but a collective affair.

Implications for universities

As well as equipping students with knowledge and skills, universities have

a responsibility to prepare them for the experience of transition. Preparing students to manage the dual roles of being both student and HCA and the associated changes in identities and relationships with colleagues and peers, should be built into the curriculum (Hasson et al. 2013a and 2013b, Thomas et al. 2012.). Preparing for the realities of practice is also crucial to the experience of transition (Newton and McKenna 2007). If the reality of registered practice is different to what is taught in universities, then it is likely that attrition from the profession will continue to be a cause for concern (Wilson et al. 2011). Universities and regulatory bodies need to ensure that curricula equip nurses for the *actual* practice of being a qualified nurse. This requires close partnership working between universities and practice settings (Kenny et al. 2012).

Implications for practice

The practice environment is of central importance as a site of learning both in pre- and post-registration education. These environments need to be fully committed to being learning organisations, cultivating creative learning opportunities, teaching and assessing students, and supporting them. Following qualification, they are responsible for supporting NQNs, building confidence, developing their knowledge and skills. Preceptorship is a crucial part of this support (Robinson and Griffiths 2009) and needs to be structured, systematic, and embedded in organisational culture. Preceptors need to have a clear understanding of the needs of NQNs, including those who were previously HCAs.

CONCLUSION

Limitations

This was a small scale project with a self-selecting sample and caution must be exercised with respect to generalisation. Face-to-face interviews may have facilitated richer data but despite our use of telephone interviews participants appeared eager to talk about their experiences and were pleased to have the opportunity to reflect on their first months as registered nurses.

Further research

This project has highlighted potential areas for further nurse education research in the UK and internationally. Replication of the study with a larger sample would test the validity of the themes identified and the utility of using Van Gennepe and Bridges in this way. A longitudinal approach to data collection prior to, during and after the transition to NQN could also be adopted. More systematic exploration of the influence of employment as an HCA or other more general health-related roles (Phillips et al. 2012) on the experience of transition would also be helpful, as well as investigating the role preceptorship plays in providing structure during transition.

Final thoughts

In the context of continuing pressures on health services internationally, investing in the support of newly qualified staff is paramount. As more students come into nursing with previous HCA experience or remain in

HCA employment throughout their programmes it is important to have a better understanding of the impact this experience might have on their practice as nurses and that higher education and practice work together to ensure their particular needs are recognised and addressed.

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