Enabling, empowering, encouraging and ennobling associate nurses: a theoretical framework to address the challenges faced by the role

Abstract

The nursing associate (NA) role is a relatively new one, with the first few registrants qualifying in 2019. This study aimed to explore where the weaknesses and threats to the role exist so that mechanisms to mediate these can be identified.

Methods

A realist ethnographic approach uses semi-structured interviews with NAs (n=8) and focus groups with people supporting NAs (n=8).

Results

Five 'entities' influence the NA journey: i) trainee/NA, ii) healthcare team, iii) education providers, iv) employing organisation, and v) national organisations such as the professional body. Weaknesses and threats included incivility, lack of role clarity/ambiguity, the scope of the role, curriculum, and placements, and personal motivations and career progression.

Conclusions

A framework, addressing the weaknesses and threats was produced. This outlines interventions and improvements to encourage, enable, empower, and ennoble NAs that the entities can make to promote better and support the implementation of the NA role into practice.

Keywords: nursing associate; associate nurse; incivility; role scope; professional identity

Introduction

Internationally, there are a range of countries that employ associate nurses (Lucas *et al*, 2021a). These nurses typically study at a foundation degree or diploma level rather than a baccalaureate degree and are registered with a professional regulator such as the Nursing Midwifery Council (NMC).

The equivalent associate nurse role, the nursing associate (NA)[1] role was proposed in England, UK in 2015 (Higher Education England, HEE, 2015). NAs contribute to most of the care for patients under

[1] In this article, the term NA is used to refer to UK based associate nurses. RN to describe baccalaureate nurses. Associate nurse is the comparable NA role used in other countries.

the supervision of a registered nurse, but they do not complete all tasks that a registered nurse would (see Table 1).

*Table 1 The similarities and **differences** between the NAs and registered nurses (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)

Most trainee NAs in England are apprentices, which means that trainees are employed, and organisations receive government funding to deliver the qualification; trainees are required to 'learn on the job' (HM Government, 2023).

NAs face many challenges in practice, often associated with variations in organisational policy about what tasks they are and are not permitted to practice within the scope of their salary and job description. Systematic reviews (Thurgate & Griggs, 2023; Lucas *et al*, 2021a) examined challenges faced by NAs, these found that NAs experience incivility in the workplace, possibly related to the ambiguity of their role, lack of explicit and defined scope, poor workforce planning, generational, social or cultural perspectives or misunderstanding of the role (Ziefle, 2018; Eka & Chambers, 2019). Incivility tends to be low-intensity rude speech or behaviour, impoliteness, and disrespect. Martin & Zadlinsky (2022), Ota *et al.* (2022) & Shoorideh *et al.* (2021) concluded that incivility can have a significant and sustained impact on productivity, teamwork, quality of care, health and well-being, staff retention, motivation at work, professional socialisation and identity formation (Thurgate & Griggs, 2023). Literature emphasises the role of employing organisations in promoting a culture that addresses incivility, suggesting a need for interventions that promote the role of the NA in the healthcare team (Thurgate & Griggs, 2023).

Education providers are also in an ideal position to work with partners and key stakeholders to raise a positive profile of the NA role (Dainty *et al*, 2021; Taylor & Flaherty, 2020). Goodolf & Godfrey (2021) suggest that professional identity/socialisation should become a more explicit element of curriculum.

Aim

The aim of this study was to explore the lived experiences of NAs and the perspectives of people who work with NAs to understand what the strengths, weaknesses, opportunities and threats are associated with the role. It aimed to understand why and in what circumstances these weaknesses

and threats exist so that evidence-based recommendations of interventions that could be put into place to improve curriculum and the experiences of NAs in practice.

Methods

This realist ethnographic study conducted semi-structured interviews and focus groups to understand different perspectives about the weaknesses and threats to the role. Realist research has seven main assumptions (supplementary file 1). Ryan & Rutty (2018) outline the value of realist research in nursing, with many of the principles aligning well with the values of nursing practice; the research is done with and not 'to' people,' seeking to improve practice and knowledge of existing situations.

Sample and sampling frame

Convenience sampling was used to recruit participants from across England via the following routes:

- Two Facebook groups where trainees and NAs were members
- Module discussion forums and module websites in a distance-learning university
- The two researcher's professional networks, e.g. via email to staff and tutors

Participants were provided with a participant information sheet.

Semi-structured interviews

Semi-structured interviews with NAs were chosen to explore, in depth, their lived experiences of practice. This project focused on NAs and their perspectives and experiences along with specific examples were of primary importance.

Inclusion criteria

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

Exclusion criteria

- NA students who accessed the programme via credit transfer

Focus groups

Focus groups with people who work with NAs were chosen to promote dialogue between different people and different roles and to triangulate this with the findings from the lived experience of NAs found in the interviews.

Inclusion criteria

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

Exclusion criteria

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

Data collection

Semi-structured interview

Interview themes included:

- Challenges of being a trainee NA/newly qualified NA.
- Understanding of the NA role and how it 'fits' in the healthcare team
- Perspectives relating to professional identity and accountability.
- Differences between the NA role and other roles in the healthcare team.
- Perspectives on professional identity and what factors influence it

The lead researcher took field notes during interviews which were included in the analysis and helped expand the above prompts as data collection progressed.

Focus groups

The focus group schedule reflected similar themes to the interviews. The co-researcher, with experience conducting focus groups, led on this component.

Data analysis

NVivo One (qualitative data software) was used to code the data. The coding framework used by the researchers was based on a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Themes under each heading identified different 'components' (box 1) as per the approach to realist analysis outlined in Ryan (2017).

Box 1 Realist 'components'

- Entities: people, places, organisations
- Actions: things the 'entities' do
- Outcomes: the consequences of 'actions' or 'events' or a 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 project was approved by the institutional research ethics committee (HREC 4052). Valid informed consent was obtained electronically for all participants. The realist (as opposed to positivist or interpretivist) informed quality measure TAPUPASM (transferability, accessibility, propriety, utility, purposivity, accuracy, specificity, and modified objectivity) (Ryan & Rutty, 2019) was applied to the methodology (supplementary file 2).

Results

Participants

Eight participants were involved in semi-structured interviews (Table 2). Two participants who expressed interest did not proceed to interview as a mutual time could not be agreed upon. Each interview lasted 45-75 minutes.

Table 2 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
	Total	*8*
Ethnicity	White British	7
	Black	1
	Other	1
	Total	*8*
Stage of journey	Training year 1	1
	Training year 2	4
	Newly qualified	3
	Total	*8*
Field of practice	Adult	3
	Learning disability	1
	Mental health	2
	Child	2
	Total	*8*
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
	Total	*8*

Eight participants were involved in the focus groups (Table 3). All participants were experienced registered nurses who had been qualified for between 13 and 37 years, with a mean length of time registered of 24.5 years. Four participants who expressed an interest in the focus groups did not proceed due to competing priorities. Each focus group lasted between 45 and 60 minutes.

Table 3 Focus group participant characteristics

Characteristic	**Response**	**n**
Gender	Female	8
Age (years)	35-44	3
	45-54	2
	55+	3
	Total	*8*
Ethnicity	White British	8
Role	Practice assessor/supervisor	6
	Academic assessor	1
	Other – workforce project lead	1
	Total	*8*
Field of practice	Adult	1
	Learning disability	6
	Mental health	1
	Child	0
	Total	*8*
Area of practice	Education (university based)	1
	Inpatient	1
	Community	4
	Other – corporate	1
	Other – NHS Trust	1
	Total	*8*

Themes

This study identified three primary themes: incivility and role ambiguity, curriculum and placements, and motivations and career opportunities.

Incivility & role ambiguity

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 various members of staff while working in practice,

> *'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.'* (SSI4)

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

> *'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 a lack of clarity about the scope of the NA role across English employers.

Curriculum & 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 that there should be more balance across fields of practice 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,

> *'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)

The length of placements is 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 opportunities for placements and experiences within placement,

> *'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…But with the shortages in staff, and obviously you're counted in the numbers…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,

'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 & career progression

A threat to the formation of professional identity was deemed to be the personal motivation 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 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 a priority.

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

'I think the fact that as a band 4 there's nowhere else to go unless you do the top-up.' (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 the 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 and it is a role in its own right. For a range of reasons, this is not always the goal, for example, financial reasons, lack of opportunity within an employer, or personal circumstances (King et al., 2023).

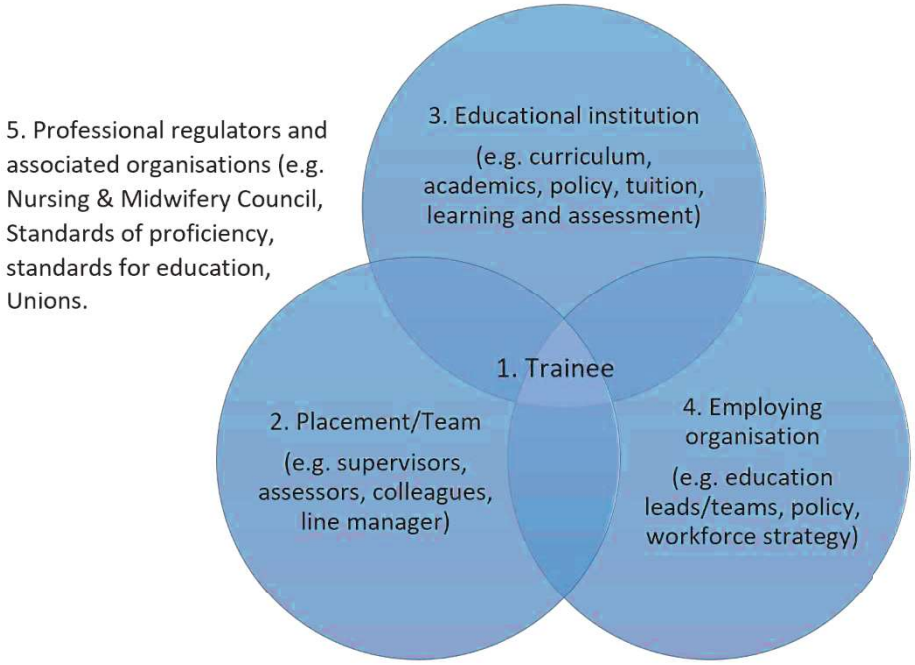
Discussion

The findings of this study found a key theme: there are five primary entities that influence the NA journey and four overarching weaknesses of/threats to the NA role: a) incivility and role ambiguity, b) scope of the role, c) curriculum and placements and d) motivations & career progression.

Entities that influence the journey – the mechanism

Like Thurgate & Griggs (2023) and other current research, the findings presented here found five main 'entities' influencing the formation of the NA journey, i) the trainee/NA and their NA/trainee peers, ii) their placements and teams in these placements, iii) the education providers, iv) the employing organisation and more broadly, v) 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 NAs



Incivility & role ambiguity

Similar to Thurgate & Griggs (2023) and Buhrow & Yehles (2023), the impact of incivility seemed to have a significant impact on the participants in this study. 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)/flipped classrooms, role modelling, and reflective discussion/supervision. Education providers

could do more 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 (King et al., 2020). Education providers could also consider recruiting or embedding registered NAs to support our students on programmes to promote role-modelling and 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 understand the role as part of their training. This would also address some of the challenges around the lack of understanding and perspectives of the NA role.

Curriculum & placements

While there were reported strengths and opportunities for curriculum and placements, it was felt that these were far more aligned with weaknesses. Like Thurgate & Griggs (2023) the participants in this study struggled to balance their dual roles of trainee and NA, especially as they were frequently taken away from their protected learning time to support short staffing. They also felt that they were not given the same learning opportunities (particularly across all fields of practice) as RNs. As the NA role is generic, it could be argued they should be prioritised for these experiences. 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.

Not specific to NAs but frequently reported by NAs in this study, module design and structure within the qualification was also viewed as an important component. It should contribute 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). King et al*. (2023)* also found that many curricula are secondary care focused, and NAs in primary care would like to see a more 'holistic' curriculum. In many universities, modules for NAs are shared with RNs; however, this may risk focusing content on RN proficiencies rather than NAs (King *et al*, 2023). It is important for NAs to have some delivery separately to develop their own sense of identity and understand the scope of their role. It is also commonplace that 'topics' are taught separately rather than applied to care. For example, anatomy and physiology are 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. A more effective approach would be to teach 'people and families' so that the complexities of real life can be understood (e.g. a family tree looking at how conditions, people,

and care systems interact.) This is supported by a systematic review of the 'flipped classroom' approach (Barranquero-Herbosa *et al*, 2022) showed that this could improve the application of theory to practice, academic performance, experience and satisfaction, understanding complex scenarios, decision making and problem-solving.

Scope of the role

Thurgate & Griggs's (2023) systematic review focuses on NAs in England, and like the findings presented here, the lack of understanding and, along with the lack of [affordable] career progression opportunities, lack of role scope was viewed as a challenge to the NA role. From participant responses, it was apparent that there is a significant variance between employing organisations about what skills NAs are and are not allowed to practice and what their scope of practice should be. This often challenged their belonging in a team, feeling like a 'cheap nurse' or being asked to do tasks that are deemed as the work of a higher salaried RN. That is not to say NAs do not have the **ability** to carry out certain extended skills but about whether they **should** be carrying out certain extended skills within their salary band and job description. Employing organisations are advised to have in place policy for what trainees and NAs can and cannot practice within the scope of their role, not solely for the above reasons but also for organisational indemnity and vicarious liability purposes (RCN, 2023; Cornock, 2021).

Addressing this challenge may require a review and more explicit national consensus about the scope of the NA role and may require further research into job descriptions, the similarities and differences, and how these reflect the NMC's perspective of the role. Currently, the findings of this study suggest the scope of the role, as outlined by NMC (2019), subjectively interpreted by different entities and is often misunderstood. For example, several of the participants in this study stated that it is not possible to deliver care without evaluating it, but Table 1 above says that they are to monitor care only. Others suggested that they are care planning but the nurse then 'signs this off' after checking it. Participants also raised the issue of patient group directions (PGDs), which are written instructions that allow practitioners to administer certain medications without a prescription (e.g., paracetamol). Currently, legislation (Medicines & Healthcare Products Regulatory Agency, 2017) allows registered professionals to do this, but NAs are not included, which, again, creates feelings of being subordinate to an RN while still being used as one.

Conversely, there is an important role for curriculum in promoting professional identity and the scope of the NA role in the context of professional accountability (Thurgate & Griggs, 2023; Dainty et al., 2021; Taylor & Flaherty, 2020). Interventions such as real-world case studies on career progression opportunities [not solely topping up to RN] could help to promote the role.

Motivations & career progression

Motivation for coming onto the programme was a significant threat to the role of NAs. A large majority apply to the programme for the sole purpose of becoming a degree-level nurse without significant impact on salary; it's often seen as a stepping stone rather than a profession. Financial impact and motivation have been noted in other research literature (Thurgate & Griggs, 2023; Sabio & Pteges, 20230; Sabio, 2019). Conversely, those who did not want to progress to degree level felt that they had nowhere else to progress in their career. This suggests the need for more concrete, well-communicated career progression routes outside of becoming a degree-level nurse. This could be addressed by employing organisations as part of well-considered workforce planning (King *et al,* 2023; Thurgate & Griggs, 2023), professional bodies considering what career progression and educational development could be achieved and educational institutions promoting these in the curriculum (and possibly offering specialist modules so that NAs can achieve a degree and higher paid roles e.g. leadership and management).

Effective interventions to promote the formation of professional identity & the NA role

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 weaknesses and threats to the role.

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 this framework can be used to structure actions and interventions to make use of the strengths and target the reported opportunities of the NA role (supplementary file 3) (King *et al*, 2020; 2022; Lucas *et al*, 2021a/b; Ryan-Blackwell & Genders, 2023) along with addressing the identified weaknesses and threats.

Impact & Limitations

This study was carried out with [what could be considered] a small number of female NAs and staff working with NAs across England, although the number of participants was deemed to meet the quality standards of accuracy and purposivity (supplementary file 2) for this type of realist study (Buchanan & Bryman, 2011). It is therefore not possible to draw conclusions about male NA experiences, or indeed, if their experiences are similar or different (i.e. if gender is a factor). Conversely, as discussed in the literature review, there are significant similarities in training programmes and between NAs in England and associate nurses elsewhere in the world. As such, the evidence-based framework presented here may well be internationally relevant in the context of the quality measures specificity, purposivity, and utility. However, it is important to note that curriculum and professional body education standards do vary across the world and therefore, it would need to be adapted based on context.

It was possible to include participants from all fields of practice, this is a strength because it shows commonalities across a range of work environments and those working in different specialities.

This article did not report on the vast number of examples provided by participants demonstrating the role's real strengths and opportunities, its positive impact on patient care and healthcare teams, or findings about the exemplar characteristics that NAs present, such as resilience and courage in the face of adversity (also noted by Thurgate & Griggs, 2023) and assertiveness when required.

Conclusion

This study reflected findings from other research literature on the NA role and the challenges faced by second-level nurses, such as incivility, role ambiguity, scope, curriculum design, and lack of career progression opportunities. The current evidence base discusses some of the influencing entities such as education providers. This research is unique as it goes further than the current evidence base, explaining what the issues are, but also proposes evidence-based interventions about how these challenges can be addressed going forward, thus demonstrating a pathway to impact. Further research into the national and international similarities and differences in the scope of the NA role is required. Finally, it is also important to note that there are significant strengths and opportunities for the NA role that each of the five ‘entities’ can draw upon; these were outside of the scope of this article but are reported elsewhere (Ryan-Blackwell & Genders, 2023).

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The assumptions of realist research adapted from Ryan & Rutty, 2018; Buchanan & Bryman, 2011 & Phillips & Burbules, 2000)

1) Reality can never be completely known, and there is one reality that may be seen differently depending on where you are situated. What we observe, feel, measure and analyse are simply representations of what this 'reality' is.

2) This 'one reality' may be viewed and interpreted by different people in different ways but the 'reality' they are experiencing is one single reality being seen from different 'angles' or 'perspectives' (a concept of modified objectivity)

3) Social systems are 'open', 'complex' and may continuously change. They can never be completely controlled and hence, can never be free from what positivists believe to be 'bias' (a concept of modified objectivity).

4) What we currently 'know' to be true is fallible. That is, knowledge evolves and progresses with time and what we believe to be fact now may be proven wrong or advanced upon in the future. (N.B. this reflects many professional standards of evidence-based practice in that nurses should use the 'best evidence available' at a given time).

5) Conversely, what might be shown as fact in one circumstance may not transpire in another (e.g. we can use the best evidence we have, evidence that has been shown to be 'fact' to educate a person but this will never work consistently for every single person in every circumstance). There are underlying mechanisms in 'reality' that we cannot ever control or see.

6) Knowledge should be generated from a range of sources and through a range of methods and we should aim to 'explain' (using theoretical frameworks, previous knowledge, research and primary data collection) what the 'most likely reality' is based on the 'best available evidence' we have at the given time and in the current circumstance.

7) Knowledge should be fit for purpose (i.e. it should be accessible, applicable, usable and relevant to the context for which it is intended).

	POSITIVIST	INTERPRETIVIST	POST-POSITIVIST 'REALISM'
QUALITY CRITERIA	**Reliability** Are the results of the study repeatable and replicable?	**Dependability** Can the results be replicated and be relevant in other times/places?	**Transparency** Is the process of generating knowledge explicit and clear? **Accessibility** Does it meet the needs of those seeking the knowledge?
	Internal validity Construct validity Can the conclusions and relationships [causal factors] be trusted? Do measures do what they say they will do?	**Credibility** How believable are the findings?	**Accuracy** Are the claims made based on relevant information? **Propriety** Is the research legal and ethical?
	External validity Ecological validity Can the findings be generalized more widely, to a community or population? Can the findings be applied to natural social settings?	**Transferability** Can these findings be applied in other contexts?	**Specificity** Does the research generated consider and apply to source specific standards? **Utility** Is the research appropriate to the decision-making setting? Does it provide answers to the practical questions?
	Objectivity Consideration of bias	**Confirmability** To what level has the researcher allowed their own values to influence the process?	**Modified Objectivity** Does the research review a range of evidence and draw the most likely conclusions based on this?

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 - Add them onto 'team notice boards' as a profession in their own right, and not within the healthcare assistant team	*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 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	*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* - 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	*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
			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		
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 - Co-production of teaching material with NAs	*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* - 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 - Offer NAs the opportunity to	*Empower* - Offer opportunities for NAs to deliver curriculum and make them visible e.g. in masterclasses or tutorials.	*Encourage & enable* - Encourage career progression with job specifications that can be done by NAs can be applied	*Enable* - Develop career progression frameworks and promote these e.g. specialist modules to

Entity Weakness/Threat	1. Trainee	2. Placement/ workplace team	3. Education provider	4. Employing organisation	5. Professional regulators/other organisations
	Empower - Following top up, support TNAs effectively with preceptorship programmes	supervise trainee NAs	*Ennoble* - Use exemplar NAs who have taken different career pathways to that of topping up to RN	for by NAs e.g. research roles, educator roles	enable NAs to continue education and achieve a degree without having to complete RN training but enabling them to seek higher salaried roles