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EFFECTIVENESS OF THE JOURNEY FROM HEALTH CARE ASSISTANT TO ASSISTANT PRACTITIONER

by

Claire Thurgate

Canterbury Christ Church University

Thesis submitted

for the Degree of Doctor of Philosophy

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Abstract

This qualitative study explores the two year journey from healthcare assistant to assistant practitioner within an acute health care setting. With a paradigm shift in the NHS to organisational and workplace learning and the local introduction of the Assistant Practitioner role to support the nursing workforce there was a broad need to understand the context of the lived experiences of those who work and learn.

Hermeneutic phenomenology was chosen as the most appropriate methodology for exploring the lived experience. A purposive sample of eight trainee assistant practitioners, four matrons, seven mentors and the practice development nurse participated in conversational interviews at intermittent points in the journey. A stepped process of analysis of interview text produced three over-arching super-ordinate themes which indicated that the transition to assistant practitioner is non-linear and complex necessitating a change in knowledge and behaviour and the workplace culture must enable learning and role development. These themes are illustrated with excerpts from the participants experience to collectively produce a description intended to facilitate understanding of my interpretation of data. Findings were illuminated by drawing on existing theoretical knowledge and concepts and imbued by reflections from the researcher's diary to elucidate the research process.

This study has determined many different aspects of the experience of learning in the workplace. This experience has informed an emerging framework of the attributes, enabling factors and expected consequences for describing an effective journey. It identifies the common characteristics through which an effective journey is evident - the learner engages in mindful transformative learning experiences and manages the transition process through adjusting, adapting and accommodating to the new role, the learner and their mentor use the workplace as the main resource for learning and the workplace culture accommodates and learns from the development and implementation of new roles.

Glossary of Terms

Agenda for Change	Grading and pay system for all National Health Service staff except doctors. Staff are placed in one of nine pay bands on the basis of their knowledge, responsibility, skills and effort needed for the job. The assessment of each post using the Job Evaluation Scheme determines the correct pay band.
Assistant Practitioner	A non-registered role delivering health and social care which had traditionally been within the remit of the registered workforce. They have a level of knowledge and skill beyond a health care assistant.
Foundation Degree	Fuse academic and work-based learning through close collaboration between employers and programme providers.
Health Care Assistant	A role which works under the guidance of a registered professional.
Matron	A senior registered nurse who oversees a number of wards (division) in terms of nurses, budgets and standards.
Mentor	A Nursing and Midwifery Council (NMC) mentor is a registered professional who has successfully completed an NMC approved mentoring programme. They must be assessed as competent in knowledge and skills to support a range of learning opportunities in the workplace.
National Occupational Standards	Statements of the standards of performance individual must achieve when carrying out functions in the workplace, together with the underpinning knowledge and understanding.
Practice Development Nurse	Define standards of practice and quality of care implementing evidence-based practice. Support trainee assistant practitioners, assistant practitioners, matrons and mentors.

Skills for Health	Sector Skills Council for the United Kingdom healthcare workforce.
Trainee Assistant Practitioner	A health care assistant undertaking the Foundation Degree.
Work-based Learning	A learning process which focuses on university level critical thinking upon work (paid or unpaid) in order to facilitate the recognition, acquisition and application of individual and collective knowledge, skills and abilities, to achieve specific outcomes of significance to the learner, their work and the university (Garnett, 2004).
Work-based Learning Facilitator	A university lecturer who supports mentors to undertake their role.
Workplace Evidence Tool	An assessment tool which is used to assess TAPs competency development in the workplace.

Abbreviations

Agenda for Change	AfC
Assistant Practitioner	AP
Department of Health	DoH
Family Nurse Practitioner	FNP
Foundation Degree	FD
Foundation Degree Health and Social Care	FD HSc
Health Care Assistant	HCA
Higher Education	HE
Interpretative Phenomenological Analysis	IPA
National Health Service	NHS
National Occupational Standards	NOS
Practice Development Nurse	PDN
Qualification and Credit Framework	QCF
Registered Nurse	RN
Royal College of Nursing	RCN
Skills for Health	SfH
Student Nurse	SN
Trainee Assistant Practitioner	TAP
United Kingdom	UK
Work-based Facilitator	WBF
Work-based Learning	WBL
Work-based Learning Facilitator	WBLF
Work Place Evidence Tool	WPET

CHAPTER ONE - INTRODUCTION, OVERVIEW AND STUDY CONTEXT

INTRODUCTION

This thesis provides an understanding of the personal lived experience which was encountered during the journey from Healthcare Assistant (HCA) to Assistant Practitioner (AP) to nursing within an acute health care setting.

The aim of this first chapter is to set the scene and give an outline of the thesis and consequently includes, the impetus for the study from a national and local context including the design and validation of a Foundation Degree Health and Social Care (FD HSc) in partnership with the local acute National Health Service (NHS) Trust; an overview of the study incorporating the broad aim; theoretical perspectives based on understandings and interpretations; personal assumptions, values and beliefs or my fore-structure of understanding; an explanation of the issues related to the nature of knowledge and nursing knowledge; Work-Based Learning (WBL) and learning as a practitioner; the development of knowledge and skills required to be an AP, and an overview of the remaining chapters.

1.1 IMPETUS FOR THE PROJECT AND STUDY CONTEXT

The aim of this section is to provide an outline of the drivers underpinning the study and subsequently consists of five sub-sections. The first sub-section addresses the AP role and the concept of Foundation Degrees (FD). The second presents the study's origin and the third the wider contextual issues including the national context and learning from and at work for the non-registered workforce. The fourth sub-section discusses the local contextual issues while the fifth provides an overview of the processes involved in designing and validating a FD HSc in partnership with the Trust to support the development of HCAs to become APs while remaining in their place of work.

1.1.1 The Assistant Practitioner role and the concept of Foundation Degrees

The AP role was originally developed in the North West of England in 2002, as a pilot project, to make certain that the non-registered workforce had the appropriate knowledge and skills to support service redesign and career progression and ultimately address recruitment and retention worries across the health and social care workforce (Mullen, 2003). In 2009, in response to concerns regarding the ad hoc development of the AP role, Skills for Health (SfH) in England following consultation published Core Standards for Assistant Practitioners. The standards define the AP as:

> *'... a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work in domains[1] that have previously only been within the remit of registered professional. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve'* (SfH, 2009; 4).

The Standards also stated that the AP should be acting at the appropriate level on the United Kingdoms' (UK) National Health Service (NHS) Career Framework (SfH, 2010) and that the job description should equate to Level Four. Alongside the NHS Career Framework, Agenda for Change (AfC, the NHS grading and pay system) places jobs in one of nine pay bands on the basis of the knowledge, responsibility, skills and effort required for the job. This approach allows an individual to learn new skills and subsequently progress within the organisation i.e. from HCA (Band 2) to AP (Band 4). A newly qualified Registered Nurse (RN) is a Band 5.

Standard Two and Three, of the Core Standards for APs, outlines that those individuals who are deemed capable of undertaking the role of AP are recruited to a Trainee Assistant Practitioner (TAP) role and whilst in employment complete an appropriate programme of study. The level of study must be at least Level 5 on the Qualification and Credit Framework (QCF) which is Intermediate level and is

---

[1] The four domains are, professional values, communication and interpersonal skills, nursing practice and decision making and leadership, management and team working (NMC 2010)

equivalent to Higher National Diplomas or Foundation Degrees on the Framework for Higher Education Qualifications (FHEQ) (see Appendix 1).

The concept of FDs arose in response to the National Committee of Inquiry into Higher Education (Dearing, 1997) to expand the number of sub-degree students. This drive to promote social inclusion for all students was superseded by the realisation that the workforce capability within the UK had changed (DfES, 2003); in order to remain economically viable a workforce was required that was both skilful and knowledgeable. The philosophy of a FD demands the fusion of academic and vocational paths in a Higher Education (HE) qualification, unlike traditional degree programmes and the majority of vocational qualifications, and, crucially, involves the employer playing a central role in developing and delivering the initiative (Thurgate, MacGregor and Brett, 2007).

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

1.1.2 Study's origin

The impetus for this study was two-fold: there was a broader need to understand the context of the lived experience of those undertaking a WBL programme as there appeared to be a paradigm shift within the NHS to organisational and personal learning (Moore, 2007) or, as it is sometimes referred to as situated learning (Lave and Wenger, 1991). The second driver related to my personal learning and experience as Programme Director for the FD HSc from 2005-2011 where I recognised the need to understand the TAP's learning journey and whether AP's, on completing a two year FD, meet the needs identified in national policy initiatives which are driving NHS workforce development. I believed that understanding the broad experiences of undertaking WBL programmes and more explicitly the lived experience of progressing from a HCA to AP while remaining in the same place of

work would allow workforce leads and educationalists to develop WBL programmes and new roles which considered not just the accumulation of knowledge and skills but the associated change in attitude required to work at a higher level.

1.1.3 The national context

The wider national context influencing this study focused on three inter-linked themes - financial influences, improving health outcomes and workforce development. Shields and Watson, (2009) clearly stated that NHS money was running out as advancement occurs in technology, public expectations increase, government funding remains static and the population ages: the UK needs to refocus care delivery roles and health care team skill mix to meet the challenges of the next decade (Thurgate, MacGregor and O'Keefe, 2010). Liberating the NHS (Department of Health (DOH), 2010) outlined that £20 billion worth of efficiency savings are required by 2014 to meet financial challenges and future demographic and technical changes while improvements in quality and outcomes are necessary.

At the same time as the NHS was being challenged to improve quality and outcomes' (DOH, 2008; DOH, 2010), nursing was moving to an all degree profession (NMC, 2010), the current workforce was ageing (Buchan and Seecombe, 2011; Centre for Workforce Intelligence, 2012) and there were less school leavers entering nursing (Buchan and Seccombe, 2011). While the predicted number of RNs may fall it appears that nursing assistant numbers have more than doubled since 1997 (Buchan and Seecombe, 2006) and this growth in assistant numbers continues (Buchan and Seecombe, 2011). It is this group of workers who deserve the opportunity for career advancement (DOH, 2008; Thurgate et al, 2010) and to participate in learning and professional development. This wider participation in learning will support service transformation (DOH, 2010; Fryer, 2006;) and should ensure that people are attracted and retained to the caring profession (Thurgate et al, 2010).

If NHS Trusts are to address these predicted workforce changes, then new ways of working are required (Goodwin, Smith, Davies, Perry, Rosen, Dixon, Dixon and Ham, 2011). In 2007 Macleod Clark had already suggested that roles needed to be

refocused to patient care pathways with clearly identified role boundaries, competency, and accountability so that patient and public protection could be managed. Imison, Buchan and Xaviers (2009) proposed that the part of the budget used for training should be redirected to improve the knowledge and skills of the lower band employees: at the time of their study seven out of ten Strategic Health Authorities (SHA) only use 5% of this money for the general workforce, most money being targeted to the qualified and registered professional groups (Imison et al, 2009). They suggested that development of skills for those already in employment in the junior roles could lead to a more flexible workforce in the future that could evolve and adapt as the client need changes. The AP, educated to Level 5 on the QCF and working at Band 4 on the NHS career framework, is one way in which NHS Trusts have addressed new ways of working by ensuring that they have a workforce who has the knowledge, skills and attitudes to deliver safe, effective care.

1.1.3.1 Learning from and at work

Learning from work, for the non-registered workforce, was not a new concept; an apprenticeship model had underpinned nurse training before it moved into HE with the advent of the Project 2000 curriculum. The difference with the proposed model of WBL for TAPs, as opposed to pre-registration nurse training, was TAPs had prior experience of working in the Trust as a HCA and, I assume, would be practice rich and theory poor; they are likely to remain on their HCA ward and not rotate during the FD and the work-based curriculum and competency assessment will be guided by the individual role which the TAP was being developed to undertake and not prescribed by a statutory body. It is this alternative approach to WBL where the TAP remains in the same workplace whilst developing the knowledge, skills and attitudes to undertake a new role as an AP which was the study's main driver. As an educationalist this is important as, despite a plethora of information on WBL from a philosophical and theoretical perspective and research studies from the wider world of work and specifically health care, there is a dearth of information relating to the lived experience of learners undertaking a WBL programme, especially within health care.

1.1.4 Local contextual issues

Locally, the acute NHS Trust identified their workforce development needs and worked in partnership with the local university to validate appropriate packages of learning and development. In 2006 the Trust recognised that the implementation of the Band 4 AP role to support the RN would enhance patient care in the light of increasing and diverse care needs and demands. To facilitate the required knowledge, skills and attitudes linked to new roles and National Occupational Standards (NOS), the Trust felt that a FD would fuse academic and vocational learning and meet their workforce needs. This approach meant that for those HCAs who had perceivably reached a glass ceiling in their career they could, as a TAP, remain in the workplace and undertake a FD where 50% of the programme was work-based, allowing them to earn and learn.

1.1.5 Designing and validating a FD HSc to meet the Trust's workforce development needs

The Faculty of Health and Social Care (FHSC) designed, validated and begun to deliver its' first FD HSc in 2005. Despite approaching the local acute NHS Trust with this new programme and its ability to support the development of their HCA workforce the Trust were not interested at this point in time. However, six months following validation the Trust approached the university about a programme of learning to support the development and career progression of their HCAs.

Early in 2006 the local Trust identified that the use of the Band 4 AP role to support the RN would enhance patient care in light of increasing diverse care needs and demands. To facilitate the required knowledge, skills and understanding linked to these new roles and NOS, the Trust was clear that a FD HSc was the vehicle of choice (Thurgate et al, 2010). The Trust believed that a FD for HCAs in Band 2 and 3 working with RNs would support their role development to Band 4 APs and would provide a programme where content could be driven by the Trust and changed as roles evolved. Specific areas of clinical practice were identified to be within the remit of the AP role and required within the FD HSc including infection control, supporting individual with long term conditions, discharge to the community and medicine care. To ensure safe practice and to link theory to practice, job descriptions were

developed which incorporated a competency assessment tool. The Associate Director for Nursing (Workforce, Education and Training) was made the lead person for the project and worked in partnership with the FHSC to design and validate a programme which would support the educational and training needs for the AP role. As a result an adult health care pathway, within the Faculty's current FD HSc, was validated in 2007. This programme had three core modules (undertaken by all participants on the FD HSc) and three pathway or role specific modules at both level 4 and 5 (undertaken by participants on the adult health care pathway). This structure is demonstrated in Table 1.1:

Table 1.1 FD HSc 2007 validation in partnership with the local Trust

LEVEL FOUR	**Adult health care pathway**	**Visual Impairment Pathway**	**Generic Pathway**
Core module	Skills for learning		
Core module	Social context health and illness		
Core module	Contemporary issues in health		
Pathway module	Infection control and tissue viability	Low vision care	Self and the workplace
Pathway module	Neurological conditions	Indoor orientation and mobility for the blind traveller	Working in teams
Pathway module	Long term conditions	Rehabilitation for the blind traveller	Working in organisations

LEVEL FIVE	**Adult health care pathway**	**Visual Impairment Pathway**	**Generic Pathway**
Core module	Ethics and law for practice		
Core module	Critiquing research methods		
Core module	Project		
Pathway module	Acute care	Low vision care – advanced	Social care practice
Pathway module	Medicines in care	Outdoor orientation and mobility for the blind traveller	Ethics, values and anti-discriminatory practice
Pathway module	Discharge planning	Indoor rehabilitation for the blind traveller	Social, political and organisational context of care

To ensure the adult health care pathway met the philosophy of a FD in fusing academic and vocational learning Workplace Tasks (WPTs) were introduced as part of the pathway module assessment. This allowed TAPs to demonstrate and gain academic credit through experiential learning from and for the workplace. The TAP was supported by a facilitator who facilitated learning rather than deemed the TAP as being competent. The FD HSc uses the NMC's (2010) definition of competence (adapted from the Queensland Nursing Council, 2009) as *'the combination of skills, knowledge, and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions'* (NMC, 2010: 45). The WPTs formed part of the summative assessment and a framework of reflective profiles was developed which incorporated academic criteria, graduate skill benchmarks and sector-specific external moderating. It was this 'wrapping' of tasks that formed part of the FD HSCs' strength for the Trust: a wide range of skills are given value and workplace knowledge incorporated within the 'task' which then improves the quality of the individual's performance. Most experience has the potential to be accredited; it is the evidence from the experience that can be captured for assessment, be it written, oral or visual (Thurgate and MacGregor, 2009).

Despite working in partnership with the Trust to develop a programme based on their identified needs, it became apparent, during the first year of delivery, that the chosen structure was too prescriptive and restrictive and did not meet the requirements of the many bespoke Band 4 roles which were emerging, for example, within out-patients, oncology and audiology. At the same time it was noted that the WPTs did not allow TAPs to accredit competency development and achievement which had become a Trust requirement. Therefore, in 2010, the FD HSc was revalidated. The adult health care pathway was renamed the acute care pathway (see Table 1.2) and a Workplace Evidence Tool (WPET) was validated.

Table 1.2 FD HSc 2010 validation, acute care pathway

LEVEL FOUR	Acute care pathway
Core module	Personal, academic and workplace learning
Core module	Social context of health
Core module	Contemporary health issues
Pathway module	Infection control and tissue viability for practice
Pathway module	Applied human biology for health care workers
Pathway module	Elective care or long-term conditions or negotiated learning 1

LEVEL FIVE	Acute care pathway
Core module	Contemporary issues in ethics and law for practice
Core module	Understanding evidence for practice
Core module	Changing workplace practice
Pathway module	Acute care or negotiated learning 2
Pathway module	Discharge planning or negotiated learning 2
Pathway module	Medications in care or negotiated learning 2

The WPET allowed the TAP and the employer to identify the competency required for the pathway module, linked to the AP job description and the Trust's competency framework for AP's. Unlike the WPT the WPET provided flexibility to meet the competency requirements of new and diverse roles. To ensure competency achievement was appropriate to the role being developed, the identified competencies for each pathway module was led by the employer (ward manager) rather than the module leader.

Unlike the previous validation, the TAP would be deemed competent in the workplace by an NMC registered mentor, rather than a facilitator. To support the TAP to link theory and practice in the workplace and to experience all aspects of the patient pathway the Associate Director of Nursing (Workforce, Education and Training) had a business case accepted which allowed two cohorts of TAPs (April 2011 and September 2011) to be supernumerary and the employment of a Trust-wide Practice Development Nurse (PDN) dedicated to the development of the AP role. The PDN would oversee the TAP's learning programme to ensure that it linked to the competencies required for the AP role, mentors would receive appropriate and timely support, and would work with TAPs to enable them to link theory and practice and practice and theory. At the same time the university employed a work-based learning

facilitator (WBLF) whose role, unlike most academic roles in the Faculty, was outward facing, to support the TAP and their mentor in the workplace.

In my role as Programme Director, it was imperative that I made sure the design and delivery of the FD met the Trusts' requirements and that APs were fit for purpose and practice on completion of the FD HSc. As a result of my personal learning journey and experiences in supporting WBL programmes, I was conscious that understanding the lived experience of the journey from HCA to AP would allow me to understand the broad lived experience of those who undertook WBL programmes and more explicitly the transition from HCA to AP while remaining in the same place of work. This understanding would ensure curriculum design and delivery enabled individuals to journey to new roles effectively and efficiently while remaining in their place of work.

This section has provided an overview of the impetus for the study from both a national and local perspective and the current drive to learn from work and at work for the non-registered healthcare workforce. It was in response to these drivers that the local acute Trust identified that a FD HSc would allow them to develop their HCAs to undertake new roles as APs while remaining in their place work - a concept which became the driver for this study – understanding the lived experience of those undertaking WBL programmes while remaining at work.

Given the central role that I have in this study, firstly as Programme Director and then as Portfolio Director for FDs in the Faculty, the first person will be utilised throughout this thesis.

1.2 AIM OF THE STUDY AND RELATED CONCEPTS AND THEORY

The aim of this study is to understand and give meaning to the journey from HCA to AP. It is envisaged that this process will provide practical knowledge and critical knowledge as my interpretations of the TAPs journey will inform learning in the workplace and future curriculum development; theoretical knowledge will underpin

learning in the workplace and the policy which steers WBL, and personal knowledge as the TAP links theory, practice and action through praxis.

The focus of this section is to consider the broad aim of the study and related concepts and theory. This will be achieved through three sub-sections; the first will consider the broad aim of the study; the second provides an overview of the theoretical perspectives based on interpretations and the final will make explicit my personal involvement in the study.

1.2.1 Broad aim of the study

The broad aim of this study is to gain an understanding of the TAPs personal lived experience of the journey from HCA to AP (including the FD, WBL and working in the same workplace). The guiding research question is:

> *What are the experiences in the journey from trainee Assistant Practitioner to Assistant Practitioner and what factors, within the workplace, support trainee Assistant Practitioners to take on their new roles?*

To achieve this understanding of the lived experience there are two sub-aims:

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

1.2.2 Theoretical perspectives based on interpretations

It is imperative that the methodology is appropriate for the research question and that the research design ensures that the findings are trustworthy. Guba's (1981) four criteria of trustworthiness will be used: credibility, transferability; dependability and confirmability. This will enable those reading this study to have confidence in the 'truth' findings, the degree to which the findings may be applicable in other contexts, the ability to track changes in instrumentation and that the findings are the participants lived experience.

The aim of the study is to gain an understanding of the personal lived experience encountered during the journey from HCA to AP and I am aware, from a philosophical perspective, that there will be multiple realities as the individual actively constructs and co-constructs their own meaning based on their subjective knowledge (Creswell, 2009; Denzin and Lincoln, 2008; Lincoln and Guba, 1985; Patton, 2002). As the study involves understanding the participant's journey, I am conscious that I will be part of the participant's journey and need to engage with each individual TAP at more than one time during their journey. I recognise that I am an insider/outsider researcher and need to be aware of the associated ethical implication - my role in the FD and my experience in developing academic programmes in partnership with the Trust to support the development of the AP role, my subjectivity, and tacit knowledge. Heidegger's (1927/1962) concept of *fore-structure of understanding* will allow me to consider being an insider/outsider researcher. Fore-structure is used as the tool through which values, beliefs and assumptions are made explicit – the aspects that are taken for granted and remain in the background but against which all interpretation needs to be understood. Acknowledging one's fore-structure is particularly important to interpretive research where one's values are perceived as prejudices (Gadamer, 1976). Chapter Three Fore-structure acknowledges my fore-structure as I commence the study.

The study is based on the philosophical assumption of understanding an individual's experience at a particular time and space and reflects my world view that individuals seek understanding of their experiences and give meaning to certain events (Creswell, 2009). There will be multiple realities as each participant shares their journey and the methodology must be appropriate for my question. Constuctivism (Lincoln and Guba, 1985; Denzin and Lincoln, 2008) will allow me to construct understandings of the experience (relativism) which relates to their perspectives and experiences (transactional epistemology) as they journey from HCA to AP. This approach, or paradigm, provides the conceptual framework by which the nature of reality (ontology), the theory of knowledge that informs the research (epistemology) and the knowledge may be gained (methodology) (Tuli, 2010). Not only is the constructivist paradigm congruent with the values, beliefs and assumptions that I have for this study (which is discussed more in Chapter Three), it will allow preconceptions to be challenged, refined or discontinued (Heidegger, 1927/1962).

The theoretical perspective which is inherent to constructivism and ultimately the study where the guiding research question is related to the lived experience is phenomenology as it asks for the appropriate use of traditional science i.e. in studies where participants' meanings and understandings do not figure. The study's methodology and research strategy (Howell, 2013) will be discussed in more depth in Chapter Two – Methodology and Research Framework - while Chapter Four considers the study's method and means of data collection (Howell, 2013).

1.2.3 Making explicit my personal involvement

In order to reduce the impact of my own biases, assumptions and values and beliefs in the study and to enable the reader to judge how these may influence the study, it is import that I am transparent and acknowledge my prior and current roles both internally as well as externally and make explicit my fore-structure of understanding.

My values, beliefs and assumptions are based on my historicity and more explicitly my previous role as a Programme Director for the FD HSc and my current role as Portfolio Director for Foundation Degrees, which involves overseeing the management and quality assurance aspects of the Faculty's Foundation Degrees. I am also the Faculty's work-related learning co-ordinator, a role which involves working with employers to design and validate WBL programmes, short courses and credit-wrap in-house training programmes. Outside of the University, I am co-chair of the Higher Education Academy's Foundation Degree Special Interest Group, External Examiner at two HEI's for their FD HSc and I have acted as External Assessor at a number of FD HSc validation events.

As I begin to design the study I am conscious that I value the importance of development for all; the role of WBL in allowing individuals' to remain in their place of work and gain accreditation for learning at work, through work and for work; reflection as a tool to support learning, and opportunities I have experienced which allowed me to work and learn. I believe that if individuals are returning to learning they need appropriate support (both at university and in the workplace) and for

learning to be meaningful, it needs to relate to work and role development. My assumption is that individuals will be practice rich and theory poor and that they will receive the support they require in the workplace.

As well as recognising how my experience has influenced my own values, beliefs and assumptions, I am mindful that I need to explicitly acknowledge my fore-structure of understanding (Heidegger, 1927/1962) so that practical and theoretical knowledge can be laid bare. Based on the three parts of Heidegger's fore-structure of understanding, I acknowledge in Chapter Three - Fore-structure - my *fore-having, fore-sight* and *fore-conception*. I am aware that I am part of what Heidegger referred to as a '*circle in understanding'* (Heidegger, 1927/1962: 195) and, as a result, understanding how my preconceptions and past experience could shape the study is important as I am '*involved with something as something'* (Heidegger, 1927/1962: 198). According to Heidegger (1927/1962) to understand I need to '*interpret something as something'* (Heidegger, 1927/1962: 198) which is achieved through the recognition of my prior experiences as a basis for interpretation. This will enrich my understanding through '*the working out of possibilities projected in understanding'* (Heidegger, 1927/1962: 189) for without understanding of what I bring to the study there will be no meaning.

This section has provided an overview of the broad aim of the study including the guiding research question. It has considered the theoretical perspectives based on interpretations and more explicitly my personal involvement in the study.

1.3 BACKGROUND TO THE NATURE OF KNOWLEDGE, WORK-BASED LEARNING, LEARNING AS A PRACTITIONER AND KNOWLEDGE AND SKILLS FOR THE ASSISTANT PRACTITIONER ROLE

The aim of this section is to provide a background and explanation of the philosophical issues associated with the nature of knowledge; WBL; learning as a practitioner and developing knowledge and skills for the AP role. As I do not want to pre-determine the outcome of my interpretations and I want to understand the lived

experience inductively, these discussions are based on my current knowledge of the literature. By not completing an extensive and systematic review of the literature in advance of the study, I sought to identify emergent themes and categories that were novel and distinct from the current literature. As Strauss and Corbin suggest:

> *'We do not want to be so steeped in the literature as to be constrained and even stifled in terms of creative knowledge by our knowledge of it'* (Strauss and Corbin, 1990; 50)

This will be re-visited in the discussion chapter when appropriate literature will allow me to make sense of the study's findings and critique the literature in light of experience.

To achieve its aims this section is composed of four sub-sections. The first provides an overview of knowledge, skills and understanding from a philosophical perspective and the use of knowledge in nursing. The second considers schools of thoughts regarding WBL and a definition of how WBL will be used in this thesis. The third provides an overview of learning as a practitioner while the fourth is informed by the previous three sections to inform the development of the knowledge and skills for the AP role.

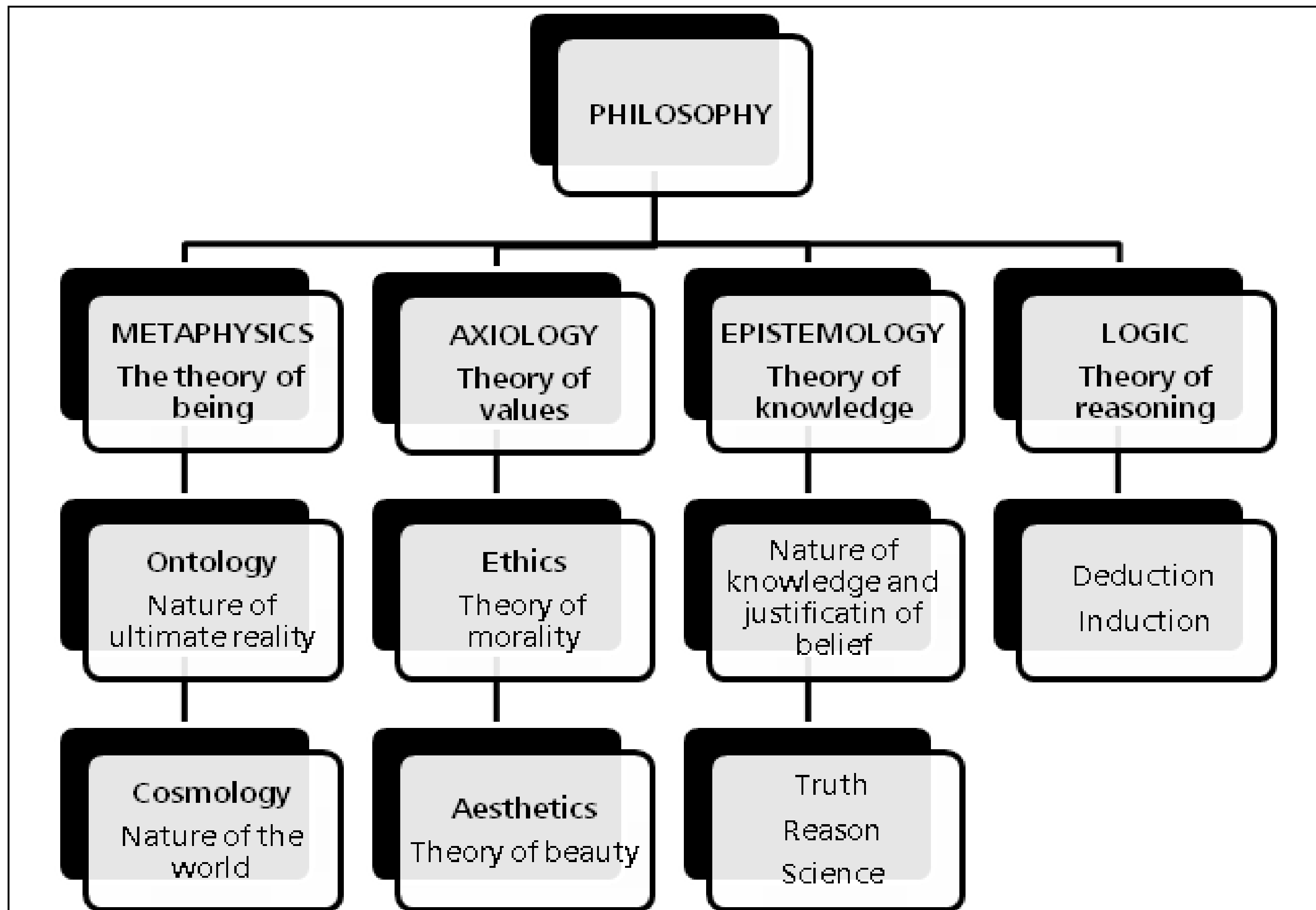
1.3.1 The nature of knowledge

Prior to discussing the use of knowledge in nursing, the nature of knowledge will be contextualised within a philosophical perspective (Silva, 1977). Philosophy has a plethora of definitions Silva (1977) believed philosophy was concerned with, among other things, the nature of being, the nature of reality, the purpose of human life, and the limitations of knowledge while Priest (1996) advocated that philosophy is:

> *'Intellectual inquiry in which **anything** is open to critical challenge and scrutiny'* (Priest, 1996: 202).

There is no consensus as to the components of philosophy and Figure 1.1 (based on descriptors by Manley, Chapter 10 cited in Perry, 1997) provides a helpful overview.

Figure 1.1 Overview of the branches of philosophy (based on Manley's descriptors cited in Perry, 1997)



The branches of philosophy are not to be viewed in isolation but are interdependent. For example what is knowledge (epistemology) and what is valuable (axiology) will be influenced by the nature of reality (ontology). Knowledge which derives from philosophy differs from scientific knowledge (philosophy of science) as it has not been *'infected by subjective preferences and personal bias'* (Carr and Kemmis, 1986: 62) but instead is concerned with how claims are objectively validated. Scientific knowledge is founded in the rigorous application of testing phenomena against a template which is devoid of as much human bias and misconception as possible. On the other hand knowledge arising from philosophy takes subjective and intersubjective social knowledge and actively constructs and co-constructs this knowledge through human interaction and consciousness (Denzin and Lincoln, 2008). Through the 20th Century the description of knowledge changed and consequently the theory of knowledge is discussed in the next sub-section.

1.3.1.1 The theory of knowledge

During the 20th Century the theory of knowledge evolved as philosophers rejected the principle that all knowledge starts from perception and sensation (Popper, 2002). Popper (2002) held that theory testing proceeded through the logic of falsification. This meant that to test a theory a hypothesis would be derived from the laws. If the hypothesis was observed to be false then the theory must be false. Popper (2002) advocated that theories are never positively verified or confirmed. Pragmatism, an American school of philosophy concerned with the usefulness of knowledge, was proposed during the early part of the 20th Century but was not acknowledged until the latter part of the century. Pragmatists believe that knowledge (and therefore truth) is validated according to whether it can be put to good use, rather than whether there is evidence to support it.

Habermas (1972), in developing his theory of critical social science during the 1960s, developed a theory of knowledge through critically examining the way in which the positivist understanding of knowledge is legitimised. He tried to demonstrate that science offers only one kind of knowledge and while opposing the claim that science offers an objective account of reality he revealed how different kinds of knowledge are shaped by the particular human interests they serve. Habermas called his theory of

knowledge a theory of *knowledge-constitutive interests* (Carr and Kemmis, 1986) as knowledge is never detached from everyday concerns. Knowledge, according to Habermas, is the outcome of human activity that is motivated by natural needs and interests and has been shaped by historical and social conditions. Habermas believed these knowledge-constitutive interests are *a priori* as they are presupposed by any cognitive act and therefore constitute the possible modes of thought through which reality may be comprised and acted upon (Carr and Kemmis, 1986).

Human knowledge, according to Habermas' theory of knowledge-constitutive interests, consists of three knowledge-constitutive interests - technical; practical and emancipatory. Habermas believed that *technical* interest involves individual's acquiring knowledge in the form of scientific explanation which facilitates their control over natural objects. He argued that technical knowledge is not the only legitimate type of knowledge and that understanding others cannot be reduced to scientific knowledge. Understanding others requires knowledge in the form of an interpretive understanding *hermeneutics* which serves a *practical* interest in understanding and clarifying the conditions for meaningful communication which inform and guide practical judgement.

Habermas argued that practical knowledge does not take into consideration how social, cultural or political conditions impact on existing forms of communication. For Habermas *practical* interest in communication only occurs when alienating conditions have been recognised and removed. This approach, or as Habemas identified, *emancipatory* interest requires going beyond the concern with subjective meaning to acquire emancipatory knowledge of the objective framework in which communication and social action occur. Habermas stated that each of these knowledge-constitutive interests take form in a particular 'medium', and the knowledge derived from each interest gives rise to a different science. According to Carr and Kemmis (1986) Habemas' analysis of knowledge gives rise to a three-tiered model which is represented in Table 1. 3.

Table 1.3 Habermas' analysis of knowledge based on Carr and Kemmis (1986)

Interest	Knowledge	Medium	Science
Technical	Instrumental (Causal explanation)	Work	Empirical-analytical or natural sciences
Practical	Practical (Understanding)	Language	Hermeneutic or interpretive sciences
Emancipatory	Emancipatory (Reflection)	Power	Critical sciences

Alongside his belief that knowledge is interwoven by the human interest it serves, Habermas advocated that knowledge acquisition is a cumulative process with each level forming the basis of the next level. This concept of three different kinds of knowledge interwoven with human interest provides a very linear approach to knowledge with each kind of knowledge developing in isolation based on an accumulative process. Kemmis (2005) questioned Habermas' perception and argued that practice must be justified in terms of 'effectiveness' and 'appropriateness' and critical questions must be asked related to changing practice. Similarly, Risjord (2010), using different terminology but the same concepts as Habermas, identified that nursing knowledge consisted of three dimensions; science, philosophy and practice with each dimension constraining, guiding and informing the other two. Therefore the aim of the next sub-section is to consider the use of knowledge in nursing.

1.3.1.2 The use of knowledge in nursing

Carper (1978) made one of the first attempts to consider, from a nursing perspective, 'What it means to know?' and 'What kinds of knowledge are held to be of most value in the discipline of nursing?' Carper, from a review of the nursing literature, identified four fundamental patterns of knowing (empirics, aesthetics, personal and ethical) which integrated both theoretical and practical knowledge but which also demonstrated the complexity and diversity of nursing knowledge:

- **Empirics – the science of nursing**

For Carper, empirics, or scientific knowledge, was the systematic organisation of empirical knowledge into general laws and theories so that phenomena of concern to nursing may be described, explained and predicted. This pattern of knowing reflected the *know-that* knowledge identified by Ryle (1949) and which is embedded in theoretical knowledge.

- **Aesthetics – the art of nursing**

Carper noted there were aspects of nursing knowledge that had not resulted from empirical investigation and referred to this as 'knowing in nursing' or practical knowledge. Ryle (1949) referred to this pattern of knowing as *know-how* which is based on practical, experiential knowledge bedded in experience rather than theory. Kuhn (1970) agreed that 'knowing that' and 'knowing how' are two different kinds of knowledge. Individuals may have skills but do not 'know that' or cannot account for the development of these skills.

- **Personal knowing**

Personal knowledge according to Carper is the most difficult to teach and master. It involves the 'therapeutic use of self' as the nurse strives to promote wholeness and engagement.

- **Ethical knowing**

The ethical pattern of knowing focused on what ought to be done (Carper, 1978). It encompasses the need to understand 'different philosophical positions about what is good, right and wrong'.

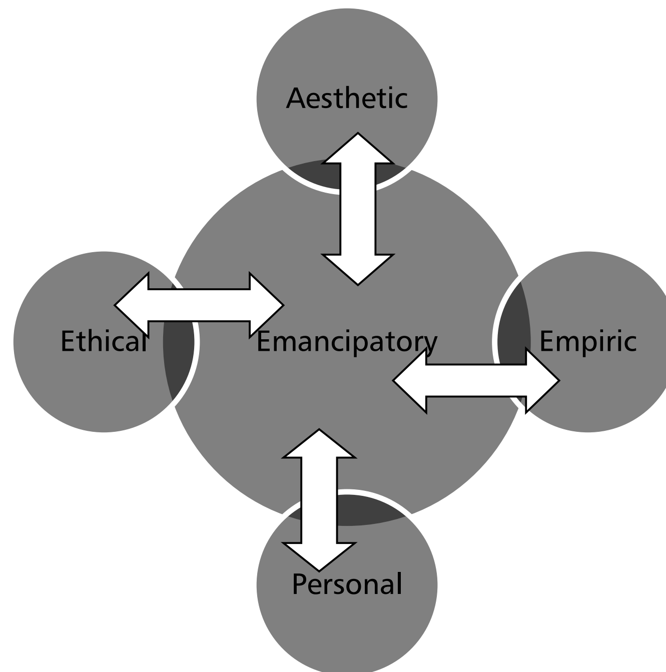
Although Carper (1978) advocated that each separate pattern of knowing was interrelated and interdependent, she did not, unlike Habermas' emancipatory knowledge, recognise how these identified patterns of knowing could be utilised to change the social systems that influence practice. To aid understanding of each of Carper's patterns of knowing and ultimately integrate the four patterns of knowing into clinical practice, Jacobs-Kramer and Chinn (1988) extended Carper's framework

into a model. It may be argued that Jacobs-Kramer and Chinn's model missed a number of significant perspectives, calling into question its relevance for nursing practice. One omission relevant to this study related to context and how knowledge is acquired and used (Eraut, 1994) and will be discussed in the sub-section - learning as a practitioner.

White (1995) criticised Jacobs-Kramer and Chinn for omitting a fifth pattern of knowing, socio-political knowing, which situated the nurse-patient relationship in the broader context of where health care occurs and caused the nurse to question the taken-for-granted assumptions about practice. Habermas' (1972) emancipatory interest which Chinn and Kramer (2011) incorporated as emancipatory knowing. Chinn and Kramer identified, and advocated, that nursing was most effective when the five patterns of knowing, empirics, aesthetics, personal, ethics and emancipatory come together in an integrated way to support praxis. Praxis is defined as informed practice which has been guided by a moral incentive to act truly and justly. It encompasses *doing-action* which reflexively changes the knowledge-base which informs it (Carr and Kemmis, 1986; Freire, 1972).

Chinn and Kramer (2011) believed that dimensions of emancipatory knowing surrounded and connected with Carper's (1978) four patterns of knowing and placed a critical lens on the development of nursing knowledge and the practice of nursing. For without this integration knowledge is developed in isolation and consequently any new knowledge is not fully used in practice - a concept which Chinn and Kramer (2011) term 'patterns gone wild'. While Carper (1978) coined the terms 'interrelated' and 'interdependent' when describing her patterns of knowing, Chinn and Kramer believed that all processes involved in creating nursing knowledge are non-linear, interactive and do not have a single starting point as demonstrated in Figure 1.2.

Figure 1.2 Chinn and Kramer's (2011) non-linear, interactive approach to knowledge development in nursing



It may be argued that Chinn and Kramer's diagrammatic representation of their model (2011) did not clearly demonstrate the integrated requirements of the patterns of knowing in producing knowledge for practice. Consequently the next sub-section considers a range of thoughts related to WBL and the definition of WBL which will be used within this thesis.

1.3.2 Work-based learning

As discussed earlier, the philosophy of a FD demands the fusion of academic and vocational paths in an HE qualification and crucially involves the employer playing a central role in developing and delivering this initiative (Thurgate et al, 2007). Given the vocational aspects and the employer involvement learning at work is closely linked in FDs (QAA, 2004).

From a philosophical perspective Portwood (2007) argued that WBL had a pragmatic philosophy because the evidence confirming true belief is:

'contained in and demonstrated by consequences of action' (Portwood, 2007: 16)

or the interdependency of knowing and doing (Dewey, 1938; Sennett, 2008) as the learner is making sense of their context and role through active participation (Tennant, 2004). Sobiechowska and Maisch (2007) stated that WBL is based on the philosophical stance that learners are adult learners and as a result are self-directed, autonomous and self-motivated. Raelin (2011) proposed that WBL should be considered a philosophical approach that characterises how learners develop their knowledge to participate effectively and democratically.

As well as a philosophical approach Raelin (2011) perceived WBL as a pedagogical method although the concepts and paedagogy of WBL have been contested by, amongst others, Barnett (1994). Despite these concerns, WBL draws on well-established underpinnings - in particular the concept of experience and reflection in relation to learning (Dewey, 1938), the context of professional and vocational learning (Boud, Cohen and Walker, 1993; Knowles, 1970; Schön 1983,1987), action research (Carr and Kemmis, 1986; Lewin, 1946) and to some extent participative inquiry (Reason and Rowan, 1981). Knowledge resulting from WBL arises from Habermas's (1972) critical social theory and 'knowledge-constitutive interests'. It is the individual's interests and associated activity which guides the way their knowledge is constituted in different contexts.

Defining WBL has been recognised as problematic (Connor, 2005) with a clear definition proving to be elusive (Owens and Rutherford, 2007) and consequently the term has been interpreted in different ways. In 2008 the Department for Children, Schools and Families (DfCSF) defined WBL as:

'planned activity that uses the context of work to develop knowledge, skills and understanding useful in work, including learning through work, learning about work and work practices and learning the skill for work' (DfCSF, 2008; 8).

While this definition identified the role of learning in the workplace it appears to be related more to what Hanney (2005) identified as a work placement or the experience of work for a short duration. This, it could be argued, is a similar model to pre-registration nursing programmes in the UK where student nurses experience placements as part of their learning to link theory with practice. Chisholm, Harris, Northwood and Johrendt (2009) do not mention the workplace in their definition stating that WBL is characterised as *'an experiential-reflective learning approach'* (325). This implies that WBL will only succeed if those undertaking it are capable of experiential and reflective learning. This apparent need to be able to engage in reflective learning raises questions as to the ability of the learner to undertake WBL. This perception is supported by Garrick and Usher (2000) who believed that WBL was an indicator of self-management and the work of McKee and Burton (2005) who perceived that practitioners must take a mature approach to independent learning. Based on these arguments, it appears that WBL may only be undertaken by registered professionals who are able to engage in reflective learning and lead and manage their learning independently. For many practitioners WBL is perceived as on-the-job training to perform tasks or attend mandatory training with little relevance to their role. Garvin, Edmonson and Gino (2008) argued that training alone does not allow staff to create, acquire, utilize and transfer knowledge. Raelin's (2008) definition of WBL may be more appropriate as he articulated that WBL arises from the world of work, merges practice and knowledge with experience and is centred around conscious reflection on actual work experiences. Raelin (2008: 2) believed that the following three elements are critical in the WBL process:

- Learning is **acquired in the midst of action** and dedicated to the task at hand;
- Knowledge creation and utilization is a **collective activity** where learning becomes everyone's job; and
- Learners demonstrate a **learning-to-learn aptitude**, which frees them to question underlying assumptions of practice.

Based on Raelin's (2008) three elements, learning from experience (or practice) appears to be the cornerstone of WBL (Williams, 2010). Clarke and Wilcockson (2001) emphasised the importance of closely integrating learning, practice and

knowledge development within experiential WBL which is appropriate for the FD HSc. Williams (2010) argued that there are two types of courses that accredit WBL - those designed to give practitioners the knowledge and skills to do their jobs or to take on new roles e.g. Chalmers, Swallow and Miller (2001) and those designed to focus on the learning process and lead to change in practice e.g. Finn, Fenson and Chesser-Smyth (2010). Brown, Harte and Warnes (2007) and Workman (2003) believe these different courses are at the two ends of a continuum rather than mutually exclusive which is demonstrated in Figure 1.3.

Figure 1.3 WBL continuum concept based on the work of Brown et al (2007) and Workman (2003)

The first type of course involves the development of skills and underpinning knowledge to meet the employer's requirements and consequently develops staff capable of completing a range of tasks to a known level of effectiveness and efficiency. It encourages more novice practitioners to up-skill or within specialist clinical areas build knowledge, skills and competence (MacLeod and Lyon, 2007) similar to the FD HSc. Brown et al (2007) referred to these courses as affirmative WBL while Workman (2003) used the term prescribed WBL. Courses at the other end of the continuum are referred to as transformative WBL by Brown et al (2007) or learner led WBL (Workman, 2003).

According to Brown et al (2007) transformative WBL involves the application of new learning, based on personal development plans, which will take expert practitioners to a higher level of decision making and leadership. Macleod and Lyon (2007) also referred to courses, at the transformative end of the continuum, as being aimed at

more 'senior' staff. Rhodes and Shiel (2007) definition of WBL may be more inclusive as they start with the learner who should have the opportunity to:

> *'interpret, analyse and challenge current thinking and practice, in order to develop new personal knowledge, understanding and attitudes, and thereby improve their own professional practice'* (Rhodes and Shiel, 2007: 175).

Rhodes and Shiel (2007) believed that the ability of the learner to develop as a highly motivated active learner able to work autonomously was the key to success. Rhodes and Shiel (2007) utilized individually negotiated work-based projects which were designed to benefit the learner and their workplace as they focus on learning in and from the workplace and through critical reflection the learner is able to extend their *'capability and individual effectiveness'* (Rhodes and Shiel, 2007:174). Garnett's (2004) definition of WBL, on the other hand, does not focus on specific workplace hierarchy:

> *'A learning process which focuses University level critical thinking upon work, (paid or unpaid) in order to facilitate the recognition, acquisition and application of individual and collective knowledge, skills and abilities, to achieve specific outcomes of significance to the learner, their work and the University'* (Garnett, 2004 Inaugural lecture).

Garnett's (2004) definition is appropriate for the FD HSc with its fusion of academic and vocational learning and ability to customise to individual and workplace needs.

Based on the philosophical perspectives and definitions of WBL presented within this section the concept of WBL as a continuum (Brown et al, 2007; Workman, 2003) encompassing both prescribed WBL, in the core modules, and learner led WBL in the pathway modules, is the conception which underpins the FD HSc. For the purposes of this study, and based on the concept of WBL as a continuum, Garnett's definition of WBL will be utilised. This definition recommends that learning does not occur exclusively in one area, for example the workplace or university but it is the meaning which the learner gives to the situation that personifies WBL. The aim of the next sub-section is to consider learning as a practitioner.

1.3.3 Learning as a practitioner

This sub-section specifically considers learning as a practitioner and experiential learning as opposed to learning in its broadest context. While much has been written on experiential learning, this sub-section will focus on the philosophical work of Dewey (1938), Argyis and Schön's work on theory of action (1974), Schön's (1983, 1987) work on reflection and education and Eraut's (1994) work on developing professional knowledge and competence.

Dewey (1938) developed an educational philosophy based on experience where he argued that education and learning encompassed more than that which was present in books, it required active participation '*to do and learn*' (Dewey, 1938: 19). However, Dewey argued that the quality of the experience, or the transaction between an individual and the environment at the time, was fundamental and was based on both the immediate effect of the experience and the influence of this experience on future experiences, an experience continuum (Dewey, 1938). Experiences, therefore, shape the individual from that which has gone before and modifies, in some way, those which come after. Dewey advocated that experience is a *moving force* and it is the role of the educator to determine the direction of the experience, to give meaning to the experience and importantly the required attitudes to facilitate further growth, an *'ever-present process'* (Dewey, 1938: 50).

Dewey believed that to give meaning to experiences and their learning learners must understand the purposes which direct their learning. For Dewey the formation of purposes was an end-view that incorporated the foresight of the consequences which may arise from acting on impulse. The formation of purposes involve, observation of surrounding conditions; knowledge of what has happened in similar situations in the past; knowledge partly obtained from personal experiences and the shared experiences of others; and judgement which fuses what is observed and what is recalled. This results in a plan of action based on individual foresight of the consequences of acting within the observed conditions in a certain way, through the process of social intelligence (Dewey, 1938). It is the problems which arise from the plan of action and the fusion of theory which allows the learner to grow. From this learning new facts and ideas evolve which form the basis for further experiences and

new problems. Based on Dewey's philosophy of education and experience on learning education for the learner and society must be based on an actual life-experience and the meaning and consequences of this experience and action.

Argyis and Schön (1974), using a theory of action, tried to make sense of the integration of thought with action, a key component of Dewey's (1938) philosophy of experience on learning. The concept of theories of action and theories-in-use (Argyis and Schön, 1974) arose in response to the perceived chasm between learning a skill (the ability to behave effectively in a situation of action) and learning or applying a theory which occurred in a different environment, for example, skill learning occurs in the workplace and theory learning occurs in the classroom. Argyis and Schön argued that learning a theory of action in order to become competent in practice does not consist of reciting theory but learning to put the theory into practice. Schön (1983, 1987), based on his personal experience, developed this concept further in terms of fusing academic knowledge and professional practice. He argued that the model of Technical Rationality, an epistemology of practice derived from positivist philosophy and the application of scientific theory and technique to professional activity did not take account of the 'divergent' nature of practice. For Schön tacit knowing-in-action is paramount to practice and involves thinking in- and on-action. Schön advocated that reflection-in-action and making sense of the phenomena involved reflecting on understandings which had been implicit in the action and critiquing understandings which arose to restructure future actions. Schön was aware that as practice becomes more repetitive and routine and as knowing-in-action becomes more spontaneous, the practitioner may miss important opportunities to think about their actions.

Reflection, Schön believed, allows the practitioner to question their tacit understandings and make new sense of the situation and may be in- or on-action. Reflection-in-action allows the individual to consider both the means and ends simultaneously; thinking is not separated from doing because it is not bound by the dichotomies of Technical Rationality. Reflection-in-action requires knowledge or theory-in-use and, especially for the novice practitioner, a facilitator because the practitioner's repertoire of experiences for understanding and action is central.

According to Schön reflection-in-action involves experimenting in practice through exploration, move testing and hypothesis testing and consequently shaping the situation. By trying to change the situation the practitioner considers the resulting changes as the essence of its success, action can be examined for their meanings, revised and tried again; a continual interweaving of thinking and doing. While reflecting-on-action and making sense of the situation the practitioner must acknowledge their contribution to the situation.

To be a reflective practitioner, Schön argued, requires knowledge and technical competence alongside the ability to exhibit the necessary knowledge during interaction with service users where, through reflective conversations, the limit of their expertise is revealed or as Dewey advocated, they are learning by doing so as to recognise competent practice. For the practitioner this learning involves interaction with facilitators (lecturer or mentor) and background learning. However, as Eraut (1994) identified, the lecturer's knowledge-base is likely to be segmented and framed in technical/scientific rather than practical terms so rendering the nature of professional knowledge problematic for the learner. Much learning is focused to new knowledge from outside rather than knowledge arising from personal experience and Eraut acknowledged that evidence available about what is learnt from experience and meaning is scarce. It is known that this learning depends on what is perceived and is dependent on perceptual/cognitive frameworks and expectations; time to reflect and make sense and link specific experiences with other personal knowledge. Eraut cautiously noted that individuals do not know what they do not know and where practical knowledge is developed through experience they cannot easily state what it is they know. Like Dewey (1938), Eraut believed that a significant proportion of learning is associated when a change in practice occurs through the context of use and not necessarily following the acquisition of knowledge. Use in practice enables the individual to reflect in- and on-action; to reinterpret their actions and link theory and practice within the context of use. For change in practice to occur, the individual will have to unlearn previous practice and routines, let go of the known and learn new ways. This process may involve verbal or written communication and observation and experimenting (Eraut, 1994). Once this learning has occurred, transferring this learning to another context takes, according

to Eraut, considerable further learning therefore considering the mode and context of use is fundamental.

Learning the knowledge required to be an effective and efficient practitioner must encompass not only professional knowledge but also personal knowledge, tacit knowledge, process knowledge and know-how (Eraut, 1994) and situations and phenomena which are central to practice (Schön, 1983). One way in which an individual may develop the appropriate knowledge for their role and professional development is through the use of competencies where the individual is deemed competent. Facilitating an individual in the workplace to become competent involves mentors who are immersed in the taken-for-granted practice and show rather than explain any appropriate opportunities. Learning as a practitioner, therefore, requires learning through action as well as time and space to reflect in-action to develop practice. The next sub-section considers developing the knowledge and skills for the AP role.

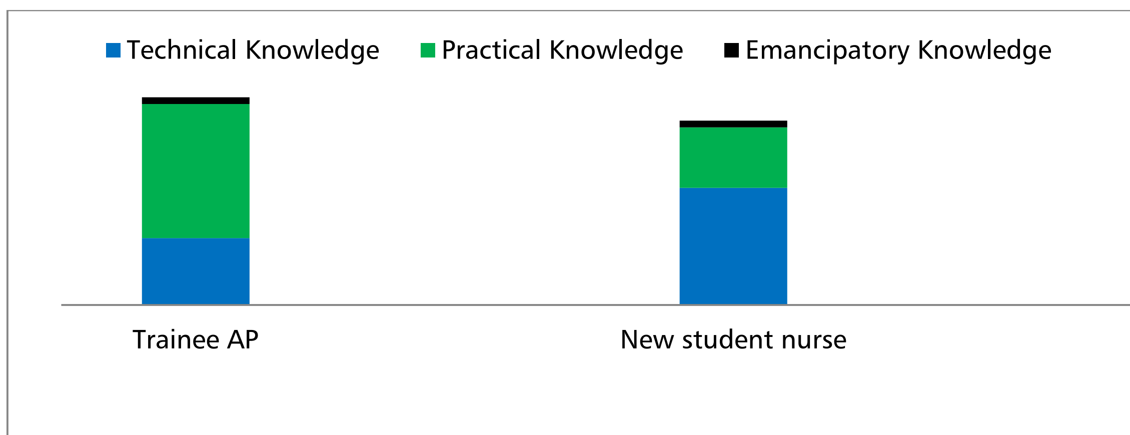
1.3.4 Developing the knowledge and skills for the AP role

Skills for Health (SfH) identified that the AP would have a '*level of knowledge and skill beyond that of the traditional health care worker'* (SfH, 2009; 2) however; the level of knowledge and skill required has not, at the commencement of this study, been made explicit by SfH or the DOH. Therefore, in the context of this study it is important to consider how AP knowledge and skills may be developed.

Habermas' theory of knowledge (1972) and his perception that different kinds of knowledge (technical, practical and emancipatory) are shaped by the particular human interest they serve is central to TAPs developing the knowledge and skills required to be an AP. Based on a personal interpretation of Habermas' knowledge-constitutive interests I perceive TAP's will enter the FD with different levels of technical, practical and emancipatory knowledge which have arisen from prior personal interests, experiences and concerns. For example, a TAP may be rich in practical knowledge due to the practical nature of their role but lack underpinning theoretical knowledge. They may not have emancipatory knowledge as they lack the power, position or awareness

of the social/power systems which impact on them and their practice collectively. The TAP's emancipatory knowledge should develop as they are provided with opportunities to question the taken-for-granted assumptions about practice. This differs from a student nurse who may have theoretical knowledge on commencing their placement from university learning but may lack practical knowledge because of a lack of time and experience in practice. Their emancipatory knowledge may be similar to a TAP as they may not understand or recognise the social/power system because of their newness to the practice environment. The perceived difference in practical and theoretical knowledge between as student nurse and TAP as they commence their journey is demonstrated in Figure 1.4.

Figure 1.4 Concepts of human interest and knowledge (Habermas, 1972)



The fusion of academic and vocational learning through WBL will enable TAPs to learn at work, for work and through work and be active participants *'to do and learn'* (Dewey, 1938). This will allow TAPs to use and integrate Carper's (1978) four patterns of knowing in the context of use (Eraut, 1994). To support development in the workplace and allow TAPs to question their knowing-in-action will require a mentor who will explain, rather than tell, and provide opportunities to reflect-in and on-action. Experience is central to support the TAP become an AP with knowledge developed during the TAPs journey. Practical knowledge should be extended through theory based investigations; existent 'know how' developed through clinical experience so practice may be changed through praxis. The TAP's human interest cannot be separated from knowledge as knowledge is an outcome arising from everyday concerns (Manley and McCormack, 2003). Technical knowledge may arise from a

technical interest to develop evidence based care. Practical knowledge may evolve from a practical interest to understand and to inform practical judgements. Emancipatory knowledge may result from an interest about how social conditions impact on their workplace teams' practice and the action to ensure shared values.

This section has considered the theory of knowledge; the integrated and incremental approach to knowledge acquisition and the use of knowledge in nursing. The concept of WBL as a philosophy and methodology was debated and as a result the definition:

> *'A learning process which focuses University level critical thinking upon work, (paid or unpaid) in order to facilitate the recognition, acquisition and application of individual and collective knowledge, skills and abilities, to achieve specific outcomes of significance to the learner, their work and the University'* (Garnett, 2004 Inaugural lecture)

will be used for this thesis. Learning in the workplace is central to the FD HSc and learning as a practitioner and experiential learning will be fundamental in allowing the TAP to learn from action. However, for learning to occur, TAPs require facilitation to reflect-in and on-action so that their taken-for-granted practice and their knowing-in-action can be questioned and learnt practice let go as they develop the knowledge, skills and attitude to be an AP.

1.4 SUMMARY

This chapter has considered the broad aim of the study based on my current understandings, how the knowledge produced could be applied to WBL and the development of new roles while the individual remains in their place of work. The philosophical perspective, interpretist/constructivism, which underpins this study of the lived experience was considered as well as the theoretical perspective of phenomenology. To ensure transparency the values, beliefs and assumptions which I bring to the study and the need to lay bare my fore-structure of understanding were shared. This chapter has only provided an overview of the broad aim of the study and related concepts and theory and these issues will be discussed in more detail in later chapters. The final section of this chapter provides an overview of the chapters within this thesis.

1.5 OVERVIEW OF CHAPTERS

Chapter Two, Methodology and Research Framework, provides details of the methodology used to answer the research questions. The chapter provides a detailed description of the term methodology and how my assumptions contribute to the study's methodology. It incorporates an overview of the philosophical perspectives of phenomenology and hermeneutics and justifies the use of Heideggerian hermeneutic phenomenology that is '*alive to the constructed and social nature of experience'* (Ashworth, 2003: 23).

The emphasis of Chapter Three is my fore-structure of understanding as I commence this study. Hermeneutic phenomenology is interpretive and interpretive phenomenology as a methodology acknowledges that it is my fore-structure of understanding that brought me to the topic. The focus of Chapter Three situates me in relation to the research topic and its participants so that I am conscious of how my fore-knowledge influences the study and ensures that I remain open to 'to things as themselves' and not to pre-empt conclusions.

To ensure credibility, method is addressed in Chapter Four. The term 'method' originally meant *'the way to the goal'* (Kvale and Brinkmann, 2009: 82). Hence this chapter provides a detailed description of the research design. The sampling strategy and selection is explained and justified in terms of appropriateness and adequacy. Pertinent ethical issues are considered and the method of data collection and analysis detailed.

The process of data analysis constitutes Chapter Five. The fundamental of Smith and Osborn's (2003) stepped analysis will be used as a means of engaging with and interpreting the meaning of the 'lived experience' documented in the transcripts of conversational one-to-one interviews with the participants. This process involves looking at one transcript, and then moving on to the others one by one. The emergent themes are listed to facilitate the analytical or theoretical ordering necessary to elicit connections between them. A concept analysis of the findings allowed a framework of enablers, characteristics and proposed consequences for

describing an effective journey to emerge. Consideration of reflexivity and analysis of my research diary documenting reflection on the process is included in this section to ensure credibility.

Chapter Six includes presentations of the findings. Sections of the participants' transcripts are used throughout to allow the data to 'speak' for itself and to clarify and justify the choice of themes. A section of a sample transcript and the analysis thereof is included in the Appendices.

Chapter Seven is a discussion of the emerging framework that identifies the enablers, characteristics and proposed consequences for describing an effective journey presented in Chapter Five with reference to relevant literature, to build a new framework for describing an effective journey. This chapter also critically evaluates the methodology employed, examines the limitations of the study, and considers the significance of the findings in relation to the research question and objectives so that the unique contribution may be acknowledged.

Chapter Eight makes conclusion and recommendations from the study for workforce policy, health care providers, higher education and further research in relation to this topic area.

CHAPTER TWO - METHODOLOGY AND RESEARCH FRAMEWORK

INTRODUCTION

This chapter has four sections. The first section broadly considers the study's methodology and more specifically how my beliefs, values and assumptions contribute to my choice of theoretical perspective within the constructivist paradigm. The second and third sections consider the philosophical perspectives of Phenomenology and Hermeneutics while the final section discusses the research framework and why philosophical hermeneutics will be the most appropriate theoretical perspective to underpin this study.

2.1 SELECTING THE METHODOLOGY

The aim of this first section is to make explicit the study's methodology and my philosophical assumptions which underpin this study. Within the literature there is no clear definition and application of the term methodology. Bearing in mind this lack of clarification, it is important that I acknowledge at the outset what I mean by methodology and ultimately the assumptions I hold when choosing a methodology (Mertens, 2003). The methodological approach in this study is informed by Guba (1990) as the *'basic set of beliefs which guide action'* (Guba, 1990: 17) and which are ultimately influenced by the researcher's own values, beliefs, feelings and assumptions (Denzin and Lincoln, 2005).

The methodology not only guides the strategy for the study but its methods, tools and techniques (although the tools and techniques employed in one methodology may be used in another methodology). Guba and Lincoln (1989) believed that the intention of the researcher using the tools and techniques will influence how they are used and consequently methods will be explored in more depth in Chapter Four.

The methodology will depend on the paradigm which guides the beliefs about the nature of reality and humanity (ontology), the theory of knowledge that informs the research (epistemology) and how the knowledge may be gained (methodology) (Tuli,

2010). Therefore, a paradigm deals with ultimates which Guba and Lincoln (1994) believed are guided by three fundamental questions:

- Ontological – what is the form and nature of reality and the nature of being in the world?
- Epistemological – what is the nature of the relationship between the enquirer and the known?
- Methodological – how can the enquirer go about acquiring knowledge about the world?

Paradigms will be broadly considered before I discuss why the constructivist paradigm is congruent with my research question and the values, beliefs and assumptions which I brought to the study. The identification of the theoretical perspective, phenomenology and hermeneutics, which is inherent to the constructivist paradigm will conclude this section.

Prior to considering the study's methodology or the research strategy (Howell, 2013), it is important to have a broad understanding of the concept of paradigms. Paradigms incorporate the clear indications of how ontology and epistemology are intrinsic to the methodological approach and subsequent research design. The ontological perspective identifies the epistemology which provides a strategic assessment of the methodology and methods, the means of data collection (Howell, 2013). Kuhn (1970) highlighted the notion of a paradigm as an overarching framework which organises our whole approach to being in the world. Paradigms provide the conceptual framework by which researchers apply their assumptions, intentions, values and beliefs so that any theoretical knowledge produced will be consistent with the view of reality supported by the paradigm (Carr and Kemmis, 1986). Lincoln and Guba (1985) believed that paradigms have passed through a number of eras (pre-positivist, positivist, post-positivist) where the assumptions, intentions, values and beliefs have guided inquiry in quite different ways.

The pre-positivist period ranged for more than two millia from Aristotle (384-322 B.C.) to the commencement of David Hume (1711-1776). Aristotle and many other pre-

positivists took the stance of 'passive observer' (Wolf, 1981). Attempts to learn about nature were interventionist and unnatural so distorting what was learned. The positivist era, on the other hand, is characterised by:

> *'an extremely positive evaluation of science and scientific method'* (Reese, 1980: 450)

Positivism provided a new rationale for science with five assumptions capturing its most salient aspects:

- An ontological assumption of a single, tangible realism;
- An epistemological assumption about the possibility of separation of the observer from the observed;
- An assumption of the temporal and contextual independence of observation;
- An assumption of linear causality;
- An axiological assumption of value freedom (Lincoln and Guba, 1985).

Within the positivist paradigm it was assumed that scientific knowledge was in a continuous state of accumulation and growth (Carr and Kemmis, 1986). However, as paradigms are based on a set of beliefs, dissonance arises as discipline thoughts develop (Lincoln and Guba, 1985). Or, as Kuhn (1970) argued, there are successions of 'revolutions' where 'dominant' paradigms are overthrown and replaced. Kuhn clarified this by stating that paradigms are part of a 'disciplinary matrix' consisting of four elements which form a whole and function together. He identified 'symbolic generalisation' as those expressions which are logically expressed and are readily formalized. The second type of element is shared beliefs in particular models including heuristics, where a practical methodology is employed. Values are the third element. Values are more widely shared across different communities than the first two elements although values may be applied in different ways. The fourth element is shared commitments or 'exemplars'. Kuhn believed that it is the differences between sets of exemplars which provide the 'fine-structure of science'.

While acknowledging that science does not need to be 'entirely determined by rules' Kuhn debated how, occasionally, the chosen paradigm may not solve the problem. This defined a period which Kuhn referred to as 'crises' - the paradigm is not rejected,

per se, but substituted. Kuhn referred to this process as a paradigm change or 'paradigm shift' where there is a difference in the modes of solution and, on completion, the view of the field, its methods and goal will have changed (Kuhn, 1970).

Lincoln and Guba (1985) believed the following era, post-positivist, was virtually the reverse of positivism and advocated the naturalistic paradigm as their post-positivist paradigm. Table 2.1, based on the work of Lincoln and Guba (1985), provides an overview of the positivist and naturalist (post-positivist) axioms which are subsequently identified as realism and constructivism and provide the backdrop through which other paradigms and perspectives operate (Lincoln and Guba, 2000).

Table 2.1 Overview of the realistic and constructivist axioms

Axiom	**Realistic paradigm**	**Constructivist paradigm**
The nature of reality (Ontology)	Reality is single, tangible and fragmentable.	Realities are multiple, constructed and holistic.
The relationship of knower to the known (Epistemology)	Knower and known are independent, a dualism.	Knower and known are interactive, inseparable.
The possibility of generalisation	Time- and context-free generalisations (nomothetic statements) are possible.	Only time- and context-bound working hypothesis (idiographic statements) are possible.
The possibility of causal linkages	There are real causes, temporally precedent to or simultaneous with their effects.	All entities are in a state of mutual simultaneous shaping, so that it is impossible to distinguish causes from effects.
The role of values (Axioms)	Inquiry is value-free.	Inquiry is value-bound.

Unlike realism, where a realist ideology is adopted, constructivism adopts a subjective and multiple ideology which is determined by the study's participants. For constructivism there is not one reality but multiple realities and in order to gain a deep understanding the researcher must get close to the study's participants. By minimizing the distance or 'objective separateness' (Guba and Lincoln, 1985) between researcher and participant the researcher must make explicit the values, assumptions and bias that they bring to the study together with the 'value-laden' nature of the information gathered. This ensures the study is transparent and credible. The language employed within the constructivist paradigm is personal, literary and based on definitions which evolved during the study. The research process within the constructivist paradigm incorporates empiricism, where knowledge is gained from experience:

> *'inductive, emerging and shaped by the researcher's experience in collecting and analysing the data'* (Creswell, 2007: 19)

In subsequent work Guba and Lincoln (1994) considered four paradigms, positivist, post-postivist, constructivism and critical theory. Guba and Lincoln (2008) refined their analysis to include a participatory paradigm, based on Heron and Reason's (1997) critique of their 1994 work. Table 2.2 below, provides Guba and Lincoln's (2008) overview of the basic beliefs underpinning the five paradigms.

The researcher must ascertain which paradigm is congruent with their research question, assumptions, intentions, values and beliefs (Denzin and Lincoln, 2005). They must make explicit how '*the basic set of beliefs' (*Guba, 1990; 17), axiology, epistemology, ontology and methodology guided their action. The study and research question arose from my personal value and belief (axiology) of the need to understand the lived experience of the journey from Healthcare Assistant (HCA) to Assistant Practitioner (AP), and I am aware that there will be multiple realities. From an epistemological perspective I believe it is important that realities are constructed through continual interaction and modification. Understanding is achieved through interpretation and meaning as I make sense of participants making sense of their unique experience. I am aware that the experiences and the language used will be a fundamental component of the study. As researcher I bring my own prior knowledge and experience to the study which I lay bare when I discuss my fore-structure of understanding.

Table 2.2 Basic beliefs of positivism, post-positivism, constructivism, critical theory and participatory paradigm (based on the work of Guba and Lincoln, 2008: 260)

Issue	Positivism	Post-positivism	Constructivism	Critical theory	Participatory
Ontology	Naive realism – 'real' reality but apprehendible	Critical realism – 'real' reality but only probabilistically apprehendible	Relativism – local and specific co-constructed realities	Historical realism – virtual reality shaped by social, political, cultural, economic, ethnic, and gender values; crystallised over time	Participative reality – subjective-objective reality; co-created by mind and given cosmos
Epistemology	Dualist/ objectivist; findings true	Modified dualist/ objectivist; critical tradition/ community; findings probably true	Transactional/ subjectivist; co-created findings	Transactional/ subjectivist; value-mediated findings	Critical subjectivity in participatory transaction with cosmos; extended epistemology of experiential, propositional and practical knowing; co-created findings
Methodology	Experimental/ manipulative; verification of hypotheses; chiefly quantitative methods	Modified experimental/ manipulative; critical multiplism; null hypotheses, may include quantitative methods	Hermeneutical/ dialetical	Dialogic/ dialetical	Political participation in collaborative action inquiry; primacy of the practical; use of language grounded in shared experiential context

As the aim of my study is to gain a deeper understanding of the lived experience of the TAPs journey, a positivist paradigm with resultant knowledge based on objective reality was not appropriate. Testing a null hypothesis which predicts relations among variables and builds theory that explains the phenomena required an understanding of the experience in order to explain and predict.

As one who believes in empowering individuals I feel a critical paradigm will support my values, beliefs and assumptions as it will enable me to work in collaboration with the TAPs and those who support them to identify their concerns, change practice and evaluate this change in practice; empowering the TAPs in the process. It is the integration of change that I cannot facilitate as I do not work in practice with the TAPs and consequently cannot engage with the critical paradigm.

The constructivist paradigm, on the other hand, allows individual's to construct meanings related to the world in which they live and relies on the participant's view of the phenomena being studied. As my study is an exploratory study which considers the TAPs experience and journey to AP, I believe that the constructivist paradigm will allow me to make sense of this journey from their point of view. This paradigm is congruent with the research question and the values, beliefs and assumptions that I have for this study. It will allow me to construct meaning which is related to an individual's perspective of their lived experience; allowing preconceptions to be challenged, refined or discontinued (Heidegger, 1927/1962; Gadamer, 1970). Having made explicit the paradigm which is congruent with my values, beliefs and assumptions it is imperative that I make known the theoretical perspective which shapes this study (Cresswell, 2007).

The theoretical perspective inherent to the constructivist paradigm and ultimately the study is phenomenology (the study of human experience) and hermeneutics (the practice of interpretation). Benner (1994) advocated that the chosen theoretical perspective must be consistent with the researcher's view of what it means to be a human being. The Cartesian view of a person was that self is viewed as a subject, an uninvolved self passively contemplating the outside world of things which are held in the mind. Meaning is grounded in the actions of individual subjects (Benner, 1994).

Thus the focus from the Cartesian viewpoint is epistemological; what counts as knowledge and what our criteria for evaluating truth claims are. Heidegger (1927/1962) criticised both the objective and subjective positions of Cartesianism for not pushing the question to an ontological one; what does it mean to be a person and how is the world intelligible to us all. Through asking what it means to be a person we should be able to understand the world more clearly. Phenomenology and hermeneutics are asking for the appropriate use of traditional science i.e. in studies where participants' meanings and understandings do not figure. This concept is important as a theoretical perspective for this study where the guiding research question is related to the TAPS experience or what does it mean to be a TAP and how is the journey from HCA to AP intelligible to us all.

This first section has considered paradigm eras, shift in paradigms and more specifically the basic beliefs of paradigms based on the work of Guba and Lincoln (2008). I have made explicit how my research question, assumptions, values and beliefs are congruent with a constructivist paradigm and the theoretical perspective, phenomenology and hermeneutics, inherent to this paradigm and study. The aim of the next two sections is to provide a clear understanding of how these theoretical approaches evolved before rationalising in the final section how the research framework was underpinned by a phenomenological philosophy.

2.2 PHENOMENOLOGY

The focus of this section is to provide an overview of phenomenology as a philosophical perspective and the three main phases, and philosophers, associated with phenomenology (Jones, 2001). Phenomenology derived from the Greek '*phainomenon,* meaning 'appearance' ' and '*logos'* meaning 'reason', and is '*the study of everyday life as it is actually lived and experienced'* (Bortoff, 1990: 202). As a philosophy phenomenology grew out of the need to understand the effects of experience on an individual.

It has been the philosophical conceptualisation of the term, through the 20th century until today, which has seen phenomenology develop as a philosophy as well as a

variety of distinctive yet related philosophies with differing epistemological standpoints (Annells, 1996; Benner, 1994). It is portrayed as the study of essences (Merleau-Ponty, 1962), the science of phenomena (van Manen, 1997) and the exploration of human experience (Polkinghorne, 1989). Due to the lack of strict rules or uniform beliefs guiding phenomenology, Spielgelberg (1982) described phenomenology as a movement which has a similar goal 'to the things themselves!' (Heidegger, 1927/1962).

The things are the lived experience, which can speak from themselves while at the same time contextualising them and for most providing a greater meaning of the phenomena under review (McConnell-Henry, Chapman and Francis, 2009). Given the differing philosophical and epistemological standpoints which underpin phenomenology it is important that the development of this philosophical tradition is understood. Kant is reputed to be the first philosopher to refer to the concept of phenomenology in 1786 when he stated that humans were unable to transcend the bounds of their own mind and consequently cannot access the 'thing-in-itself'. It was his notion of 'thing-in-itself' which gave rise to phenomenology as a philosophy (Cohen, 1987). According to Jones (2001) phenomenology can be divided into approximately three phases;

- Preparatory – Bretano (1838-1927) and Stumpf (1848-1936)
- German – Husserl (1859-1938) and Heidegger (1889-1976)
- Merger of Husserl's philosophy to existentialism – Merleau-Ponty (1908-1961) and Sartre (1905-1980)

2.2.1 Brentano and Stumpf

Brentano employed the phrase 'descriptive phenomenology' on the basis of insight into individual instances, inner perception and intentionality. He believed that we can reflectively grasp our mental acts as they occur. The accompanying act of reflection is integral to the original act and it cannot be wrong about the nature of the act it is reflecting on. Brentano's concept of intentionality was refined significantly as his thoughts developed but it is clear that his conception of intentionality is by 'directedness towards an object'. Every conscious mental phenomenon is directed towards an object and itself in that it includes an inner perception of itself.

Stumpf, like Brentano, focused on the concepts of inner perception and intentionality as well as the phenomena and their properties. Inner perception has been described as *'having an awareness of our own psychic phenomena'* and intentionality as relating to the idea *'that everything that we consider to be physical refers to an object'* (Cohen, 1987:32).

2.2.2 Husserl

Husserl, a student of Bretano, developed Bretano's work further to encompass the application of phenomenology to the *'epistemological clarification of the essential concepts of logic'* (Moran, 2000: 9) or *'back to the things themselves'* (Husserl, 1970: 168). Through his vision of phenomenology Husserl attempted to address the epistemological question 'how do we know?' He wanted to find a means by which someone could accurately understand their own experience of a given phenomenon so that they are able to identify the essential qualities of that experience. In order to achieve this Husserl advocated that understanding the experiential content of consciousness was vital but often various obstacles eluded us from achieving this. To examine the everyday experience Husserl stated that someone must step outside the experience. A phenomenological attitude must be adopted which requires a reflexive move as our gaze is turned from objects in the world and directed inward, towards our perception of these objects.

Husserl believed that we take-for-granted our experiences of the world and in order to be phenomenological we need to *'disengage from the activity and attend to the taken-for-granted experience of it'* (Smith, Flowers and Larkin, 2009: 13). Therefore, when someone stops to self-consciously reflect, they are being phenomenological. Phenomenological inquiry, for Husserl, focuses primarily on what is experienced in the consciousness of the individual. Consciousness is a realm of absolute being where the starting point for reflection is *'a description of the presence of man in the world and the presence of world for man'* (Stapleton, 1983:9). Husserl used the technical term '*intentionality'* to describe the relationship between the process occurring in consciousness and the object of attention for that process. In phenomenological terms, experience or consciousness is always consciousness *of* something. For Husserl's concept of phenomenology to be achieved the knowing ego (or self) must

confer meaning through reflecting on itself or bracketing (holding in abeyance) preconceptions so that the genuine and true form of things themselves are achieved (Hammond, Howard and Keat, 1991) and we get at the *'content of conscious experience'* (Smith et al, 2009: 14). In other words we must:

> *'set aside all previous habits of thought, see through and break down the mental barriers which these habits have set along the horizons of our thinking... to learn to see what stands before our eyes'* (Husserl, 1931: 43).

According to this it is Husserl's attempt:

> *'to get at the content of conscious experience – by focusing upon experience itself and describing it in terms of its particular and essential features'* (Smith et al, 2009:14)

During his later work Husserl focused on the concept of the life-world or the *'taken-for-granted'* where he asserted that scientific knowledge and claims depended upon personal experience:

> *'From objective-logical self-evidence,.... the path leads back, here, to the primal evidence which the life-world is ever pre-given'* (Husserl, 1970: 128).

In summary, the basic themes of Husserl's philosophical, descriptive phenomenology are *intentionality, eidetic reduction* and *constitution of meaning* which resulted in this approach being known as transcendental phenomenology. Husserl wanted to provide philosophy with the same interpretation and recognition as belonged to the rigorous sciences (Walters, 1995); he wanted the individual to bracket one's preconceptions; to propose a 'mathematised' world (Crotty, 1998) of uniformities. Husserl did not consider the challenges of the lived world with its constant change, ambiguities and uncertainty. As the study is focused on the lived experience I am conscious that I am part of their journey and while I believe I can make explicit my prejudices (Gadamer, 1989) I cannot lay them in abeyance, I cannot bracken them; my prior experience will have some influence on how I interpret the participant's experience.

2.2.3 Heidegger

Heidegger (1927/1962), a student of Husserl, carried on Husserl's thoughts regarding the life-world through his main work *Being and Time* (1927/1962) where he described the basic structure of the life-world. He diverged from Husserl's transcendental or descriptive phenomenology and epistemological focus centring on the relationship of the knower to the known to the ontological question of existence itself: what does it mean to be a person and how is the world intelligible to us? Heidegger moved away from transcendental phenomenology and set out the beginnings for existential and hermeneutics (interpretive) in phenomenological philosophy. He addressed the central topics of human existence – truth, language, human nature and the foundations of knowledge. He believed that before we deal with knowledge we need to consider the nature, or being, of the object known (Inwood, 1997). Heidegger explicated his philosophy as phenomenological as it allowed the essential possibilities of situations (Moran, 2000) to be disclosed or:

> *'to let that which shows itself be seen from itself in the very way in which it shows itself from itself'* (Heidegger, 1927/1962: 58).

His work focused on human existence or 'being-there' (*Dasein*). Heidegger referred to this notion as being-in-the-world for there cannot be a Dasein without a world, nor a world without Dasein (Wrathall, 2005). Heidegger believed the first central facet of a person centres on their relationship with the world. From a phenomenological perspective *world* is the meaningful set of relationships, practices and languages which a person has as a result of being born into a culture. For Heidegger the world is:

> *'already unveiled in advance in such that we do not in fact specifically occupy ourselves with it, or apprehend it, but instead it is so self-evident, so much a matter of course, that we are completely oblivious to it'* (Heidegger, 1975: 165).

Language is important as it creates the possibility for our range of feelings and making sense within the context of an individual's culture. Benner (1994) believed that world is the shared skills and practices which are required for meaning and intelligibility. The world is both constituted by, and constitutive of, the self. Heidegger used the term '*throwness'* to express his view that the person is being-in-the-world. A second essential facet of person, from a phenomenological perspective,

is that things have significance and value:

> *'In everyday terms we understand ourselves and our existence by way of the activities we pursue and the things we take care of'* (Heidegger, 1975: 158).

To understand a person's behaviour or expressions they must be studied in *context.* Significance of things may change with context and so reveal a different kind of understanding. Another component of Heidegerrian phenomenology is that a person is self-reflecting in a non-theoretical, non-cognitive way. Heidegger claimed that these interpretations are not generated in individual consciousness as subjects related to objects but are given in linguistic and cultural traditions and made sense against a background of significance. This claim contradicts Husserl's claim that interpretations are a product of an individual's consciousness. Heideggerian phenomenological notion of person includes a view of person on being-in-time and for Heidegger temporality is *constitutive* of being and is directional and relational and only applies to being.

Temporality refers to awareness of time through experience of being in time (Mackey, 2005). Thus individuals must be studied in context of having-been-ness and being-expectant, its past and future, by which it is constituted. This belief differs from the Cartesian self of possession which is not constituted by time, and traits or attributes and can be studied without considering their order or meaning in relation to each other; they are seen as context-free elements (Magee, 1987). Being-in-the-world means existence is not only temporal but spatial. Spatiality grounds the person in a location. Being-in-the-world has this characteristic because everything in the world *'belongs somewhere'* (Heidegger, 1927/1962: 136). Just as there are temporal horizons, space can be experienced in terms of horizons. What a person brings into the foreground of their horizon or what they relegate to the background depends on the unique 'situatedness' of that person in-the-world.

In order to link understanding with interpretation and make evident what is taken-for-granted Heidegger (1927/1962) developed the concept of fore-structure arguing that individuals interpret the world as they have been socialised into it. It is what is known or understood in advance of interpretation, it is prior awareness and

anticipation of meaning. For Heidegger interpretation already exists fully formed, but is in need of expression. Interpretation allows that which is already understood to be revealed. This Heidegger calls 'disclosure' (1927/1962) and Heidegger made it clear that all interpretation is grounded in a three-fold fore-structure of understanding which links understanding with interpretation and consists of a:

- A fore-having
- A fore-sight
- A fore-conception

Therefore, Heidegger believed that:

> *'This thing in question already has an involvement that is disclosed in our understanding of the world, and this involvement is one that gets laid out by interpretations'* (Heidegger, 1927/1962:191).

For Heidegger (1927/1962) interpretation is a circular process where the fore-structure of understanding is made explicit, then considered in terms of the whole understanding of something and then reconsidered in new ways – a process often referred to as the hermeneutic circle. This describes the flow of understanding that takes place through being-in-the-world. Thompson (1990) described the hermeneutic circle as:

> *'a process of moving dialectically between a background of shared meaning and a more finite, focused experience within* it' (Thompson, 1990: 243).

In summary the basic themes of Heidegger's philosophical, hermeneutic phenomenology are *being-in-the-world, time, space* and *fore-structure* which have resulted in this approach being known as existential phenomenology. Heidegger wanted to move from description to interpretation and the focus of his philosophy was on '*deriving meaning from being'* (Mulhall, 1993). Like Husserl, Heidegger identified that individual's *taken-for-granted* experiences may influence their interpretation. Unlike Husserl, who advocated bracketing these prior experiences, Heidegger felt that an individual's fore-structure of understanding was implicit within their process of interpretation and making sense of the situation.

2.2.4 Merleau-Ponty

Merleau-Ponty shared Husserl's and Heidegger's commitment to understanding our being-in-the-world and demonstrated some of Heidegger's trait for a more contextualised phenomenology. Like Heidegger, Merleau-Ponty emphasised the situated and interpretative quality of our knowledge about the world. Heidegger emphasised the *worldliness* of our existence while Merleau-Ponty described the *nature* of our relationship to that world and how that led to the primacy of our own personal situated perspective on the world. He focused on the embodied nature of our relationship to the world. His view that the body shapes the fundamental character of our knowing about the world is crucial. The lived experience of being a body-in-the-world may be difficult to capture but must not be ignored:

> *'the real has to be described, not constructed or formed'* (Merleau-Ponty, 1962: x).

He is not interested in the abstract, but in a 'historical person' in as much as they engage with and live in the world. He proposed the task of returning to the very thing in the search for the essence of objects as part of seeing the lived and experienced world. A world of things that have not been reflected upon, and on which sciences are constructed (Merleau Ponty, 1945/1962). As a result Merleau-Ponty used the phenomenological reduction espoused by Husserl but without separating consciousness from the world as the phenomenon depends upon an individual's perceiving perspectives (Dahlberg and Dahlberg, 2004; Sadala and Adorno, 2001), a stance similar to Heidegger's (Racher and Robinson, 2003).

2.2.5 Sartre

As with Heidegger, Sartre emphasised the way we are caught up in the world. He stressed the developmental, processual aspect of human beings. His expression *'existence comes before essence'* (Sartre, 1948: 26) is as Smith et al (2009) suggested an indication:

> *'that we are always becoming ourselves, and that the self is not a pre-existing unity to be discovered but rather an ongoing project to be unfurled'* (Smith et al, 2009: 19).

Sartre's philosophy included ideas of Husserl's phenomenology as well as Heidegger's and Marxism's ontology (Jones, 2001). For Sartre things that are absent are as important as those that are around us to define who we are and how we see the world. He sees that we are not alone in the world but that our perceptions are shaped largely by the presence of others and others have their own perceptions and ideas. As Sartre considered human nature to be more about becoming than being, each individual has the freedom to choose and are, effectively, in charge of their own destiny. The reiteration of Heidegger's emphasis on the *worldliness* of our experiences is extended by Sartre in the context of personal and social relationships.

In conclusion, Husserl established the importance and relevance of a focus on experience and its perception. Heidegger, Merleau-Ponty and Sartre developed this further and moved from the transcendental and the descriptive commitments towards a more interpretative and worldly position with a focus on understanding our involvement in the world, something which is uniquely personal to each of us.

2.3 HERMENEUTICS

The aim of this section is to provide an overview of hermeneutics as a school of thought and more explicitly the work of Heidegger and Gadamer.

2.3.1 Hermeneutics

Hermeneutics is the theory of interpretation. It is an older and separate body of thought from phenomenology dating back to the ancient Greeks. However, with the introduction of German romanticism and idealism the status of hermeneutics changed to being a philosophy which was focused on symbolic communication. The discipline of hermeneutics was further transformed by the work of Heidegger (1927/1962) who suggested that hermeneutics was ontological; it was about the fundamental conditions of man's being in the world (Thompson, 1990).

2.3.2 Heidegger

For Heidegger, the focus should be on the exploration of the lived experience or

Dasein, rather than the person or phenomena (Thompson, 1990). Hermeneutics, therefore, goes beyond the description of core concepts to look for meanings (Lopez and Willis, 2004) about what they experienced rather than what they consciously know (Flood, 2010). Or as Malpas (1992: 102) defined hermeneutics is the '*interpretation, articulation, or 'laying-out' of our prior understanding'*. This message alongside Heidegger's notion of temporality and spatiality advocated that individuals make sense of their world from within their existence and not while being detached from it (Annells, 1996). Based on Heidegger's work, Packer (1985) believed individuals act within a background of practices and it is this concept of background which permeates the main emphasis of philosophical hermeneutics.

2.3.3 Gadamer

Gadamer, a student of Heidegger's, worked within the Heideggerian paradigm as he accepted the ontological turn in hermeneutics but his primary commitment was to practical hermeneutics (Annells, 1996). Gadamer's major notion was that understanding and interpretation are indissolubly bound (Gadamer, 1989). Five notions within Gadamer's work are of significance: the hermeneutic circle of understanding; prejudice; linguisticity of understanding; historicity and the fusion of horizons. Although the hermeneutic circle was originally the insight of Schleiermacher (Reeder, 1985) it was Gadamer who brought this concept to the fore of philosophical hermeneutics through his co-determination of text and reader; considering the interplay between the parts and the whole and the way a reader reads the text. Like Heidegger, he rejected Husserl's technique of bracketing stating it was '*absurd'* to try and eliminate one's own concepts in interpretation (Gadamer, 1989). He believed it was an advantage not to be free from prejudice in a hermeneutical situation (Deetz, 1978) and advocated the original meaning of prejudice as:

> *'judgement that is given before the elements that determine a situation have been finally examined'* (Gadamer, 1989: 255).

The linguisticity of understanding was Gadamer's third philosophical notion and it was linked to his belief that the understanding of transmitted messages and language are one and the same process. To understand the message we need to understand the language. The focus on understanding and interpreting texts gave rise to

Gadamer's notion of historicity and that historical texts have an authority that precedes our own. Related to these four philosophical notions is Gadamer's fifth notion - fusion of horizons. This is a metaphor which Husserl originally used and which Gadamer stated was *'the wide superior vision that the person who is seeking to understand must have'* (Gadamer, 1989). For Gadamer this means looking well beyond what is close so that the phenomenon is viewed with proportion and clarity within the larger whole. According to Gadamer (1989) a fusion of horizons is a continuous fusion of the historical horizon with the present horizon, however, the present horizon is being constantly formed and affected by prejudices. Self-reflection by the interpreter should be an integral component of this notion so there is a fusion of horizons of the interpreter and the text.

In summary, philosophical hermeneutics has a primary focus on understanding. It was the work of existentialist phenomenologists who were concerned with the method and purpose of interpretation which fused the philosophy of hermeneutics with phenomenology. Hermeneutic phenomenology investigates and describes a phenomenon as experienced in life through phenomenological reflection and writing, so developing a description of the phenomenon which leads to an understanding of the meaning of that experience (Osborne, 1994).

The above discussions demonstrate the fundamental philosophical difference between Husserl's descriptive phenomenology which was committed to an epistemological approach and Heidegger's interpretative phenomenology which advocated an ontological approach. Although Husserl and Heidegger's work may differ philosophically and epistemologically, they subscribed to the same goal, exploring the lived experience. As researchers it is paramount to remember that neither Husserl nor Heidegger aimed to produce methodologies but a philosophy. It is these philosophies and the theoretical perspectives that support these which have been used to underpin methodologies and consequently research approaches (Flood, 2010; McConnell-Henry et al, 2009; Walters, 1995). It is fundamental that the methodology for this study is governed by the philosophical implications inherent within the research question (Caelli, 2001) and the epistemological lens through which I view the world (McConnell-Henry et al, 2009; Walters, 1995). Therefore, the

next section considers some of the different methodological implications of descriptive and interpretative phenomenology for this research study which wanted to understand the lived experiences encountered on the journey from HCA to AP.

2.4 RESEARCH FRAMEWORK

As highlighted in the previous section phenomenology is a philosophy whose core concept is to *'the thing themselves'* (Heidegger, 1927/1962). The challenge for the researcher is to remain true to the chosen theoretical perspective when undertaking a research study based on a phenomenological philosophy. In order for this study to remain true to its philosophical underpinnings, it is important that my research process demonstrates congruence between the theoretical perspective, philosophy and methodology (Debesay, Naden and Slettebo, 2008; Paley, 1997, 1998, 2005; Van der Zalm and Bergum, 2000). This ensures that my actions and that which influences my actions can be clearly audited (Koch, 1996) so that the findings can be trusted. With this in mind, I will discuss how my research framework was underpinned by a phenomenological philosophy.

2.4.1 Descriptive phenomenology and hermeneutic phenomenology

Husserl's descriptive phenomenology arose from his disillusionment with the natural sciences approach to studying human experiences. He believed that knowledge stemmed from consciousness and that the mind was directed towards objects (intentionality). Husserl examined the world pre-reflectively and advocated the use of 'bracketing' because only through putting preconceived ideas aside can the true essence of the lived experience be exposed. Heidegger, on the other hand, focused on deriving meaning from being. He dismissed the idea of bracketing and advocated that an individual's 'fore-structure' augmented interpretation and consequently interpreter and interpreted are a legitimate part of the process of interpretation. Heidegger advocated that time and space as well as context shaped understanding.

This study wants to understand the lived experience of TAPs as they become APs and derive meaning from this journey. Based on the research question and my own values, beliefs and assumptions, an interpretative phenomenological approach is appropriate as it acknowledges that myself, as researcher, and the TAPs bring our

own unique knowledge and experience to the study, our fore-structure of understanding; interpretation involves both the whole and the parts and understanding the TAPs experience is shaped by the notion of spatiality, temporality and context.

2.4.2 Husserl's Cartesian duality Vs Heidegger's Dasein

As a mathematician, Husserl was from a positivist school (Speigelberg, 1982) and believed that the mind and body were mutually exclusive. Through descriptive phenomenology he wanted to confirm the objectivity of consciousness as it related to the life-world (Lebenswelt) (Kearney and Rainwater, 1996). Husserl believed that the mind was directed to objects or 'intentionality'. He sought to maintain a semblance of objectivity to ensure credibility for his methodological advancement.

Heidegger rejected the mind-body duality of human existence which underpinned Cartesian thought and advocated the concept 'Dasein' or 'there-being'. According to Heidegger Dasein is not static nor can it be measured objectively. Fundamental to Heidegger's philosophy was 'being-in-the-world' or what it means to be. For Heidegger the meaning of being is subject to the context of that being but importantly there is always meaning.

For the purpose of this study the appropriateness of Cartesian dualism must be questioned. Although the TAPs are new to their role and will try to understand and give meaning to their experience, they are not an object among the object of TAPs. The use of Heidegger's concept of Dasein is more appropriate as the TAPs are being-in-the-world and are subject to the context of their being both professionally and personally.

2.4.3 Bracketing Vs presupposition

Although Husserl and Heidegger were both interested in human experience, Husserl's primary focus was epistemological while Heidegger's desire to uncover the meaning of being was ontological. Husserl believed that to objectify his findings and so achieve scientific rigour any presuppositions related to the question needed to be put

aside; a concept known as bracketing, epoche or reduction. Lowes and Prowse (2001) believed that to use this approach researchers must suspend their beliefs about the object being studied.

For Husserl the use of phenomenological reduction ensured that findings were not vulnerable to the researcher's agenda and that the experience of the participants, not the researcher, was laid out (Dahlberg and Dahlberg, 2004). Consequently the information which arose was epistemological in nature, providing a description of the experience but no meaning. This belief was not supported by Heidegger who felt that to bracket oneself from the phenomenon being studied was 'intrinsically impossible' (McConnell-Henry et al, 2009). Heidegger advocated that the interpreter was a much part of the process as the interpreted and previous knowledge and understanding were a paramount component of the process of understanding being-in-the-world or ontology. Heidegger believed that prior knowledge was important so that the questions asked were really pertinent (Thompson, 1990); an individual's fore-structure of understanding.

Heidegger's dismissal of bracketing has been challenged by a number of nurse researchers (Oiler, 1982; Omery, 1983; Paley, 2005) as they believed resultant data lacks credibility (Guba, 1981) in the way it is presented. As the focus of this study is understanding and meaning through interpretation (an ontological perspective as opposed to an epistemological focus) it is imperative that I am viewed as 'being-in-the-world'. What is important is that my fore-structure is acknowledged, my own prior knowledge and experience that I bring to the study and my evolving knowledge and experience which results from the study. Therefore Chapter Three discusses my fore-structure of understanding as I commence this study to demonstrate how prior knowledge and experience impacts on this study. The use of a reflective diary and reflexivity will allow me to understand how my knowledge and understanding about the study has evolved as I become immersed in 'being-in-the-world' of the TAP.

Crotty (1998) suggested that Husserl's concept of bracketing involved not only the researcher but also the participant. Like me, the TAPs will bring their own unique

knowledge and experience and it is important that those experiences which stood out are situated temporally and spatially and within context so the TAPs are placed in-the-world. This is important for the study as it is a culmination of an individual's life experience, cultural, historical or social which shapes their being-in-the-world. These experiences should not be bracketed as they will help give meaning and for many they do not know which prior knowledge and experience to bracket or how past experiences have shaped them personally and professionally.

As this study is deriving meaning from being, Heidegger's notion of presupposition is a fundamental component for both me, as researcher, and the TAPs. Alongside acknowledging my fore-structure of understanding at the commencement of the study it must be noted that because of the knowledge and experience which I bring to the study a literature review has not undertaken at the outset. I believe that having a comprehensive knowledge of the literature could cause me to innately develop a set of beliefs rather than derive meaning and understanding from the TAPs lived experience of the journey to AP and it will presuppose the outcomes in terms of the experience (Van Manen, 2014).

2.4.4 'To see means to know' Vs Multiple truths

The aim of descriptive phenomenology is to expose the absolute truth by description because for Husserl '*to know means to see*' (Kohak, 1978). In an attempt to leave only consciousness, Husserl encouraged the putting aside of any temporal or spatial awareness; the experience was the experience regardless of the context. This process of engaging with the phenomena presents a number of challenges as emerging phenomenon may be constructed around the researcher's motives (presuppositions and own perceptions) and if everything is bracketed, then belief in other subjects are also suspended. The result is that the researcher has to deny the others' existence and also the influence which they have on one's knowing. Husserl feared that an attempt to interpret the participant's contribution by using fore-structure as a basis of interpretation may lead to misunderstanding the essence of the experience (Dahlberg and Dahlberg, 2004). Interestingly, Merleau-Ponty (1945/1962) regarded complete bracketing as 'illusionary' as we continually form and reform the 'story' and consequently it would be impossible for the researcher to set aside presuppositions.

Hermeneutic phenomenology is concerned with interpretation and uncovering as it is not possible to live devoid of interpretation. Heidegger (1927/1962) believed in multiple truths. He believed that time and space and consequently context impacts heavily on both existence and experience (Steiner, 1978) for past experience influence both present and future challenges (McConnell-Henry et al, 2009). To uncover the truth and ultimately valid or true understanding, Walters (1995) advocated that researchers using Husserlian phenomenology must involve participants in the process of interpretation and analyses; as it is the participant who confers validity to the researcher's interpretation. For researchers using Heideggerian phenomenology Walters (1995) advocated that involving participants in all phases of the research was an important component in the overall process of interpretation. However, for those researchers using interpretative phenomenology, Walters (1995) believed that the final interpretation is not absolute or true and the 'correctness' of the interpretation is judged by the reader.

As a researcher I believe my role is to make sense of the TAPs making sense of their experience and to uncover the meaning I need to engage in a back and forth movement of questioning and re-examining the data. This will result in an ever expanding circle of ideas, the hermeneutic circle which has infinite ideas (Annells, 1996). It will allow me to move from the whole to the parts and back to the whole searching beneath the words and at what was not immediately obvious so that the result is an ontological perspective of the TAP's experience. It is what I bring to the interpretation which makes it meaningful (Koch, 1995). It is acknowledged that each individual's experience of a given situation may differ because of Heidegger's notion of time and space and their fore-structure of understanding.

This study does not aim to expose the absolute truth as advocated by Husserl rather it acknowledges that truth is intertwined within the TAPs lived experience, every experience is unique to the individual, in that context, there may be experiences which resonate across (McConnell-Henry et al, 2009). I will document my personal reactions (Thompson, 1990) to allow me to demonstrate the rigour of my analytical processes as well as provide a clear decision trail (Koch, 1994) to reveal how my horizons of understanding operate. A literature review will be conducted following the analysis of the interview data so that it can be considered in the context of the

findings that result. My findings will be shared with participants on completion of the study to validate my interpretation of their lived experience.

Having considered how phenomenology and hermeneutics will inform my research process, it is apparent that interpretative phenomenology is the most appropriate theoretical perspective to underpin this study. It will allow me to understand the TAPs lived experience; it will enable the TAPs experience to be contextualised in time and space while capturing the unique knowledge and experience of each TAP; it will allow me to give meaning to the whole and the parts and consider how my fore-structure of understanding contributes to the study and in the context of WBL the shared practices and common meanings which arise will contribute to the *'interplay of meanings and understandings'* (Darbyshire, Diekelmann and Diekelmann, 1999: 23).

This philosophical approach requires a research process which supports philosophical hermeneutics and which is bound to hermeneutic phenomenology (Annells, 1996). With no clear methodology underpinning hermeneutic phenomenology it is important that I am clear about how philosophical hermeneutics informs my research design (Fleming, Gaidys and Robb, 2003; Geanellos, 2000; Paley, 1997, 1998, 2005) as a number of authors have criticised the weak congruence between philosophical theories and their use in practical research (Fleming et al, 2003; Paley, 1997; Rolfe, 2006).

The methodology not only guides the study's strategy but its method, tools and techniques (although the tools and techniques employed in one methodology may be used in another methodology). Guba and Lincoln (1989) considered that the intention of the researcher using the tools and techniques will influence how they are used and to ensure there is no confusion regarding data collection and analysis (Crotty, 1996; Dowling, 2004; Holmes, 1996; Paley, 1998) these aspects are discussed in more depth in Chapter Four, Methods and Chapter Five, Making Sense of the Journey.

2.5 SUMMARY

This chapter has shown how my methodology is guided by my values, beliefs and assumptions and why my theoretical perspective is from an interpretist and constructivist (Guba and Lincoln, 2008) paradigm. Philosophical phenomenology was discussed to justify why this study is underpinned by hermeneutic phenomenology. The final section linked philosophical phenomenology to the research framework which guides this study.

CHAPTER THREE - FORE-STRUCTURE OF UNDERSTANDING

INTRODUCTION

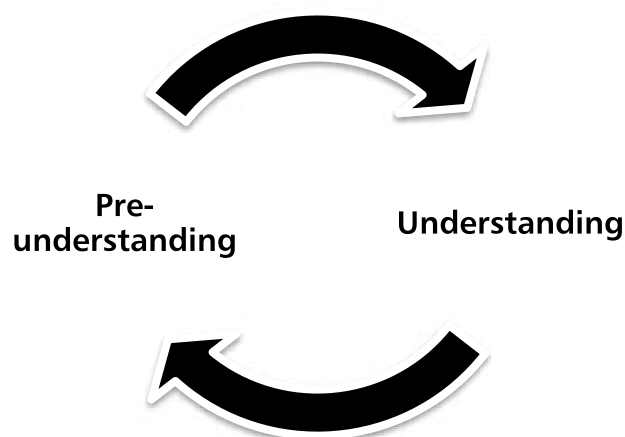
This chapter will broadly consider how my research question which evolved and the study's design are based on my fore-structure of understanding (Benner, 1994; Gadamer, 1989; Gelven, 1989; Heidegger, 1927/1962; Inwood, 1997). As a phenomenological researcher I am situated-in-the-world and have a background and familiarity which is both shared by all but also an individual interpretation of the world that has evolved from personal history and culture. In this way I come to the study with a fore-structure of understanding and must acknowledge that familiarity with the topic may result in aspects of understanding being taken-for-granted. This familiarity may cause the researcher to lose sight of how fore-structure affects their interpretation of, and reflexive response to, participant's disclosures. A reflection on fore-structure prior to data collection will counteract any such oversight and enhance transparency of the research process and so strengthen the credibility and ethical standing of the study.

The chapter consists of two sections as I make known my fore-structure of understanding. The first section will discuss the hermeneutic concept of interpretation and its link with understanding while the second section will acknowledge my own fore-structure as I commence the study. The limited literature review and the overview of the literature in the introduction chapter reflects my fore-having, my familiarity with the phenomena, my fore-sight, my point of view generated by my background and my fore-conception, my experience. I had entered into this study with a mixture of insights that influenced my understanding of work-based learning (WBL) and as a result I was aware that there was a gap in understanding the lived experience of the Healthcare Assistants (HCA) journey as a Trainee Assistant Practitioners (TAP) to Assistant Practitioner (AP). A second literature review will be conducted following the analysis of the interview data and integrated into the discussions chapter in the context of the findings so that what is unique to this study may be made known.

3.1 FORE-STRUCTURE OF UNDERSTANDING

Hermeneutic phenomenology is the investigation and description of a phenomenon as experienced in life which leads to an understanding of the meaning of that lived experience (Osborne, 1994). Understanding and meaning of the lived experience does not occur in isolation but encompasses the interpreter's meaning, understanding and interpretation of prior experience. The interpreter is engaged in a hermeneutic circle of understanding with their pre-understanding giving meaning to their understanding which in turn gives further meaning and interpretation to their pre-understanding. This is demonstrated in Figure 3.1 and reinforces how the interpreter must open them self to the phenomena they want to understand and let it 'speak to them' (Bernstein, 1983).

Figure 3.1 Hermeneutic circle of pre-understanding and understanding



According to Heidegger (1927/1962) the process of interpretation involves making explicit the as-structure; fore-structure, and meaning. The as-structure requires the interpreter to make explicit the *as,* or, in the case of this study, the journey from HCA to AP. The fore-structure recognises that aspects of interpretation will have occurred before the moment of interpretation. I need to bring to the fore prior understanding. Meaning is the understanding or becoming aware of the as-structure for me; the lived experience of becoming an AP.

Heidegger developed the concept of fore-structure, to link understanding with

interpretation and make evident what is taken-for-granted in response to Husserl's notion of bracketing (1965). Husserl (1965) believed that individuals could suspend their values, assumptions and beliefs so as to prevent influencing the interpretation of informants' descriptions. Heidegger disagreed, arguing that individuals interpret the world as they have been socialised into it:

> *'Whenever something is interpreted as something the interpretation will be founded upon the ....fore-conception. An interpretation is never a pre-suppositionless apprehending of something presented to us'* (Heidegger, 1927/1962: 191-192).

Gadamer (1989) extended Heidegger's view further to clarify the place of prejudice (one's values) and pre-judgements in understanding. Like Gadamer, Koch (1996) believed that disguising the prejudices and pre-understanding brought to a situation cannot eliminate or bracket one's own mode of thought. For Gadamer (1989) it is the interplay between prejudices and pre-judgements which enables the interpreter to understand the '*things themselves'.* Through this interplay of fore-structure and the 'things themselves' the interpreter becomes aware of those prejudices which may blind them to the meaning of what they are trying to understand as well as acknowledge those prejudices which enable the interpreter to understand. Gadamer believed all understanding involves interpretation and consequently all interpretation involves understanding, but to understand is always to understand differently as the interpreter's anticipatory prejudgements and prejudices are changing themselves with the course of history (Bernstein, 1983). Like Heidegger Gadamer used the term fore-structure or the horizon:

> *'An essential part of the concept of situation is the concept of 'horizon'. The horizon is the range of vision that includes everything that can be seen from a particular vantage point. (Gadamer, 1975: 269)..... The horizon is, rather, something into which we move and moves with us. Horizons change for a person who is moving. Thus the horizon of the past, out of which all human life lives and which exists in the form of tradition, is always in motion. It is not historical consciousness that first sets the surrounding horizon in motion. But in it this motion becomes aware of itself'* (Gadamer, 1989: 271)

Horizons are limited, finite, fluid and change and Gadamer (1989) argued that it is possible to broaden one's horizon to end with a picture which captures a widened understanding, one that incorporates all views; a fusion of horizons. This synthesised picture is not the same picture the interpreter started with, nor that of those whose

experiences are being interpreted; but results from a dialectic of different, sometimes opposing views (Hekman, 1984). Heidegger (1927/1962), and Gadamer (1989), believed that there are aspects of an interpretation which occurs in advance of the actual interpretation and as a result an individual comes to a situation with practical familiarity which allows interpretation to occur; their background gives them a point of view from which the interpretation occurs and because of this background the individual will have some expectations of what they may anticipate in an interpretation:

> *'This thing in question already has an involvement that is disclosed in our understanding of the world, and this involvement is one that gets laid out by interpretations'* (Heidegger, 1927/1962: 191).

Heidegger (1927/1962) referred to this '*as that which (is) taken for granted'* (192) and remains in the background. Gadamer (1989) developed Heidegger's (1927/1962) relation between the fore-structure and the new object, all understanding is projective:

> *'Every revision of the fore-projection is capable of projecting before itself a new projection of meaning.....interpretation begins with fore-conceptions that are replaced with more suitable ones. This constant process of new projection constitutes the movement of understanding and interpretation'* (Gadamer, 1989: 267).

The-thing-itself influences the interpretation which may influence the fore-structure, which may influence the interpretation, *'a circle of understanding'* (Heidegger, 1927/1962: 195). Gadamer (1989) believed pre-judgements and prejudices have a three-fold temporal character: they are handed down to the interpreter through tradition; they are constitutive of who the interpreter is and who they are becoming and they are anticipatory, always open to future testing and transformation (Bernstein, 1983). The implications of acknowledging pre-understanding, for those who subscribe to hermeneutic phenomenology, are linked with being authentic, and with making explicit values, beliefs and assumptions, their fore-structure, so others can judge the credibility of their work.

Heidegger (1927/1962) made clear that a three-fold fore-structure of understanding links understanding with interpretation:

- *A fore-having* – the background practices that the interpreter brings to a situation, practical familiarity with the phenomena being studied which makes interpretation possible;
- *A fore-sight* – the point of view derived from the interpreter's background and from which they make their interpretation; the interpretive lens through which they look;
- *A fore-conception* – the interpreter's expectations about what counts as a question and what counts as an answer (Leonard, 1994), and what the interpreter might anticipate in their interpretation because of their background.

Therefore, in the context of this study and to ensure transparency and credibility I acknowledge my fore-structure or my preconceptions, biases and past experience which I bring to this study. This allows me to make explicit how past experiences may affect how my understanding and subsequent interpretation evolved. Understanding requires the *'engagement'* (Schwandt, 2003: 301) of our inherited bias and prejudice. In this way bias and prejudice can be examined in the throes of interaction with participants, or in the analysis of texts of transcribed interviews, and altered to further our understanding of others as well as ourselves. Understanding is always bound up with language in that preconceptions are tested in a dialogical encountered with what is not understood unlike other interpretative theorising of understanding which considers that human action *has* meaning which is determinable by the interpreter. In philosophical hermeneutics the text or human action is not an '*object out there'* but *'is negotiated mutually in the act of interpretation; it is not simply discovered'* (Schwandt, 2003: 302). Hence, meaning is the understanding created by the interface of perceiver knowledge with research data.

3.2 MY FORE-STRUCTURE OF UNDERSTANDING

To make sure I am transparent this section considers my fore-structure of understanding from the perspective of hermeneutic phenomenology (Gadamer, 1989; Heidegger, 1927/1962). I recognise that I am part of what Heidegger referred to as a *'circle in understanding'* (Heidegger, 1927/1962:195) and, as a result, I need to understand how my preconceptions, biases and past experience as a health and social care lecturer, Programme Director for the Foundation Degree Health and Social Care (FD HSc) and a nurse could shape the study as I am *'involved with something as something'* (Heidegger, 1927/1962: 198). According to Heidegger (1927/1962), in order to understand, I need to *'interpret something as something'* (Heidegger, 1927/1962: 198) which will be achieved through the recognition of my prior experience as a basis for interpretation. This will enrich my understanding through *'the working out of possibilities projected in understanding'* (Heidegger, 1927/1962: 189) for without understanding of what I bring to the study I would have no meaning.

Fore-structure is used here as the vehicle through which my values, beliefs and assumptions in relation to the phenomena being studied are made explicit as I commence the study. These are the aspects that I have taken for granted and which remain in the background but against which all interpretation needs to be understood. I must recognise the relationship I have with the TAP's journey, the AP role, Work-Based Learning (WBL) and the study's methodology. Based on the three parts of Heidegger's (1927/1962) fore-structure of understanding I acknowledge:

- A fore-having that is my familiarity with the phenomena of WBL;
- A fore-sight in linking WBL with the TAP journey and being an AP;
- A fore-conception in anticipating that the link between WBL, the TAP journey and being an AP is influenced by the individual and context.

3.2.1 A fore-having: the background I brought to the research situation

In recognising my fore-having I acknowledge my values, beliefs and assumptions in relation to the TAP journey, the AP role, WBL and ultimately my chosen methodology. Chapter One made explicit my values, beliefs and assumptions and

personal involvement in the study to enable the reader to judge how these may influence the study. This section considers how my values, beliefs and assumptions have evolved from my own history and culture and from being situated in the world.

In Chapter One I made explicit that I value the importance of development for all; the role of WBL in allowing individual's to remain in their place of work and gaining accreditation for learning at work, through work and for work; reflection as a tool to support learning and the opportunities I have experienced which allowed me to work and learn. I believe that if individuals are returning to learning they need appropriate support both at university and in the workplace and meaningful learning needs to relate to their work and role development. Based on my values and beliefs, I assume that individuals will be practice rich and theory poor and that they will receive the support they require in the workplace.

My values, beliefs and assumptions are based on a fusion of my historicity and my being-in-the-world. I am conscious that my values and beliefs have been influenced by my parents and specifically my father who, despite a chequered experience of education during his formative years, believed '*education is the only gift you can give your child'.* These values and beliefs influenced my value of education for all and belief in facilitation as a means to give meaning to knowledge acquisition. While I value the role of formal teaching, I believe that making sense of the lived experience enables the learner to fuse theory and practice and give meaning to their learning. This value and belief in experiential learning resulted from listening to my father's journey and his ability to make sense of learning from experience alongside my own journey through academia. I am the eldest of four and watched as my siblings went to university; it was deemed that I would not cope, I was not academic. Instead I chose a vocational path and became a children's nurse. As I value and believe in education, I continued my academic journey. While working and bringing up a young family, I completed my Bachelor Degree and Master's Degree; the ability to undertake experiential learning was pivotal to my achievement. Consequently, my assumption that the workplace was central to an

individual's academic and professional success through the fusion of theory and practice has evolved from my values and beliefs, my fore-having.

As I make explicit my core values and beliefs, I recognise how they have influenced my professional journey from children's nurse; manager; child lecturer; Foundation Degree (FD) programme director to FD Scheme Director and work-related learning co-ordinator; roles that involve facilitating learning in the workplace. The experience and learning from my university roles, both internally and externally, have developed my understanding and engagement with the TAP and AP role, and WBL. As Programme Director I was involved in designing, validating and delivering, with the local NHS Trust, the original adult health care pathway within the FD HSc in 2007. Through the delivery and evaluation of this pathway with colleagues, TAPs and employers I became conscious that:

- TAPs and their managers need to have a clear understanding of the AP role;
- As new roles evolved a prescribed Adult Care Pathway did not equip the AP with the required knowledge and skills;
- TAPs and their mentors required timely support within the workplace, including an understanding of the FD and assessing competency;
- Managers need a clear understanding of the AP roles and how the AP would complement the ward skill mix;
- The FD HSc must be flexible and individualised to meet local employer or ward need.

Influenced by the above areas of understanding, I led the re-validation of the adult health care pathway as a new acute care pathway in 2010 based on the values, beliefs and assumptions which I brought to the project. The practical knowledge and action gained from being-in-the-world contributed to my fore-having. As a result I have gained experience and understanding of:

- Evaluating the TAP's learning experiences;
- Working with managers and evaluating their experiences;
- Acting as an External Assessor and External Examiner and gaining an insight into the national development of FDs and the AP role;

- WBL and working in partnership with employers;
- Publishing in peer reviewed journal and presenting at national and international conferences;
- Leading national debates regarding Foundation Degrees and the AP role as co-chair of the Higher Education Academy Foundation Degree Special Interest Group.

On relinquishing the role of Programme Director for the FD HSc, I took on the role of Programme Director for the BSc (Hons) Applied Health and Social Care Programme; a WBL programme for those who have a Diploma of Higher Education (Dip HE) or FD HSc. The BSc programme provides the learner with the flexibility to design their learning programme to meet their own needs, rather than a prescribed plan of learning. It has given me the opportunity to give more meaning and understanding to the delivery of WBL from both my perspective and that of the learner based on my pre-understanding. This is part of my circle of understanding and I am aware this contributed to my FD Scheme Director role which, in turn, contributed to the Programme Director role.

Outside the University I am co-chair of the Higher Education Academy's Foundation Degree Special Interest Group, External Examiner for FDs and have acted as External Assessor. These roles have given me an understanding and in-sight into national developments in relation to FDs and the AP role. Alongside the practical knowledge and action, I acknowledge that I have an understanding of research and policy regarding FDs, the AP role and workforce development, and WBL which contribute to my fore-having. I am aware that the FD is not a new concept but one which arose in response to the Dearing Review (1997) to increase the number of sub-degree students. Much work has been undertaken by Foundation Degree Forward (fdf) to support the implementation of FDs and employer engagement and a health strand was introduced which focuses on developing and accrediting the AP role. I have attended a number of fdf conferences where I presented my FD HSc work and learnt from others. Fdf closed in 2011 after eight years at the heart of developing, evaluating and researching FDs and workforce development.

I am aware of a number of papers which focus on designing FDs (Rowley, 2005; Wilson, Blewitt and Moody, 2005) and more specifically the students' experience (Tierney and Slack, 2005 Yorke and Longden, 2010). However, both papers provided a snapshot view at a point of time in the students learning journey and not an understanding of the lived experience of the whole journey, my area of interest. From a health perspective, Skills for Health (SfH), the sector skills council, developed a Framework for Foundation Degrees (2010) which provided information on the design and delivery of FDs, including the AP role and WBL.

The AP role evolved in response to a local need in the north-west to support workforce development, recruitment needs and changing patient pathways. This pilot project was evaluated in a number of phases and included, at the time, the only evaluation of fully qualified APs (Selfe, Roddam, Cording, Temple, Green and Chambers, 2008). The evaluation drew upon earlier evaluations (Benson, 2005; Benson and Smith, 2006) of the AP role which explored the implication and impact of the new AP roles (through FD study) on the AP themselves, their managers and the service delivery. Later evaluations of the AP role were undertaken across NHS South Central (Leach and Wilton, 2008) as well as a number of scoping exercises (Ferry, Edmund and Wilkinson, 2010; Mackinnon and Kearney, 2009; RCN, 2009). In 2009 the Royal College of Nursing (RCN) published a policy discussion paper on the AP role and SfH (2009) published Core Standards for the AP role. A National Institute Health Study was undertaken by Spilsbury, Stuttard, Adamson, Atkin, Borglin, McCaughan, McKenna, Wakefield and Carr-Hill (2009) on the development and impact of the AP role on wards in acute NHS Trusts in England. Buchan (2008) predicted that the AP role, while emergent, would gain significant expertise and increased qualification with patient care without regulation. Griffiths and Robinson (2010) scoping paper supported the need for regulation. Like Buchan (2008) NHS Employers (2009) acknowledged that support roles will continue to exist and continue to grow despite a lack of national standards or framework of competency. In December 2010 the Department of Health published Liberating the NHS where widening participation and the need to develop the whole workforce were outlined. From this fore-having of contemporary research and policy, I am conscious that there is a dearth of research regarding the lived experience of becoming an AP; the role of WBL and learning at, through and for work.

I acknowledge that much of my understanding of WBL has arisen from interpreting my experiences of delivering the WBL component of the FD and undertaking a Master's in WBL. The knowledge gained influenced the structure and delivery of my teaching session; time is allocated at the beginning of the session for the learners to give meaning to how theoretical knowledge has contributed to their practical knowledge. Throughout the session I link theory to practice to facilitate the fusion of theory and practice and enable learners to give meaning to prior experience and influence future practice. The work of Schön (1983, 1987) and Argyis and Schön (1974) on reflection, in- and on-action is pivotal to my sessions as I facilitate learners to give meaning to their experiences. I had become a facilitator rather than a giver of knowledge. Alongside gaining theoretical knowledge to underpin practical knowledge, TAPs need to demonstrate the development of professional knowledge and competence in the workplace; Eraut's (1994) work has informed my understanding of competence development.

The work of Garnett, Costley and Workman (2009) enhanced my understanding of WBL as a methodology and pedagogy whilst Manley, Titchen and Hardy (2009) concept analysis provided an understanding of the concept of WBL in health and social care. A number of other studies provided insight into the many facets of WBL in health and social care, Moore (2007) researched the ethical and organisational tensions for work-based learners; Rhodes and Shiel (2007) discussed the value and learning potential of WBL projects for the individual and organisation while McCormack and Slater (2006) considered the role of learning partnerships or facilitators in WBL.

From acknowledging how my values, beliefs and assumptions, and the role of prior experience contributed to my understanding of the AP role and WBL, I recognise there is a need to understand the perception of being a 'learner and worker'; the lived experience of the journey from HCA to AP, a journey which cannot be viewed in isolation but as a whole. My assumption, based on my values, beliefs and fore-having is that to aid understanding of the context and prevent misinterpretation the study needs to recognise how aspects of temporality and historicity may influence the TAPs journey:

> *'The important thing is to recognise the distance in time as a positive and productive possibility of understanding. It is not a yawning abyss, but is filled with the continuity of custom and tradition, in the light in which all that is handed down is presented to us'* (Gadamer, 1989: 264).

This assumption will inform my methodology and method as I perceive there is a need to consider and understand the broader context of the workplace. As a result the views of the manager and mentor who are an integral part of the journey will contribute to the TAPs perception of their journey. I believe understanding the local context will ascertain if there is a consistency to the TAP journey and whether the role is embedded. This process may be perceived as a component of an action cycle and therefore, critical inquiry and action research may be an appropriate methodology. Although my role would enable me to influence changes within the FD Programme and recommend changes to the Trust, I am not able to actively involve those who shared their lived experience in any suggested changes. At most I could undertake a single loop of an action research cycle which is an incomplete approach to action research or as Carr and Kemmis (1986) suggested, arrested action research. While I advocate facilitating change for those whose voice is not always heard, my position within this study does not make this approach appropriate and understanding and giving meaning to the lived experience of those involved in the journey to being an AP is cognisant with my fore-having. This will allow my interpretation of them interpreting their experience to be made explicit so that others can decide to transfer the findings. It also allows me to action my values and beliefs and support those who work in health and social care to have the opportunity to develop through WBL.

While completing my Master's Degree, through WBL, I considered work-based research methodology and methods including a work-based action research project and the role of the insider-researcher. Therefore, at the commencement of this study, I am aware of the principles of interpretive/constructivist research but I have little knowledge of the epistemological and ontological assumptions underpinning it.

This sub-section has made explicit how my fore-having; my values, beliefs and

assumptions and understanding of WBL and methodology will inform the study's design.

3.2.2 A fore-sight: my point of view based on my background

Based on my fore-having my initial belief and assumption is that a phenomenological design will allow me to link WBL, with the TAP journey to AP. I want to understand and give meaning to the lived experience, the journey from HCA to AP, and phenomenology will allow me to understand the individual's experience at a particular time and space in their journey. However, I have no experience or concept of this methodology and as someone who likes to take action I feel more comfortable with an action research design as this will enable me to action the findings for the benefit of the participants. Unfortunately my role as Portfolio Director for FDs means that I am not be able to influence/implement any identified changes during the study and so these thoughts must be abandoned.

During discussions with colleagues a positivist approach was suggested using a quasi-experimental methodology which would allow the TAP journey to be compared and contrasted. Considering this design reinforced my interest in the individual and their experience; I want to hear their stories as they interpret their journey. My point of view returned to the appropriateness of a phenomenological design to enable me to answer my guiding research question:

What are the experiences in the journey from trainee Assistant Practitioner to Assistant Practitioner and what factors, within the workplace, support trainee Assistant Practitioners to take on their new roles?

As I sought a deeper understanding of phenomenological perspectives, I was introduced to the work of Husserl (1970), Heidegger (1927/1962) and Gadamer (1989). I became aware of Husserl's (1970) transcendental phenomenology and intentionality, eidetic reduction and constitution on meaning and Heidegger's (1927/1962) existential phenomenology and being-in-the-world, time, space and fore-structure. I realise that the theoretical perspectives of Heidegger's (1927/1962)

existential phenomenology will allow me to explore the lived experience and look for meanings (Lopez and Williams, 2004) about what was experienced rather than what is consciously known (Flood, 2010). It will enable me to understand and interpret the meaning of the TAP's lived experience from HCA to AP and link WBL and being an AP. Participants will make sense of their world from within rather than their existence and not while being detached from it (Annells, 1996).

Hermeneutic phenomenology is congruent with the values, beliefs and assumptions which I bring to the study as it will enable me to understand the lived experience of those who work and learn. Through acknowledging my fore-structure of understanding I have become aware that this study cannot be considered in isolation but in the context of temporality and historicity as each participant has their own unique knowledge and experience. Recognising how prior knowledge and experience contributes to the study's methodology brought to my fore-sight that the study may be perceived as one phase of a larger project, with pre-understanding and understanding from one phase contributing to the next and vice-versa:

- Phase1 lasted from 2005-2011 when I was Programme Director of the FD HSc and incorporated the validation and delivery of the Adult Health Care Pathway and subsequent re-validation and delivery of the Acute Care Pathway in the workplace;
- Phase 2 the duration of this study, 2011-2014;
- Phase 3, which is outside the remit of this study, would encompass integrating the findings of the study to practice through critical knowledge and knowledge mobilisation (Fay, 1975).

This sub-section has made explicit my fore-sight and how, based on my background, my point of view, hermeneutic phenomenology will enable me to link WBL with the TAP journey to AP as I understand and give meaning to their lived experience.

3.2.3 A fore-conception: my expectations of what the question may be and what I may anticipate in my interpretation

As I make explicit my fore-having and fore-sight I acknowledge that I have no real expectations as to the methodology which will inform this study. However, based on my guiding research question:

What are the experiences in the journey from trainee Assistant Practitioner to Assistant Practitioner and what factors, within the workplace, support trainee Assistant Practitioners to take on their new roles?

and the values, beliefs and assumptions which I have brought to the study I am aware through engaging with different methodologies that my philosophical perspective is from an interpretist (interpretations are culturally derived and historically constructed (Blaxter, Hughes and Tight, 2001)) and constructivist paradigm (Guba and Lincoln, 2008). Hermeneutic phenomenology is the theoretical perspective which underpins this study as it will enable me to understand the lived experience, the basis of my guiding research question. I am taking account of the assumption that:

> *'... human beings act towards things on the basis of the meaning that things have for them'* (Blumer, 1969:2)

Bearing this in mind my expectation is that I will be working in the interpretive/constructivist paradigm as discussed in Chapter Two.

My fore-structure of understanding predisposed my current knowledge regarding the AP role and allowed me to select hermeneutic phenomenology as a methodology to address and answer my guiding research question. I believe that to achieve this, the study requires two aims:

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

These aims are based on my interpretation of delivering the FD programme and the need to understand the lived experience. Hermeneutic phenomenology will enable understanding of how time and space and consequently context impacts on the TAP's experience (Steiner, 1978) as past experience influences the individual present and future challenges (McConnell-Henry et al, 2009) as the parts and the whole of the journey are considered (Heidegger, 1927/1962).

Aim One – To understand how the TAP experienced the journey and what it meant to them.

This aim will provide the TAP and me the opportunity to understand and give meaning to their journey. It is envisaged that this process will provide practical knowledge and critical knowledge as my interpretation of the TAP's learning experiences will inform learning in the workplace and future curriculum development and theoretical knowledge will underpin learning in the workplace and the policy which steers WBL and personal knowledge as the TAP links theory, knowledge and action through praxis.

Aim Two - Exploring what factors, within the workplace, support and enable or inhibit the journey to being an AP.

This second aim will provide an understanding of what factors within the workplace support and enable or inhibit the TAP to take on their new role. Based on my assumptions and to ensure I ask the right questions I believe that it is important to involve the appropriate matron, mentor and Practice Development Nurse (PDN) (stakeholders) to provide additional understanding and meaning to the TAPs experience. I will be a bricoleur as I make sense of the specifics of the journey from HCA to AP (Denzin and Lincoln, 2008). As an interpretive bricoleur I will produce a bricolage as I piece together the lived experience of the journey. The emergent solution (bricolage), an understanding of the effectiveness of the journey, is the result of the methods and techniques of interpretation and analysis used by the researcher (bricoleur). Denzin and Lincoln (2008) believed that choices regarding which interpretive practices are employed are not necessarily made in advance, they depend on the questions asked, and the questions depend on their context, what is available in that context and what the researcher can do in that setting (Nelson, Treichler and

Grossberg, 1992).

I believe this study needs to address a number of specific questions:

- What support is required as a TAP?
- How does the TAP learn in the workplace?
- How does the TAP gain a range of experiences related to the patient pathway?
- How does the TAP become an AP?

I am aware that in answering these questions I will fuse my historical consciousness with the experiences of those undergoing the journey, a fusion of horizons, but I need to ask the right questions so that I understand the conversations I am having (Bernstein, 1983). To achieve this it is important that I acknowledge the assumptions which I have brought to the conversations:

- TAPs are practice rich and theory poor because of prior work experiences;
- TAPs have an understanding of the FD because of the experiences of other TAPs within the Trust;
- TAPs understand the requirements of the AP role;
- Matrons will have been involved in developing the AP job description which outlines the knowledge and skills which need to be developed through the FD;
- Matrons will have prepared ward staff for the development of new roles from within;
- Mentors have a vested interest in support new role development from within as TAPs, unlike student nurses, will return to the ward area as an AP;
- Mentors have been informed of the TAP role, AP role and FD from their matrons and the work-place facilitator;
- There was Trust buy-in for the role due to the large number of commissions, the support for a business plan advocating supernumerary status for this cohort of TAPs and secondment to a new work-place facilitator's role.

As I make sense of my fore-conception I became aware of how my pre-understanding; my fore-having and my fore-sight contributed to my guiding research

question, the methodology and the subsequent study design. I acknowledge the importance of laying bare my assumptions to ensure that the study remains true to a hermeneutic philosophy. To ensure the study is faithful to philosophical phenomenology and to acknowledge how my past learning impacts on my current perception I will maintain an account of my reflective thoughts and reflexive learning, particularly in relation to data collection and analysis. The use of a reflective diary will provide a valuable tool in enabling a transparent account of the research process and will strengthen the study's credibility.

3.3 SUMMARY

This chapter has considered the importance of fore-structure of understanding within hermeneutic phenomenology. It recognised how an interpreter's pre-understanding contributes to their understanding which, in turn, contributes to their pre-understanding, a hermeneutic circle. I acknowledged my fore-having, fore-sight and fore-conception (Heidegger, 1927/1962) or prejudices (Gadamer, 1989) as I commence the study and laid-bare that which shapes my practical life (Bernstein, 1983) and which guides this study.

CHAPTER FOUR - METHOD

INTRODUCTION

The study's methodology and theoretical perspectives were justified in Chapter Two; interpretist/constructivist paradigm utilising hermeneutic phenomenology. Chapter Two considered how interpretative phenomenology allows an individual to gain an understanding of change, transformation, losses, temporality and context as it is explored by the individual living that experience (Benner, 1994), and making sense and understanding of the everyday world (Heidegger, 1927/1962). Or, within the context of this study, the lived experience of the journey from Healthcare Assistant (HCA) to Assistant Practitioner (AP). I want to understand the whole, the hermeneutic circle (Heidegger, 1927/1962). This is achieved through a two staged process or double hermeneutics (Smith and Osborn, 2003) where the interpretation of the individual incorporated them trying to make sense of their experience while I make sense of them making sense of their experience.

While all studies need to justify the research design, this is vital when using hermeneutic phenomenology as no specific design underpins this philosophy. To ensure the study's design is true to the interpretist/constructivist paradigm, I must be clear about how philosophical hermeneutics informed my research strategy (Fleming et al, 2003; Geanellos, 2000; Paley, 1997, 1998, 2005). To support the study's credibility this chapter will provide an overview of the study's aim and purpose, research questions, research strategy, data collection, data analysis and assessing quality which encompasses Yardley's (2000, 2008) guidelines for addressing quality and Guba's (1981) constructs of trustworthiness; creditability, transferability, dependability and confirmability as Smith (2003) identified:

> *'There is no particular right or correct path to knowledge, no special method that automatically leads to intellectual progress'* (Smith, 2003:120).

4.1 AIM AND PURPOSE OF THE STUDY

Prior to addressing the study's method this first section provides an overview of the aim and purpose of the study. As discussed in Chapter One the concept of the AP role arose in response to an identified need to ensure that the non-registered workforce had the appropriate knowledge and skills to support service redesign and career progression and ultimately address recruitment and retention worries (Mullen, 2003). Since then the Core Standards for Assistant Practitioners (Skills for Health (SfH), 2009) advised that APs should complete an appropriate programme of study whilst in employment which must be at least Level 5 on the Qualification and Credit Framework (QCF). At the same time as this drive to develop the non-registered workforce there appeared to be a paradigm shift within the NHS to organisational and personal learning (Moore, 2007) or, as it is sometimes referred as, situated learning (Lave and Wenger, 1991). Workforce changes within the National Health Service (NHS) were ultimately based on policy and economic drivers (DoH, 2012) and there was a lack of focus to those who lived the experience and ultimately the meanings, practical knowledge, transitional and experiential learning was missed (Benner, 1994). I believed that these are important aspects if policy makers and Higher Education Institutes (HEIs) are going to consider the effectiveness of Work-Based Learning (WBL) in terms of habits, skills, practices and experiential learning (Benner, 1994). The perceptions and views of those undertaking WBL is imperative so that their experience can be understood from both an interpretative and phenomenological perspective. Consequently the broad aim of this study is to gain an understanding of how TAPs experience their journey to AP. This is to be achieved through conversational interviews with the TAPs which will allow me to engage in a dialogue with the individual and modify my questions in light of the participant's responses. At the same time I will be able to probe any interesting and important areas which arose; I will understand the individual's life world from their *'own perspective'* (Kvale and Brinkmann, 2009: 27). However because of the complex nature of the phenomena being studied and the need to provide contextualisation to the TAP's lived experience, I will interview their matron and mentor and the Trust's Practice Development Nurse (PDN) (stakeholders). This approach will contribute to me being a *bricoleur* as I use different tools to add interpretation to the TAPs experience (Denzin and Lincoln, 2008).

The purpose of the study was to generate an understanding of becoming an AP through a WBL programme so WBL programmes are designed and delivered to enable practitioners to develop the knowledge, skills and attitudes to undertake new roles from within.

This section has provided an overview of the study's aim and purpose and why an interpretist/constructivist methodology and philosophical phenomenology are appropriate to address the task at hand which is to understand the individual's lived experience as they journey from HCA to AP.

4.2 RESEARCH QUESTIONS

This section considers the research questions which informed the methodology and theoretical perspectives which guided this study. It considers the primary research question and a number of more refined questions.

According to Van Manen (1997) a phenomenological question must be clear, understood and 'lived' by the researcher. Cresswell (2009) and Polit and Hungler (1998) suggested that research questions should be evolving, non-directional and state the purpose of the study in more specific terms. The primary research question is directed toward phenomenological material focusing on individual's understandings of their experience and the concrete causes or consequences of events. Questions, as a result, are exploratory and not explanatory, situated in context, directed towards meaning rather than 'difference' or ''causality' as an hypothesis would be and may well reflect process as opposed to outcome (Smith et al, 2009). Knowledge arising will be intertwined with the TAP's experience as each experience will be unique, in that context, although there may be experiences which resonate across journeys. Testing a null hypothesis which predicts relations among variables and builds theory which explains the phenomena will not enable me to gain an understanding and meaning of the lived experience of the journey from HCA to AP. For this reason the use of a null hypothesis or theoretical constructs is not relevant to this study.

To enable a detailed examination of the lived experience the research question should not be too grand or ambitious as the researcher needs to evaluate the extent of their achievement against what they set out to achieve. My primary research question arose from my lived experience of designing, validating and delivering the Foundation Degree (FD) with the local acute Trust to develop the AP workforce; I want to explore:

What are the experiences in the development from trainee Assistant Practitioner to Assistant Practitioner and what factors, within the workplace, support trainee Assistant Practitioners to take on their new roles?

Alongside my primary research question I have a number of more refined questions which will, or will not, be answered at the interpretive stage; an approach supported by Smith et al (2009). I want to gain meaning of the TAPs lived experience which were external to the account itself rather than test a hypothesis. With this in mind my secondary research questions are:

- How the TAP experienced their development and what it meant to them?
- What factors within the workplace support and enable or inhibit the journey to AP?

As my research question involves the exploration of a phenomena and phenomenological perspective it is situated within a phenomenological philosophy. The methodology and theoretical perspective which underpin this study are justified in Chapter Two. Due to the open nature of my primary research question I am aware that my study may deviate; what is important is that I have a realisable goal to indicate the extent to which the inductive analysis had emerged from the material examined.

While this section has given an overview of the research questions and its situation within phenomenological philosophy the next section justifies the study's design within a phenomenological philosophy.

4.3 RESEARCH STRATEGY

To ensure that the study is true to my values and beliefs and theoretical perspectives, a hermeneutic or interpretative phenomenological approach will be adopted. This will allow me to seek the everyday lived experience of those involved in order to gain a better understanding of the meaning of undertaking a WBL programme in preparation to undertake a new role (Smith, 2003; Smith et al, 2009; van Manen, 1997).

Although Willis, Jost and Nilakanta (2007) inferred that the interpretist/constructivist paradigm is not currently the dominant model of research it is growing in popularity. According to Benner (1994) it is the importance that interpretive research places on context which elevates professional practice knowledge to a position often considered superior to out-of-context empirical research; making this paradigm relevant to those studying health and health care settings and ultimately this study. I want to understand the TAPs lived experience and their perception of these experiences rather than measuring them. Conversational interviews will be utilised as they will give access to the participant's lived experience and allow knowledge to be constructed (Smith and Osborn, 2003; Kvale and Brinkmann, 2009). To contextualise the TAP's experience stakeholders will be interviewed. Participants will be asked to describe, in their own way and their own words, their experience of their journey. While participants make sense of their lived experiences of the journey, I will make sense of their experience. Their words will be interpreted by exploring the language used and engaging with their descriptions to interpret their meanings but I am aware that my interpretations may be affected by my fore-structure of understanding and the moment my interpretations are made (Gadamer, 1970).

To facilitate an effective interview where the participant feels at ease and able to provide a detailed account of their experience requires preparation so I can be an engaged and attentive listener and flexible and responsive interviewer (Smith et al, 2009). The development of an interview guide will provide shape to the interview and outline the questions I want to ask. The process will give me the opportunity to consider how the interview may be conducted, what questions I want to ask, how

these questions may be phrased differently if required and how I may respond if sensitive issues are discussed. I hope that this process of preparation will facilitate a good interview where I am relaxed and focused and the participant feels able to engage with 'the thing itself' so that rich data is collected rather than an ad hoc interview where I am prevented from entering the participant's lifeworld.

There is much debate regarding credibility and the contribution of member checking to ensure a study's credibility. Guba and Lincoln (1989) identified that this process was the single most important aspect in ensuring a study's credibility as, amongst a number of things, it allows participants to correct and challenge misinterpretations and provide additional information (Lincoln and Guba,1985); an approach advocated by Spiegelberg (1982), Doyle (2007) and Bradbury-Jones, Irvine and Sambrook (2010). Others, including Thorne, Reimer-Kirkham and MacDonald-Emes (1997) and McConnell-Henry et al (2011) believed that the role of member checking is not congruent with a phenomenological philosophy and may result in contradictions (Sandelowski, 1993). The role of the researcher should be to gain an adequate understanding of the phenomena based on the data that is collected (Debesay et al, 2008). With these conflicting opinions regarding the credibility and trustworthiness of a phenomenological study alongside my understanding that temporality, spatiality and context are pivotal to understanding, I will transcribe the transcripts verbatim and check the accuracy with a colleague rather than returning the transcripts for member checking. Participants will give meaning to their lived experience at a given moment in their journey from HCA to AP based on their fore-structure of understanding. I believe that the context impacts on the participants' existence and experience (Steiner, 1978) and that past experiences influence both present and future dealings (McConnell-Henry et al, 2009) so that the meanings of experience and interpretation will alter depending on the context (Draucker, 1999; Johnson, 2000). The meaning may alter depending on the disposition of the researcher and/or participant. Hermeneutic phenomenology respects the concept of self-knowing, truth is as the person sees and experiences it. There is no one truth as truth is multiple and context specific. What is important is that the participants' experience is fused with my experience and understanding and placed in context (Draucker, 1999; Koch, 1995, 1996; Lopez and Willis, 2004) and my interpretation and understandings should be transparent and confer with Guba's (1981) construct

of confirmability. This will be achieved through the way data is filed so someone can follow the chain of evidence from initial interview to final report (Yin, 2003) and my reflexive diary where I will record information about self and method (Lincoln and Guba, 1985).

This section has addressed the research strategy which the study will employ and the importance of interpretive research in elevating professional practice knowledge. The use of conversational interviews was explained and my role in interpreting the participant's lived experience. Issues of member checking and the use of an audit trail were highlighted with regards maintaining credibility. Issues of trustworthiness will be considered in more detail later in this chapter.

4.4 ETHICAL CONSIDERATIONS

Prior to considering how the study is conducted the ethical principles underpinning the research will be considered. This section consists of five sub-sections which address informed consent, participant's anonymity and confidentiality, data protection, approval and access, and the care and protection of the participant.

The ethical framework underpinning health care practice is rooted in deontology which emphasises professional duty (Trnobranski, 1996). However, there is tension between this and a utilitarian view which allows societal acknowledgement of autonomy in relation to the individual's right to decide. Kvale and Brinkmann (2009) believed that these traditional ethical theories reliant on principles and rules are not self-interpreting and therefore do not determine when and how to apply the principles and rules they purport. Increasingly an alternative stance is proposed, that of virtue ethics which are more concerned with what the individual should do as opposed to what they should be (Andre and Velasquez, 1988). They espouse certain ideals including dedication to the common good. In the research situation, rules and principles of traditional ethics are not abandoned but are considered guides to help with reflection on the ethical dilemma. As a researcher utilizing an interpretist/constructivist paradigm, I must be able to engage in moral reasoning in that judgement follows acknowledgement and description of events in relation to

their value-laden contents (Brinkmann and Kvale, 2005; Kvale and Brinkmann, 2009). Ethical responsibilities include academic integrity, honesty and respect for others (Punch, 2006).

4.4.1 Informed consent

As with any research study consent is required to protect the important ethical principal of autonomy for each of the participants, their right to exercise self-determination. Five key elements must be met in order to protect this right: information giving, understanding, voluntariness, competence of potential participants and actual consent to participate.

First, information needs to be clear and include important facts about the study, the procedures involved and the risks and benefits, which might result. Eisner (1991: 214) acknowledged that this implied that the researcher knows before the event what the event will be *'and the possible consequences'.* This is not always the case in interpretist/constructivist research and consequently I recognise that I need to be responsive and adaptable to the situation as it arises. Information leaflets will give an accurate and summarised account of the study, without jargon, or going into too much detail (see Appendix 2). It is important that I give a fuller explanation and answer any question during the recruitment stage (Polit and Hungler, 1999). Therefore, I will be available for the TAPs and I will provide my contact details for stakeholders. There will be the opportunity to ask any questions at the commencement of the first interview prior to signing the consent form. Thirdly, I need to ensure that participants are participating voluntarily. This will be achieved by having the Programme Director present when I explain the study to the TAPs to reduce the risk of coercion or manipulation. Fourth, participants have to be legally competent to consent and in accordance with the inclusion criteria for the study, only TAPs, and stakeholders who meet these criteria, who have a complete understanding of the study and are willing to participate, will be asked to give their informed consent. Finally, written consent shall be obtained from all participants but only after they have each had the opportunity to discuss, ask questions and take time to participate. This will usually involve participants signing their consent form immediately before commencing an interview.

4.4.2 Anonymity and confidentiality

It is imperative that the anonymity of the participant and the confidentiality of the information obtained is ensured at all times. This will be achieved by allocating unique numbers to each participant rather than using identifiable information on the tapes and printed data. There is an obligation not to divulge what has been learned to others so all means of identifiable information will be removed from transcripts and quotes used within the thesis. Participants shall be reassured both verbally and in writing that any information that they have given, will be treated confidentially and who will have access to the interviews (Kvale and Brinkmann, 2009). In this case it will be the researcher and a colleague who will check the accuracy of the verbatim transcription that will have access to the interview data.

The rule of confidentiality is not absolute as infringement of confidentiality can be justified in some circumstances, for example, if the participant does not want to be part of an anonymised mass (Mishler, 1986). Prior to commencing the interview the researcher will explain to the participant that there is an obligation for the researcher to disclose information to others, without their permission, if it is felt that the participant may be at risk of harm (NMC, 2008).

4.4.3 Data Protection

All data will be stored in accordance with the Data Protection Acts (Home Office, 1998, 2003). All electronic data will be stored on a password protected personal computer at Canterbury Christ Church University and personal computer. Data will be coded and all names and identifiers removed before entry onto the database. I shall maintain a log book with names and codes for cross-reference. The log book will be stored in a locked drawer and I will hold the only key to the drawer. Data will be retained securely, for the duration of this research study and on completion, all data, printed, electronic and tapes will be destroyed when it is no longer required for this study (Home Office, 1998).

4.4.4 Approval and access

Ethical approval was granted in October 2011. The Research Governance Framework (DOH, 2005, 2006) and the Faculty Research Governance Framework were adhered to. Permission to proceed was granted by the Trust concerned.

Access to the individual TAPs will be negotiated with the FD Programme Director. Each TAP will be given a full explanation about the study as previously described, supported by an information leaflet. The stakeholders shall be approached by email and receive an invitation/information leaflet (see Appendix 3). All those who are approached will be informed that participation is entirely voluntary and they may withdraw from the study at any stage without giving a reason. The credentials of the researcher will be explained.

All interviews shall be conducted in a place and time of the participant's choice. Every effort will be made to undertake these interviews in a quiet, relaxed non-clinical environment. Given the stakeholders clinical demands, this will not always be feasible. All information, such as contact details for future use, will be held in a separate logbook and stored away from the interview data in a locked drawer.

4.4.5 The care and protection of the research participant

If an issue of great concern or distress is raised during the course of an interview, then the interview will be terminated immediately and the participant advised of what action to take. Confidential information will not be divulged to another person and informed consent to participate will be obtained from the participants.

In summary this section outlined how ethical considerations will be addressed within the study, how the individual's right to self-disclosure is maintained, the maintenance of anonymity, confidentiality and data protection. This allows me to engage in moral reasoning as I make explicit my ethical responsibilities.

4.5 CONDUCT OF STUDY

Having considered the aim and purpose of the study, research questions, the research strategy and ethical considerations, this section addresses how the study was constructed. It consists of four sub-sections which include the study site, sampling, inclusion and exclusion criteria and recruitment of the sample.

The study consisted of two aims:

Aim One – To understand how the TAP experienced their journey and what it meant to them.

This provided the opportunity to understand and give meaning to their journey from HCA to AP.

Aim Two – To explore what factors, within the workplace, support and enable or inhibit the journey to being an AP

This aim provided an understanding of the factors which enabled, or inhibited, the journey from HCA to AP. Giving meaning to the TAPs and stakeholders journey provided context to the TAPs lived experience. This approach, or bricolage, enables me to use other perspectives in creative and resourceful ways to help make sense of the TAPs journey (Levi-Strauss, 1966).

Data was collected during individual conversational interviews at three stages during the study (two years) with each stage being considered as a separate part of the whole. This ensured that Heidegger's (1927/1962) concept of time, space and context remained pivotal in understanding the participants' lived experience (McConnell-Henry et al, 2011). Stage one occurred during the fourth month of the FD and involved the TAP and stakeholders. The timing of stage one was chosen after the commencement of the FD as it allowed the TAPs to experience their new role and to complete their first university assessment. At the same time it provided stakeholders the opportunity to work with the TAPs. The interviews were tape recorded and transcribed *verbatim.* This process is discussed later.

Stage two involved only TAPs and took place during the sixteenth month of the FD. These interviews allowed the TAPs and me to reflect on the interpretations we had regarding their first interviews and enabled greater meaning and understanding to be achieved (Benner, 1994). It also allowed TAPs to make sense of their subsequent experience. The third stage occurred six months after the completion of the FD and involved the TAPs and stakeholders. The purpose of these interviews were three-fold; it allowed participants and me to reflect on the interpretations from the previous interviews; it allowed participants to share and make sense of their experience since their previous interviews and allowed them to consider more explicitly being an AP. Table 4.1 gives an overview of the study's stages and the groups involved.

Figure 4.1 Number of participants at each stage

STAGE	WHEN	TAPS	MATRONS	MENTORS	PDN
ONE	Four months after commencing the Foundation Degree	8	4	7	1
TWO	Sixteen months after commencing the Foundation Degree	8			
THREE	Six months after completing the Foundation Degree	8	4	7	1

4.5.1 Study site

The study participants were selected from one NHS acute Trust in the South East of England. To maintain anonymity for the Trust involved, the primary research site has been referred to as the Trust. No other form of identification will be referred to in the course of this thesis. This Trust was chosen as their cohort of TAPs were the first, locally, to be supernumerary while undertaking the FD HSc.

4.5.2 Sampling

Sampling for the study was purposive (Lincoln and Guba, 1985), the participants were purposively selected as they were living the experience of the journey within the Trust chosen for the study. These TAPs would have the specific knowledge and

experience of the phenomena being studied and would be able to represent this perspective, salient features and events or categories of behaviour rather than a population (Lincoln and Guba, 1985; Polit and Hungler, 1999; Smith and Osborn, 2003; Smith et al, 2009).

With regards sample size there is no definitive answer, however, as phenomenological studies require the use of in-depth interviews which facilitate rapport and empathy, greater flexibility of coverage and ability to transgress from the interview schedule, they may take a long time to conduct and produce an abundance of data which is complex to analyse. Despite these concerns, Benner (1994) believed that the data her sample of 24 yielded made interpretation easier. Given the focus to detailed interpretation, Smith and Osborn (2003) have argued for small sample sizes to ensure the study provides detail and understanding of this particular group rather than making general claims.

I was able to identify a homogenous group for whom the research question was relevant and, due to the need to understand a particular phenomenon in certain contexts, this study was conducted on a relatively small sample size of eight TAPs. This approach allowed me to undertake a detailed case-by-case analysis of individual transcripts so that I understood the essence of an individual's experience, understandings and meanings. I could then examine in depth the variability within and between groups of participants by analysing the patterns of convergence and divergence which arose. This will allow others to consider whether transferability is a possibility (Lincoln and Guba, 1985).

4.5.3 Inclusion and exclusion criteria

In order to achieve homogeneity in the groups, participants were identified on the basis of the following criteria:

- The worked as TAP in the acute hospital Trust which was the study's primary research site;
- They commenced their journey in the autumn which this study begun;

- Matrons had a TAP who had agreed to take part in this study;
- Mentors had a TAP who had agreed to take part in this study.

Those excluded from the study were:

- Those who did not work in the acute hospital Trust which was the primary research site for this study;
- Matrons who did not have a TAP who had agreed to take part in this study;
- Mentors who did not have a TAP who had agreed to take part in this study.

4.5.4 Recruitment of sample

I was fortunate that the TAPs who met the inclusion criteria were undertaking the same module. Therefore, with the permission of the programme director and module leader, I attended and explained the purpose of the study at the commencement of the morning's lecture: how I intended to collect the data (which would be at a time and location that was convenient to the participant) and how I hoped the use of reflection may benefit those who take part by enabling them to give meaning to their experience. I provided the opportunity for questions and reiterated that there was no obligation to be involved in the study, that it would not affect their studies if they chose not to participate and they could withdraw from the study at any time should they wish. I gave all TAPs an information leaflet, my contact details in case they had any further queries, a consent form (see Appendix 4) and a stamped address envelope to return the consent form. This approach ensured that every TAP who met the inclusion criteria received the same information about the study, that any questions were shared and that all TAPs received the opportunity to participate in the study (Polit and Hungler, 1999).

I was aware that this approach to recruiting eight participants from the cohort (n=20) could have resulted in either a dearth or plethora of participants. Nine TAPs were interested in participating and returned a completed consent form. I wanted eight TAPs but felt that recruiting nine allowed some leeway should any choose to withdraw. I followed this initial face-to-face contact with email communication to

arrange the first interview. Seven of the TAPs readily engaged but the remaining two, despite two subsequent emails and a face-to-face discussion, did not engage and were withdrawn from the study. Two weeks following the information session, I received an email from a TAP who wanted to be involved. As participant numbers had reduced to seven this seemed opportune and this TAP became the study's eighth participant.

While arranging interview dates with the TAPs, I asked them to inform their mentors about the study as I would approach them to see if they would participate and I required their work email address. The eight mentors were approached individually and received a cover note explaining why I was contacting them, information about the study (see Appendix 3), a consent form (see Appendix 4) and the opportunity to discuss the study in more detail if they required. I was aware that recruiting mentors via email was not personal and ran the risk of non-engagement (Polit and Hungler, 1999) but because the mentors worked shifts I felt that calling or cold visiting the ward was not appropriate. This strategy did result in a number of tardy responses which required follow-up telephone calls or ward visits. I understood why this occurred: work levels on the ward, infrequent access to work emails and numerous requirements placed on their time. Seven of the eight mentors agreed to partake in the study and the timing and place of the interviews were organised via email. The eighth mentor withdrew due to personal circumstances.

The four matrons (some matrons had more than one TAP) and PDN were recruited using the same format as the mentors but their engagement was much quicker, perhaps because their role requires them to access work emails on a more regular basis than the mentors. All four matrons and the PDN agreed to take part in the study. Following the first interview the timescale for the study and interview schedule was shared. At this point all participants agreed to continue with the study.

This section has provided an overview of the conduct of the study, the study site, sampling including the inclusion and exclusion criteria and recruitment of participants.

4.6 DATA COLLECTION

This section addresses the collection of data by conversational one-to-one interviews which allowed participant's to share rich, first person accounts of their lived experience. To achieve its aim this section consists of three sub-sections which consider the rehearsal interview and why this was conducted, performing the research interview and the researcher as instrumentation. This section incorporates the importance of cultivating conversational skills and the role of field notes in maintaining reflexive objectivity.

The phenomenological approach to investigating a phenomenon is purported to be one of '*openness and awe'*, immersed in the here and now consciously avoiding distraction (Finlay, 2003b: 110). Phenomenological research focuses on the participant's own perspective, and assumes that '*reality is what people perceive it to be'* (Kvale and Brinkmann, 2009: 26). Through open questions (McLaughlin, 2007) participants are able to use their own words to describe their lived experience. The purpose of the interview is to encourage dialogue, to elicit participants' descriptions, perceptions, understandings and attribution of meaning to the lived experience (Jones and McEwan, 2002). In reflecting their interpretation of what is said back to the participant in follow up questions, the interviewer is often able to ascertain the accuracy of interpretation of data (Kvale and Brinkmann, 2009). Consequently, interview knowledge is the product of the conversational relationship between interviewer and interviewee as knowledge is actively created through questioning and answers as a deeper understanding of the nature of meaning of everyday lives and experience as they are lived from an individual perspective (Van Manen, 1997) is gained. A phenomenological approach requires these experiences to be described in a relatively 'uncontaminated way'. One-to-one conversational interviews enable the richness and depth of experiences to be captured as the life-world of the participant is accessed through first-person stories (Kvale and Brinkmann, 2009).

4.6.1 Rehearsal Interviews

Rehearsal interviews were undertaken before the research interviews and involved recruiting one AP who had just completed the FD and one matron/mentor. The purpose of the interviews was to evaluate the topic guide to allow broad questions to be asked and adapted dependent upon the participant's story; my interview technique; 'test out' the analytical approach by reflecting on the interview process and through the use of field notes make adjustments to the topic guide. The participants were asked for their comments regarding the method of data collection including the timeliness, convenience and the ease and ability with which they were able to share their experience. Each participant stated they felt relaxed in my presence which was an important consideration as the interviewer's situational context can have a significant effect upon how successful an interview might be (Flick, 2007) and, as discussed earlier, a good interview is paramount in phenomenological research.

The completion of the rehearsal interviews enabled me to engage with the skills of interviewing; a craft which, Kvale and Brinkmann (2009) believe can only be achieved through practice and judged on the quality and strength of knowledge produced, or more specifically for interpretative phenomenology, the indices of convergence (Draucker, 1999). Although the participants felt that they had time and space to share and make sense of their experiences, when the interviews were transcribed, it was evident I could have given the participants more time to answer and more space for silences; I should have spoken more slowly and I should have explored participants' feelings in more depth. I recognised this skill evolving in subsequent interviews as my experience and understanding of the importance of interviewing increased. I was aware when a participant had more to say or required support to share their feelings and modified my questioning to meet individual needs as I entered the unpredictable world of in-depth interviewing (Smith et al, 2009). This allowed me to develop a topic guide (see Appendix 5) to aid participants' understanding and ultimately the credibility of the study. Sharing issues of my interviewing technique with my supervisor enabled me to make sense of my concerns.

4.6.2 The research interview

To achieve the essence of a phenomenological interview and interpret the meaning of their experience, it was important that the interviews were as close to a natural conversation as possible (Kvale and Brinkmann, 2009; Smith et al, 2009) where participants, on the whole, discussed while I listened. Participants needed to feel at ease, confident that what they had to say was important and was shared in confidence. This was achieved by explaining the purpose of the interviews; that their experiences were central and shared in confidence; that they would not be identifiable; that a time and location for the interview would be chosen which suited the participant and a consent form was completed by the participant and me. I was aware that, in principal, these steps were appropriate and that the participant and I were making sense of each other making sense of the participant's experiences. This approach reduced any power asymmetry and concerns participants may have had about sharing their experiences because of my position as Framework Director for FDs with a national profile related to the AP role (Kvale and Brinkmann, 2009). Or as Kvale and Brinkmann (2009) suggested, I was a traveller engaging in conversations which would lead to new knowledge; new ways of self-understanding and the uncovering of previously taken-for-granted values and customs. I realised it was important to consider the ethical implications of balancing my interest as researcher in probing for further in-depth knowledge against the participant's interest in relation to self-closure. Sennett (2008) suggested the craft of interviewing included:

> *'calibrating social distances without making the subject feel like an insect under the microscope'* (Sennett, 2008:38).

It was one thing developing and preparing for the interview and another actually conducting the interview; I was learning on the job. I realised that I needed to be clear and confident and reinforce that I was interested in what the participant had to say and not some pre-set agenda. My role was as listener getting to know the participant and making sense with them of their experiences. In the early interviews I was conscious that I was trying to 'fix', in my mind, any concerns which were identified; a factor which I attributed to my role as Framework Director. I was aware that these thoughts were compatible with action research, an approach I could not utilize because of my role. I needed to place these concerns to one side

and come round the hermeneutic circle to the participant's world. In subsequent interviews, I left my world to enter the world of the participant listening to their words and focusing any questions on what they had to say. The time and space to introduce more of my interpretations, theory and ideas as I passed round the hermeneutic circle occurred after the interview. It enabled me to consider the phenomena at more than one point in time, from more than one perspective and from the creative and reflective efforts of the participant (Smith et al, 2009). The topic guide that supported the study's conversational one-to-one interviews allowed the participant the time and space to share their story, to think and to be heard (Morse and Field, 1996; Smith et al, 2009; van Manen, 1997).

This was achieved by making the participant feel at ease before the interview commenced and reassuring them that I wanted them to talk and share their experience, that I was not judging them and that there was no right or wrong. The participant was the experiential expert. This approach meant that each interview was different and focused on those issues, related to the phenomena, which the participant identified as important within the temporal and spatial context of the interview. This approach was unpredictable but throwing me into the unknown was an important component of the inductive principles of phenomenological research as I wanted to know more about the participant's lifeworld rather than learn more about my own.

As an experienced practitioner, I had the necessary knowledge and professional expertise to conduct the information-giving sessions and interviews in a way that was non-threatening or distressing. Monitoring the participant throughout the interview meant that I was aware of changes in body language and communication style and where changes occurred I would amend my approach. Likewise, allowing the participant to choose what experience they shared meant that they did not have to share experiences which caused distress or anxiety. If a participant had become distressed or anxious the interview would have been terminated.

All participants gave permission for the interviews to be tape-recorded which were then transcribed *verbatim* prior to analysis. Each transcription was verified by a colleague and me and the interview was coded with the participant's number to ensure that individual could be identified during transcription. Field notes were coded using the participant's number so that transcriptions and notes could be 'married up' and compared for analysis purposes. Recording my observations about the interview was important to help give meaning and understanding when I analysed the data (Smith and Osborn, 2003). Issues discussed in the previous interviews were re-visited in subsequent interviews as the participant and/or myself tried to make further sense of the situation, although it was acknowledged that an individual's meaning or understanding of the experience may have changed as their understanding of their lived world had changed as a result of new experiences and subsequent construction of additional knowledge (Kvale and Brinkmann, 2009). This also enabled me to validate my evolving understanding of the participants' understanding of their experiences while I acknowledged that the findings are related to the time, space and context in which they are shared and may not be easily transferable to other situations or contexts.

4.6.3 The Researcher as instrumentation

Phenomenological interviews require considerable skill on the part of the interviewer as they aim to get to the thing itself rather than just facts and opinions (Benner, 1994). It required me to cultivate conversational skills which put the participant at the centre of the conversation so that I could understand their points of view, their experiences and their lived world. The concept may appear simple but I was aware that there were aspects of my conversational style which did not always enable individuals to share their experience; I was a doer, give me the problem and I will solve it rather than stand back and reflect on the experience. I needed to focus my interviews on the personal interaction and the knowledge construed through this interaction (Kvale and Brinkmann, 2009). This was achieved initially by discussion with the rehearsal interview participants and, then, through written reflection immediately after each interview. Keeping a research journal allowed me to record the processes involved in approaching the research field, the experience and problems encountered and ensured I applied the research methods. Important facts, insights and references to other data sources were included in the journal,

which encouraged creativity, connections and discoveries to be made. Extracts from my research journal are used in Chapter Five to illuminate my data analysis and how I made sense of the participant's journey.

Following each interview I found it helpful to use field notes for documenting the context and situation of the data collection. These records provided another source of data which was considered in its own right as well as supplementing the primary data from other sources. As an academic responsible for the FD and working in close partnership with the primary research Trust, I was aware that I could introduce biased subjectivity. This was achieved by maintaining reflexive objectivity and overtly acknowledging any prejudices (Gadamer, 1989) which I had both in the thesis, my research journal and during supervision sessions. During each interview care was taken to ensure that the conversation focused on the participant's experiences and not my personal beliefs, assumptions and experiences. This was important if the knowledge which was constructed from my interviews was to be valid and reliable.

The three sub-sections within this data collection section have provided an overview of how the rehearsal interviews informed the research interviews specifically in terms of refining the topic guide and learning the craft of interviewing and the importance of using tools which ensured reflexive objectivity.

4.7 DATA ANALYSIS

The aim of this section is to provide a theoretical perspective of analysis and the method of data analysis which was informed by the work of Smith and Osborn (2003). There are four sub-sections which address the interpretative analysis, concept analysis, reflexivity and the role of my research journal as an analysis tool.

4.7.1 Interpretive analysis

Interpretive analysis is hinged on human action being considered inherently meaningful. Schwandt (2003) proposed three ways in which we can interpret that

meaning so that we are able to arrive at an understanding of the meaning of a particular action. The first is by emphatic identification which entails *'getting inside the head'* (Schwandt, 2003: 296) of the participant to understand their motives, beliefs, desires and thoughts regarding the phenomena being explored. Getting such an 'inside' understanding is acknowledged as central to the purpose of phenomenology. The second is via phenomenological sociology where interpretative analysis is concerned with understanding how the everyday *'lifeworld'* (Schwandt, 2003: 297) of the participant is constituted. Thirdly, language is key to understanding significant systems of meaning, for example, cultural norms. With regard to this study, emphatic understanding of each participant's lived experience of the journey from HCA to AP elicited in the interaction of conversational style interviewing and reflexivity is facilitated by my familiarity with the culture and language of nursing, the institutional norm and rules within health care and my knowledge and understanding of the FD HSc.

It was Schwandt's (2003) fourth notion, described as philosophical hermeneutics that is most relevant to a Heideggerian phenomenology study. Understanding is described as not primarily being governed by rules or procedures, but that *'understanding **is** interpretation'* (Schwandt, 2003: 301). Understanding requires the *'engagement'* (Schwandt, 2003: 301) of our inherited bias and prejudice. In this way bias and prejudice can be examined in the throes of interaction with participants, or in the analysis of texts of transcribed interviews, and altered to further our understanding of others as well as ourselves. Understanding is always bound up with language in that preconceptions are tested in a dialogical encountered with what is not understood unlike other interpretative theorising of understanding which considers that human action *has* meaning which is determinable by the interpreter. In philosophical hermeneutics the text or human action is not an '*object out there'* but *'is negotiated mutually in the act of interpretation; it is not simply discovered'* (Schwandt, 2003: 302). Hence, meaning is the understanding created by the interface of perceiver knowledge with research data.

For this study the fundamental of Smith et al (2009) Interpretative Phenomenological Analysis (IPA) was used to engage with and interpret the meaning of the 'lived experience' documented in the transcripts of the conversational interviews with participants. The existing literature on analysis in IPA does not prescribe a single 'method' for working with data but suggests more flexibility in matters of analytic development (Smith et al, 2009). What is important is the analytic *focus* should be towards the participant's attempt to make sense of their experiences. Consequently IPA is characterised by a set of common processes, which may be moving from the particular to the shared or the descriptive to the interpretative, and principles, such as understanding a participant's point of view or a psychological focus on personal meaning-making in a particular context that are applied flexibly according to analytic focus (Reid, Flowers and Larkin, 2005). Therefore, within IPA analysis has been described as an iterative and inductive cycle (Smith, 2007).

To understand the context and complexities of the participant's meaning the researcher must engage in a sustained and interpretative relationship with the transcript and process of interpretation. To achieve this IPA draws upon a number of strategies (Smith et al, 2009) which provide room for manoeuvring and a non-linear approach but this flexibility provides challenges. With no right or wrong approach to this form of analysis and the ability to be creative there is the risk that the novice IPA researcher could get 'lost' - this was a concern for me as I have a personal preference for clear processes. Therefore, data analysis was based on the heuristic framework for analysis devised by Smith et al (2009) which draws on many of the processes, strategies and principles utilized in IPA research. The framework provided the flexibility and structure I required to confidently engage in data analysis. What was important was that I maintained a reflective engagement with the account, focusing on the participant's lived experience and the sense which they made of that experience but realising that I am interpreting what I think the participant is thinking; double hermeneutics. This was achieved through flexible thinking, processes of reduction, expansion, revision, creativity and innovation; a multi-directional process achieved through moving between the part and the whole of the hermeneutic circle. To ensure some order in the process, each participant's transcript was considered individually before moving to the next transcript as is the

process for idiographic analysis, beginning with particular examples and slowly working to more general categorisation (Smith, Harré and Van Langenhorne, 1995). Full details of the step-by-step approach to data analysis are explained in Chapter Five.

4.7.2 Concept analysis

Following interpretive analysis of the data collected, the concept, the aspect of reality that can be quantified (Keck, 1986), will be explored. Concepts range along a continuum from directly observable empirical observations to relatively abstract, indirectly observable mental inferences or multiple concepts (Morse, 1995). A concept analysis will allow the content of the concept, an effective journey, to be made clear and explicit (Risjord, 2010) through synthesising existing views of the concept. While the purpose of this study is not to build theory *per se* there is a need to clarify the attributes and use these as the basis for a framework that identifies the enablers, characteristics, and suggested consequences of an effective journey from HCA to AP.

Concepts are often expressed through the image of bricks and walls. Walker and Avant (2005: 26) state *'concepts are the basic building blocks of theory'* while Hardy (1997: 433) states *'the bricks from which theory is constructed'.* For the purpose of this study the notion of concept will be used in the more traditional sense of a 'building block' to help develop a better understanding of the component parts of a more complex mode. The aim of the next sub-sections is to consider the philosophical views of concepts and the method of concept analysis used within this study. The process of concept analysis will be considered in Chapter Five to demonstrate a clear audit trail and address Paley's (1996) concerns that there is often very little discussion to how attributes are defined.

4.7.2.1 Philosophical views of concepts

Philosophically there are two schools of thoughts regarding concepts: entity and dispositional. Entity views advocate that concepts are universal essences (Aristotle, 1947, 1984), abstract ideas in the mind (Descartes, 1960; Kant, 1965; Locke, 1975),

or words and their meanings (Wittgenstein, 1981). A concept is regarded as an entity or 'thing' and is generally considered to correspond with actual elements of reality. The second school of thought, dispositional, present concepts as habits or capacities for certain behaviours including the ability to use language effectively and the performance of specific physical acts. Dispositional theories emphasise the use of concepts and the behaviours that they make possible and arose partially in response to the problems with the entity views. Wittgenstein (1968) and Ryle (1971) have made a significant contribution to this viewpoint. Wittgenstein (1968) rejected that concepts had rigid and distinct boundaries, that definitions should be stated in terms of necessary and sufficient conditions and that there needed to be a criterion of strict correspondence between concepts and empirical reality. For Wittgenstein conceptualisation was based on resemblances or commonalities, it was the ability to formulate comparisons which provided conceptual clarity *'seeing what is common'* (Wittgenstein, 1968: 34) in the use of a word, not uncovering any essence. Wittgenstein's work is not exemplary of dispositional approaches in general as it lacks sufficient attention to individual capacities or abilities associated with concepts. Ryle's (1971) idea of use as a central tenet of his work is more characteristic of dispositional theory. For Ryle a concept is an abstracted feature of the world which is integrally related to the ability to perform tasks, they are the ability to move effectively through the world.

A dispositional approach to analysis will provide meaningful understanding to the findings as it draws on the experiences of those who lived the journey from HCA to AP. It will allow additional *'understanding of being'* (Heidegger, 1927/1962: 32) through interpretation, identification and reflection on rules and patterns, implicit modes of meaning, which culturally contextualise experiences (Watts, 2001). Reconstruction of the understanding of experience of those who journeyed from HCA to AP will enable hidden but knowledgeable logic to be revealed and clarified (Dreyfus and Rainbow, 1982). The uncovering of existing knowledge may be achieved through the application of a framework which guides the researcher through the process. There is no one approach to concept analysis and the aim of the next sub-section is to identify the method chosen for this study.

4.7.2.2 Method of concept analysis

There are several identified approaches to concept analysis which focus on concept clarification but have distinct philosophical underpinnings, analytical purposes and analytical steps. Beckwith, Dickinson and Kendall (2008) exploration of the origins of thirteen concept analysis frameworks used in nursing revealed the ontological and epistemological basis of the identified frameworks. Beckwith et al (2008) identified that the majority of critical analysis frameworks had been adapted and modified from Wilson's (1963) iterative process to help students with their university entrance exams. What is imperative is that the adopted method is justified.

Walker and Avant's (2005) approach built on Wilson's (1963) work and focused on the analysis derived from the exploration of the literature. Their different ordering of steps leads to a somewhat different emphasis in the analytic process. Case construction followed identification of defining criteria to illustrate the presence or absence of the criteria across the concept of interest. Walker and Avant (2005) included the specification of antecedents, consequences and empirical referents as components of analysis. While this iterative analysis can lead to rich material, this can be at the expense of perceptions that are most intimately involved in the journey from HCA to AP.

Rodgers (1989) offered an approach that *'overcomes difficulties with a positivistic or reductionist view and that addresses the temporary concerns valuing dynamism and interrelationships within reality'* (Rodgers, 1989: 332). Rodgers' evolutionary view of concepts integrates the views of several prominent philosophers including Wittgenstein (1968). She believed the main purpose of concept analysis was to clarify the concept of interest which was a non-linear process that involved a series of overlapping phases rather than sequential steps. Rodgers (1989) advocated that it was through application that concepts are further refined and developed. This was a move from the essentialist perspective which viewed concepts as static and contextual. The eight steps of Rodgers' evolutionary model are outlined in Table 4.1 below.

Table 4.1 Stages of Rogers' 1993 model of concept analysis

- Identify the concept of interest and associated expressions.
- Identify and locate an appropriate setting for data collection.
- Collect data regarding the attributes of the concept including surrogate terms, references, antecedents and consequences.
- Identify related concepts.
- Analyse data.
- Conduct interdisciplinary or temporal comparisons.
- Identify a model case of the concept, if appropriate.
- Identify implications for future development.

Schwartz-Barcott and Kim (1993) developed a 'hybrid' method which consisted of three phases, theoretical, fieldwork and analytical that provides consideration of data gained from practice to generate and develop concepts. During the theoretical phase, the literature is reviewed to select a working definition of the concept of interest. This working definition serves to focus the fieldwork phase of concept development which is *'aimed at refining a concept that has been analysed in the theoretical phase'* (Schwartz-Barcott and Kim, 1993: 96). Refinement validates and elaborates the concept through qualitative research. During the final analytical phase the results from the previous two phases are integrated in order to define the concept and identify measurement issues and strategies. At this point the concept's applicability is evaluated.

Morse (1995), unlike previous models of concept analysis, advocated that concepts evolve from the clinical setting, and demand additional attention when the literature does not provide an appropriate resolution to a particular question. According to Morse (1995), concept inquiry will contribute to a developing theoretical construct - process which consists of four stages, clinical setting where the concept is identified, data collection from interviews, observations and the literature which is analysed, theory development and application to practice through testing and modification. Morse (1995) identified that concept development consisted of three steps - identifying the concept's attributes, verifying the attributes through Bolton's (1977) rules of relation that identify the participants' experience of reality which defines the concept, and identifying the manifestations

of the attributes. Verification of the concept is achieved through synthesis with the literature.

For the purpose of this study, Morse's (1995) approach to concept analysis will be used as a framework to clarify the concept of an effective journey. The strength of Morse's (1996) model for this study is its integral, inductive relationship of data from the clinical setting with the evolving research and synthesis with the literature. Analysis of the data will draw on Rodgers' (1989) work to identify the concept's attributes, enabling factors and suggested consequences. Chapter Five will provide full details of the process of concept analysis used in this study.

4.7.3 Reflexivity

Reflexivity relates to the researchers' awareness of the values and experiences that they bring to the study (Cresswell, 2007; Rice and Ezzy, 2000). Finlay (2003b: 108) described reflexivity as involving *'a continuing, dynamic and subjective self-awareness'*.

Finlay (2003a) considered a range of perspectives in the use of reflexivity which can be loosely grouped into those that use reflexivity for social critique and those that lend themselves to the '*more personal individual stance of 'introspective' phenomenological'* research (Finlay, 2003b: 16). Introspective reflexivity utilises the researcher's own reflecting and thinking (Moustakas, 1994). This may be integral to Heidegger's concept of fore-structure (Plager, 1994) where the researcher's familiarity with the phenomenon enables them to generate a research question related to that phenomenon and then makes interpretation of the texts documenting relevant lived experience of the phenomenon possible. Intersubjective reflexivity is also found in phenomenological research which adopts a descriptive style to account for the mutual meanings within the research relationship. The interview experience leads to (a potential) revision of fore-understanding through a process of self-critique of assumptions that may be found to be at least partially wrong. Thus reflexivity contributes to moving thought, not merely through a circuit that feeds back on itself, as a hermeneutic circle, but more a case of a reflexive

spiral, where renewed understanding metaphorically leads to a turn in focus rather than back to the beginning (MacMillen, 2003).

Finlay (2003b) clearly and succinctly acknowledged the value of reflexivity in enabling the researcher to recognise their interpretations and ongoing revelation of the phenomenon studied in her description of reflexivity as:

> *'the process of continually reflecting upon interpretations of both our experience and the phenomenon being studied so as to move beyond the partiality of our previous understandings and our investment in our particular research outcomes'* (Finlay, 2003b: 108).

However, Finlay (2003b) pointed out that it is the effectiveness of reflexive analysis that determines its value in research, and warns of potential pitfalls that need to be avoided. These include excessive reflexive introspection resulting in the researcher's voice overshadowing that of the participant and in the case of reflexivity as intersubjective reflection that overzealous '*focusing on the interpersonal process may shift attention away from the phenomenon being studied'* (Finlay, 2003b: 17).

4.7.4. Research Journal

The use of a research journal began on January 1st 2011, initially as somewhere to share and make sense of my thoughts and feelings as I became a PhD student but it also allowed me to give some structure to what was feeling unstructured and confusing. I was able to make action plans, to do lists and notes of what needed to be done. This was a time of much learning as I applied for ethics to undertake my interviews; I explored research paradigms and methodology to justify the study's approach and I grappled with the work of Habermas, Husserl and Heidegger. During this period my research journal not only contained what needed to be done but notes of what had been achieved, new understandings and new meanings. As someone who intuitively questions, my notes quickly became reflective as I made sense of my journey and insights into which path to take. These were challenging times for me as my chosen methodology, hermeneutic phenomenology, supported the values, beliefs and assumptions which I brought to the study but this was a methodology with no clear method. This was uncomfortable as I needed clear

processes. However, I found assurances in the work of Van Manen (2006) and his citing of Heidegger (1982) which suggested that:

> *'genuine phenomenological method consists in creating one's path, not in following a path'* (Van Manen, 2006, citing Heidegger, 1982: 720).

This was reassuring as I was conscious of Paley's (1998) negative critique of nursing theorists' interpretation of Heideggerian phenomenology for what was claimed to be a humanist approach.

I valued the use of reflective accounts to make visible my vision and stance as the way to ground the study in my subjective reality (Jasper, 2005). The use of reflection was paramount as I moved from theoretical exploration into the practicalities of data collection and analysis. Together my notes and diary became my research journal.

In summary this section has considered the theoretical perspective of analysis, the method of analysis will be considered in more depth in Chapter Five. Two sub-sections within this section addressed the use of reflexivity and a research journal as tools which supported the process of analysis.

4.8 ASSESSING QUALITY

The aim of this final section is to make explicit how issues of quality were addressed within the study. As a result this section consists of two sub-sections; the first considers the work of Yardley (2000, 2008) and establishing quality and the second is based on Guba's (1981) four criteria to ensure trustworthiness.

Issues of validity, reliability and generalization are terms synonymous with the positivist paradigm and following the logic of positivist research the interpretist/constructivist paradigm is often criticised for lacking the same rigour (Denzin and Lincoln, 2003). Issues of quality are as important to the

interpretist/constructivist paradigm as they are to the positivist paradigm; it is how they are assessed which has caused indignation (Kvale and Brinkmann, 2009; Smith et al, 2009). Many have used terminology to emphasise the differences between the paradigms. Guba (1981), for example, referred to the criteria of credibility, transferability, dependability and confirmability to establish trustworthiness in qualitative research. Guba and Lincoln (1989) claimed that a study is credible when it presents faithful descriptions in such a way that participants and readers can recognise their own experiences from it. From a Heideggerian perspective, knowledge is never independent from interpretation and therefore research findings are not considered valid or true (Koch, 1996; Walters, 1995). Trustworthiness is evaluated by indices of convergence; the fusion of the participants' perspectives and the researcher's interpretation and the ability to audit the events, influences and actions of the researcher which resulted in the interpretation (Koch, 1996). Credibility is not a separate stage of the study but should be implicitly weaved throughout the study including the methods employed, the researcher's credibility, the study's design, transcription of data, analysis, reflexivity and reporting. For Ricoeur (1971) validity within a hermeneutical approach was based upon a logic of uncertainty and qualitative probability where it is always possible to argue for or against an interpretation, to confront interpretations and to arbitrate between them. Individuals have different but equally valid perspectives on 'reality' which are shaped by their context, values, beliefs and attitudes and which evolve throughout the study. It was important that issues of trustworthiness were addressed throughout the study so that the reader could judge the level of dependability and transferability.

4.8.1 Establishing quality

The quality of interpretist/constructivist research is often questioned by positivist researchers. Therefore, the aim of this sub-section is to demonstrate how the quality of the research was assessed.

The aim of trustworthiness within the context of this study was not to prescribe to the singular true account but to ensure the credibility of the final account (Osborn and Smith, 1998). For this reason I was drawn to one approach, favoured by Smith

et al (2009) which presented general guidelines for assessing the quality of the research and had a more sophisticated and pluralistic stance (Yardley, 2000, 2008):

- Sensitivity to context;
- Commitment and rigour;
- Coherence and transparency;
- Impact and importance.

These criteria were broad in nature and offered a variety of ways of establishing quality which could be applied to a qualitative study irrespective of the theoretical orientation.

The first principle *sensitivity to context* was demonstrated early in the research process by choosing phenomenology as the theoretical perspective. As this study recruited a purposive sample of TAPs and stakeholders establishing access and rapport was essential to the study's success. Sensitivity to context was also exhibited through an understanding of the interactional nature of data collection within each interview situation. Conducting good interviews required skill on my behalf and an awareness and understanding of the process. My ability to put the participants at ease, recognising interactional difficulties (and planning for them with my topic guide and my rehearsal interviews) allowed me to negotiate the intricate power-play between myself (research 'expert') and the experiential 'expert', the participant.

Sensitivity to context continued through the analysis process. Making sense of how the participant was making sense of their experience required immersive and disciplined attention to the participant's account unfolding before me. This was achieved through remaining sensitive to the raw data and ensuring that the analytic claims were embedded in the data obtained. Verbatim extracts were used to support the issues being made so that the participant's voice remained central and to allow the reader to check the interpretations being made. My awareness of the existing literature provided further support to my sensitivity to context as I used the

literature to orientate the study, underpin the research methodology and link to theoretical and conceptual frameworks in the discussion chapter.

Yardley's second broad principle *commitment and rigour* was demonstrated in a number of ways. Each in-depth interview required personal commitment and investment in terms of time to prepare for the interviews and personal development of the skills required to undertake an effective phenomenological interview. This commitment was cognisant with a demonstration of sensitivity to context and highlighted how Yardley's criteria were addressed by using IPA to underpin data analysis. Rigour, in this context, refers to the thoroughness of the study so that it is able to withstand rigorous scrutiny to ensure thoroughness and avoid sloppiness or excessive subjectivity. I will examine three particular aspects, the appropriateness of the sample, the quality of the interviews and the completeness of the analysis which was undertaken.

In terms of the sample, participants were carefully selected to match the research question and sampling was theoretically consistent with the interpretist/constructivist paradigm and the principles described earlier. Participants were selected purposively on the basis that they could offer some insight into their own lived experience of their journey from HCA to AP. I ensured that potential participants received clear and consistent information, allowing them to make an informed decision. Second, conducting good interviews was a demonstration of rigour; I have discussed how the interviews were conducted, how the interview guides were construed and why they were necessary. Importantly there was the need to maintain closeness and separateness in my interview technique. Knowing how and when to probe based on cues from the participants was a learned skill which was vital to the overall quality and depth of the data obtained. Third the analysis had to be conducted thoroughly and systematically as described earlier in this chapter (and in-depth in Chapter Five) with sufficient idiographic engagement. My analysis needed to give an interpretation of what their lived experience meant. It had to include something about the individual participant as well as the themes they shared. The results were drawn on proportionately so that illustrations used were appropriate to the themes being discussed.

Yardley's third broad theme is *transparency and coherence.* Transparency refers to how clearly the stages of the research process are described and has included describing how participants were selected, how the interview guide was constructed, how the interviews were conducted and the steps taken during the analysis process. With regards to coherence, it is important to consider if the themes hang together logically and if the overall study presents a coherent argument. Phenomenology, like any interpretist/constructivist study, requires careful writing and there was considerable drafting and re-drafting as the analysis become clearer and the presentation logical. Yardley (2000) suggested that there should be a 'fit' between the research which has been done and the theoretical assumptions of the approach being used. Consequently this study demonstrates in its write-up an awareness of an inherently interpretative activity with the experiential domain of the participant as its focal point.

The fourth principle identified by Yardley is *impact and importance,* a test of real validity is whether the study says something interesting, important and useful. This study was different; it focused on the lived experience of TAPs as they undertook the journey from HCA to AP but it had a wider focus on WBL and developing new roles from within. It went through a long and complex process of attempting to make sense of what the participants had said. This was the most important part of the process and has taken me into new and unanticipated territory. Territory which at times I had not considered despite my fore-structure of understanding for example, the need for permission to be a TAP. This work has been built upon a theoretically sound foundation, it is topical (DOH, 2015; Francis, 2013) and unique and provides a new and interesting insight into the lived experience of developing new roles while in work. It is important for academics designing WBL, workforce leads developing new roles and learners who remain in work while learning for, from and through work.

Criteria for validity within a phenomenological study, as with the process employed, should be applied flexibly (Smith et al, 2009). What is important is that issues of validity and quality are taken seriously. A further way in which this study achieved this was by providing an audit trail and as Yin (2003) suggested all data was filed in

such a way that somebody could follow the chain of evidence from initial interview to final report (see Appendix 6). This was demonstrated through the notes on the initial research question and research proposal, the interview schedule, audio tapes, annotated transcripts, tables of themes, draft reports and final report. At the same time it allowed me to critique the claims which I made. During the early stages of analysing the transcript I shared my notes with my supervisor to check that my annotations had some validity in relation to the text being examined and the approach I employed. They also offered additional notes or comments on what they thought were interesting or important. This approach was adopted with the emerging themes and super-ordinate themes and allowed a degree of flexibility in the production of the final report.

4.8.2 Ensuring trustworthiness

In terms of Guba's (1981) four criteria for establishing trustworthiness, credibility is one of the most important factors (Lincoln and Guba, 1985). Credibility was achieved through the tried and tested method of conversational one-to-one interviews. Purposive sampling is recognised as the known method in qualitative studies although Preece (1994) argued that random sampling ensures any 'unknown influences' are distributed evenly within the sample. The clear inclusion and exclusion criteria for this study meant that random sampling was not appropriate. Interviewing TAPs and stakeholders provided a form of triangulation of data sources. It verified TAPs experiences and as a result provided a rich picture of the attitudes, needs and/or behaviours of the TAPs. The provision of clear information regarding the purpose of the study, my independent status in the study, the option to opt out at any time and the right to self-disclosure ensured participants willingness to take part and share their experiences honestly. The use of iterative questioning and recognition of discrepancies within the research report enhanced creditability. Frequent supervision sessions and review of my draft writings allowed alternative approaches to be discussed, flaws in approach to be identified, and assumptions to be challenged. The use of my research diary provided space to monitor my developing constructs or as Guba and Lincoln (1989) stated it ensured '*progressive subjectivity*'.

The use of member checks is, according to Guba and Lincoln (1989), the most important factor to boost a study's credibility. However, as discussed earlier, I did not return the transcripts to the participants; rather a colleague checked the verbatim transcripts for accuracy. As hermeneutic phenomenology involved me making sense of the participants making sense of the lived experience I did not return my developing concepts to the participants. Instead I chose to share my final findings with them. I felt that it was important to capture the temporality and spatiality of the interviews and returning to findings from an earlier stage could bias this approach. Participants did not challenge my final findings, and one AP thanked me for the opportunity to understand how others perceived their journey. Providing a description of the phenomenon under scrutiny and examination of previous research studies was how the presentation of my thesis ensured credibility.

Guba's second criteria for trustworthiness; transferability is deemed difficult to demonstrate due to the small number of participants within a specific environment. As Guba and Lincoln (1989) argued it is the responsibility of the researcher to ensure enough contextual information about the sites and description of the phenomenon under investigation to enable the reader to make such a transfer. It is not for the researcher to infer transferability. Lincoln and Guba (1985) stressed there are close links between transferability and Guba's (1981) third criteria; dependability. To address issues of dependability it was important that I reported the study in detail so that a future researcher could repeat the study, if not necessarily to gain the same results. At the same time it enables the reader to assess the extent to which proper research practices have been followed and develop a thorough understanding of the methods and their effectiveness. To ensure the study met Guba's (1981) final trustworthiness criteria, confirmability, it was imperative that steps were taken to ensure that, as far as possible, the findings were the result of the experiences and ideas of the participants rather than my characteristics and preferences. This was achieved by making explicit the values, beliefs and assumptions which I bought to the study and acknowledging how these influenced my methodology and theoretical perspectives, the weakness in the techniques used and the audit trail which allowed the course of the research to be traced. The use of my research journal was central to these processes and ensuring confirmability.

These sub-sections have made explicit how issues of quality were addressed within the study. It has demonstrated how the study met Yardley's (2000, 2008) four general guidelines for assessing quality and Guba's (1981) four criteria for ensuring trustworthiness.

4.9 SUMMARY

This chapter has made clear how the study's methodology and theoretical perspective – hermeneutic phenomenology - informed the research strategy. It provided an overview of how I met my ethical responsibilities and how the study was conducted; the use of purposive sampling was justified and the recruitment of participants outlined. The data collection section provided depth to the process employed while the analysis section discussed the theoretical perspective, the use of Smith et al (2009) heuristic framework, concept analysis, reflexivity and the use of a research journal. Providing a clear outline of the data collection and analysis aimed to remove any potential for confusion. The final section considered aspects of quality and how trustworthiness was ensured within this hermeneutic phenomenology study.

CHAPTER FIVE - MAKING SENSE OF THE JOURNEY FROM HCA TO AP: DATA ANALYSIS

INTRODUCTION

The focus of this chapter is on the process of analysis of the data collected. Chapter Four described how Smith et al (2009) heuristic framework was used to underpin the analysis of data. The aim of this chapter is to share how I made sense of the participants' perception of their journey from Healthcare Assistant (HCA) to Assistant Practitioner (AP). As discussed in Chapter Four data was collected at three separate stages during the two year study, with each stage being considered a separate part of the whole but informing the whole:

- Stage one occurred during the fourth month of the Trainee Assistant Practitioners (TAPs) Foundation Degree (FD) and involved eight TAPs, their matrons (four as some had more than one TAP) and seven mentors (one mentor did not engage with the study) and the Trust's Practice Development Nurse (PDN).
- Stage two involved the eight TAPs and took place during the sixteenth month of the FD.
- The final stage involved seven TAPs (one TAP did not pass the FD), two matrons (two matrons had new jobs) and four mentors (three mentors had changed wards) and PDN. These interviews occurred six months after APs had completed the FD.

This chapter consists of six sections; the first section provides an overview of the analysis of transcripts of interview data; the next three sections consider the emergent and super-ordinate themes of each interview stage, the areas of understanding which arose as the participants made sense of their lived experience. According to Smith et al (2009) an important component of the interpretive process is the moving between the part and the whole of the hermeneutic circle, therefore the fifth section considers the over-arching super-ordinate themes which gave meaning to the whole journey from HCA to AP and arose from the synthesis of the three interview stages. The final section uses concept analysis to explore the

concept of an effective journey so that the enablers, characteristics and proposed consequences may be identified. To provide clarity to the concept analysis the enabling factors, attributes and consequences of an effective journey will be italicised in bold throughout this chapter.

I was aware that my fore-structure of understanding and historicity could influence my interpretation of the participants' interpretations, therefore, my reflective diary, notes and diagrams (my research journal) provided the space to organise my experience of making sense of the research activities which informed this study (Riessman, 1993). Extracts from my research journal are used here to share and enrich my interpretation of the analysis and synthesis of the interview transcripts.

Before describing the analysis of the data collected at each interview stage an overview of the process of analysis of the transcript of interview data will be provided. This was the framework used at each interview stage to understand the participants' lived experience and to demonstrate how I moved between the part and the whole (hermeneutic circle).

5.1 OVERVIEW OF ANALYSIS OF TRANSCRIPS OF INTERVIEW DATA

As discussed in Chapter Four, data analysis was based the work of Smith et al (2009). Their heuristic framework provided a process which allowed me to engage reflectively with each participant's data. Although initial informal analysis began during the interview as I heard the participant's story, formal analysis took place when what had been recorded as text was transcribed and studied in-depth as I became as familiar as possible with the account (Smith and Osborn, 2003); I wanted to recall the interview ambience. I listened to the tape recording first to reacquaint myself with the participant, their voice and an understanding of the whole event. This not only allowed me to refresh my experiences of the interview, it also enabled me to imagine the voice of the participant in subsequent readings of the transcript which assisted with a more complete analysis. This was followed by reading and re-reading the transcript which had been independently transcribed and checked by a colleague and me by listening to the appropriate audiotape while reading the

transcript. The process was challenging as I was used to skim reading, I needed to slow down, I needed to make the participant the focus, and to do this I jotted down any thoughts, recollections and observations; allowing me to remain focused on 'the thing it-self'. This gave me the opportunity to write down my first recollections of the interview and the many ideas I had. Consequently, when I returned to the data for deeper analysis, I was able to focus on the data and the participant's experience. On subsequent readings I began to make more specific notes as I moved into the second step of analysis – note taking (Smith et al, 2009).

This step involved maintaining an open mind and noting anything of interest within the transcript including semantic content and language used. There are no rules and the focus of this step was the production of a comprehensive and detailed set of notes on the data. I transposed the transcript into a table: my comments were added to a column to the right to allow analysis to focus on the participant (see Appendix 6). The use of a table was multi-faceted; it provided much needed structure to what felt a daunting prospect of interpreting a large quantity of data; it allowed me to engage in an iterative process; it facilitated transparency as I made sense of the parts and the whole and it allowed areas of understanding, sub-themes and super-ordinate themes to be made explicit. The process enabled me to immerse myself in the data, to absorb the language used and to consider not just the spoken but the unspoken word. At the centre of the account there was a descriptive core of comments which had a clear phenomenological focus that stayed close to the participant's explicit meaning. This included things which mattered to the participant and what they meant to them. The use of interpretative noting aided my understanding of how and why the participant had these thoughts and understandings. Note taking followed a stepped process (Smith et al, 2009) using three discrete processes with different focuses:

- **Descriptive comments** – focused on describing the content of what the participant had said and included key words, phrases or explanations.
- **Linguistic comments** – focused on exploring the specific use of language and what was heard, for example sights, thoughtful pauses, stammers and speed of communication.

- **Conceptual comments** – focused on engaging at a more interrogative and conceptual level.

These comments were combined on the same transcript through the use of different colours to identify the focus of the comments (see Appendices 6, 6A, 6B) it also allowed me to record my exploratory comments, my own reflections based on my fore-structure and emerging areas of understanding. This fluid process of engaging with the text in detail and exploring different aspects of meaning allowed the analysis to be pushed to an interpretative level. This step was time consuming as I needed the time and space to ask questions and reflect and discuss my thoughts and ideas by myself and with my supervisors. I was conscious that my interpretations drew on my own experience and professional knowledge as I used my fore-structure of understanding to make sense of the text. Once the notes had been completed for the transcript the next step of analysis commenced – the development of emergent themes.

The focus of this step was to reduce the volume of detail whilst maintaining the complexity. This process involved one part of the hermeneutic circle, the whole of the interview became a collection of parts as the analysis was undertaken before a new whole was created at the end of the analysis. Notes, therefore, were transformed into specific phrases which aimed to capture the essence of what was being said and what it might mean to the participant in this context (see Appendix 6C). It was important that the themes reflected the participant's original words and thoughts as well as my interpretations; reflecting a synergistic process of description and interpretation which captured and reflected an understanding.

Once the list of emergent themes was complete the next step commenced – connecting the sub-themes. Although this step of analysis is not prescriptive, the analysis must be organised and sub-themes explored in innovative ways so that emergent themes are drawn together in a structure which identifies the most interesting and important aspect of the participant's experience. As the clustering of themes emerged they were checked against the transcripts so that the

connections remained close to the primary source material – the actual words of the participants. Thereafter, sub-themes with associated keywords (phrases); text references and line numbers were displayed in a table format, in the clusters that they were revealed (see Appendix 7).

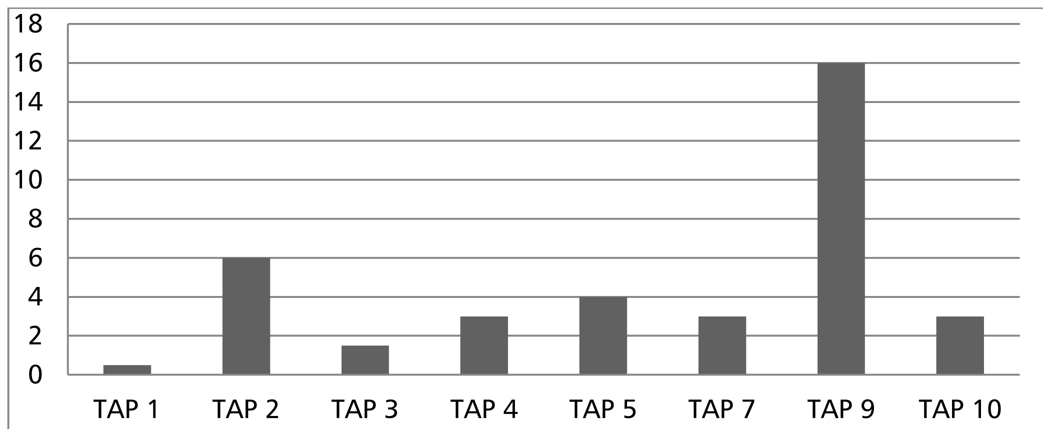
Eventually, this enabled the systematic identification of the main (super-ordinate) themes. Organising the themes required a degree of creativity which pushed the analysis to a higher level; I needed to consider the parts and the whole alongside the primary research question. This was a challenging concept which involved trying to make sense of the participant's experience alongside them making sense of their experience and meant that I had to consider the abstract. It was imperative that I kept notes and reflections on how this was conducted including the analysis process and commentaries on my analytic work to ensure I remained true to the study's phenomenological philosophy. This was achieved through the inclusion of a reflection/emerging thoughts column on the transcript and a reflexive diary where emerging interpretations, meanings and understandings were recorded. The use of a research journal was central as it allowed essential meanings, personal thoughts, convergences, divergences, emerging themes, action and processes to be reflected upon. This ensured that my interpretations were transparent, credible, reliable, valid and true to the participant's experience and emerging understanding of the situation within the context which it occurred. By adopting this approach I investigated subjective phenomena in the belief that 'reality' is essentially grounded in the lived experience (Spiegelberg, 1982). I needed to understand the complexity of the TAP's experience as they 'lived' or experienced them and interpret them in a way that provided a construction of those experiences (Denzin and Lincoln, 2003). This ensured my interpretations were grounded in my fore-having, fore-sight and fore-conception (Heidegger, 1927/1962). I could not bracket (Husserl) or set aside these prior experiences and understandings but I needed to acknowledge through my reflexive diary how these contributed to my interpretations. This was important as the study focused on the lived experience of individuals and what was meaningful to them. Access to this world can be complex as the participant brings to the fore something which has not been present before. Consequently analysis involved me and the participant making sense of that experience based on individual fore-conception or prior experiences, assumptions and preconceptions

(Heidegger, 1927/1962). I needed to make sense of my fore-structure in terms of the things themselves (Smith et al, 2009) and used my reflective journal to achieve this.

On analysing the first participant's transcript I moved to the next transcript and followed the same process. By being aware of what had come before, it was possible to identify what was new or different in subsequent transcripts. Once this had been completed for each transcript I looked for sub-themes within the participant group before considering how sub-themes linked across groups of participants. This allowed super-ordinate themes to be considered within groups before ascertaining similarities and differences across groups. As the sample size was more than six for each interview stage, it fell into Smith et al (2009) large sample category and the need to ascertain key emergent themes for the whole group. Smith et al (2009) advised that recurrence should be specific and illustrated and therefore an emergent theme was deemed recurrent if it emerged in half or more of the individual stakeholder group. This procedure was undertaken for the stage two and three interviews before I made sense of, and synthesised, the emergent themes and super-ordinate themes to inform the over-arching super-ordinate themes. This process is considered in the remaining sections of this chapter.

To maintain congruity of purpose I constantly returned to the research aims during the analysis. Supervision and debriefing ensured that the transcripts were reviewed and discussed with my research supervisor and themes were ratified as they were developed. Prior to discussing the different interview stages Figure 5.1 illustrates how long the TAP had worked as an HCA in the Trust.

Table 5.1 Experience, in years, as a HCA in the Trust before becoming a TAP



5.2 STAGE ONE INTERVIEWS

This section considers the stage one interviews which took place during the fourth month of the FD HSc. Eight TAPs chose to engage with the study and, with their permission, their matron and mentor were invited to partake. The four matrons who were responsible for the TAPs and seven mentors agreed to take part; one mentor declined due to personal reasons. The Practice Development Nurse (PDN) also agreed to take part.

As I became immersed with the data I was aware that participants were at different stages in the journey for example TAP 7 '*could see no change*' while TAP 9 recognised that they were *'thinking differently'.* The TAPs language conveyed the scale of their experience, for example TAP 1 used descriptive terms *'thrown-in'* and *'shock to the syst*em' in a sentence to describe the transition to being a TAP. TAP 2, on the other hand, used such terms as being *'at the coal face'* on more than one occasion to reiterate why they had chosen to become and AP rather than a nurse as they perceived this route enabled them to engage in patient care.

Within my research journal I considered the 'whole' interview style, the participants' language both verbal and non-verbal. TAP 1 had a very efficient, business-like approach and little pause to reflect. Their language was very matter of fact and they did not consider the context. This approach, I felt, was because TAP 1 was new

to health care, having previously worked in the private sector. TAP 9 meanwhile was very thoughtful, taking time to answer questions in a slow, deliberate fashion. This I perceived reflected their disbelief at how they had changed and how they had ***coped with this change in self***. The concept and process of change was important to TAP 9 as they spent a proportion of their interview making sense of the negative impact of previous change. TAP 2, in contrast to TAP 1 and 9 was very jovial, nothing was a problem and they were clear of the benefits of the programme. There was little pause for thought and this resulted in them going off on a tangent, not answering the question or losing focus. They were aware of this and regularly apologised. TAP 7's language, both verbal and non-verbal, conveyed an air of despondency at becoming a TAP and losing the technical skills they had developed '*taking a step back', 'not progressing'* and *'more personal care than prior role which was more skills focused'*. From my perception TAP 7 was unable to recognise the need for evidence-based care, the theoretical knowledge to inform practical knowledge. TAP 3 and TAP 10, through their use of language gave meaning to the difficulties they experienced as they underwent the transition. TAP 3 *'felt vulnerable'* while TAP 10 gave meaning to this vulnerability, *'HCAs behaviours have caused me to cry'.* Their language became enamoured when they made sense of the RNs *'brilliant, supportive and approachable'.* TAP 5 also used language which conveyed a sense of vulnerability and uncertainty but, unlike TAP 3 and 10, '*recognise personal development'.* The use of the phrase *'it will be worth it'* made me consider the importance of resilience. Similarly TAP 4 used language which gave meaning to personal ***resilience*** to enable achievement '*I wanted this role; I need to own my learning.'*

I moved from the interview transcript to identify emergent themes and search for connections. As I explored how emergent themes related to each other I recognised a need '*to consider other perspectives*'. Through '*putting like with like'* (Smith et al 2009) I developed a new name for the cluster, for example, there were a series of emergent themes around becoming a TAP, journey to being a TAP, working as an HCA. These were grouped under the super-ordinate theme becoming a TAP. Table 5.2 illustrates this process.

Table 5.2 Super-ordinate and emergent themes which began to emerge during analysis of TAP 1's interview transcript

Super-ordinate theme	Emergent theme
Becoming a TAP	• ***Journey to being a TAP*** • Working as a HCA
Role development and implementation	• ***Understanding role*** • HCAs preparation for role • ***Staff attitude*** • ***Trust's role in development*** • Practice development nurse
TAP development programme	• Programme structure • Foundation degree • Learning • Rotation • ***Work-based learning*** • Supernumerary • ***Mentors***
Personal experience/development	• Patient care • Personal benefits • Personal attributes • Challenges

As different emergent themes arose from each participant's transcripts, they were added to the original Table (Table 5.2). Ultimately themes were not being enriched and I had appeared to have achieved evidence of saturation or adequacy of research data (Lincoln and Guba, 1985). This is illustrated in Table 5.3.

Table 5.3 Emergent and super-ordinate themes for all TAPs

Super-ordinate theme	Emergent theme
Becoming a TAP	• Journey to being a TAP (TAP 1) • ***Working as a HCA*** (TAP 1) • ***Experience needed before becoming a TAP*** (TAP 2) • TAP understanding TAP role (TAP 2) • Working as a TAP (TAP 2) • Staying on HCA ward (TAP 2) • ***Preparing TAP for role*** (TAP 3)
Role development and	• ***Understanding role*** (TAP 1)

implementation	• HCAs preparation for role (TAP 1) • ***Staffs attitude*** (TAP 1) • ***Trust's role in development*** (TAP 1) • Practice development nurse (TAP 1) • Development of TAP for a service (TAP 4
TAP development programme	• Programme structure (TAP 1) • Foundation degree (TAP 1) • Learning (TAP 1) • Rotation (TAP 1) • ***Work-based learning*** (TAP 1) • Supernumerary (TAP 1) • ***Mentors*** (TAP 1) • Training model (TAP 2) • Support (TAP 3) • Placements (TAP 3) • Visiting departments (TAP 5)
Personal experience/development	• Patient care (TAP 1) • Personal benefits (TAP 1) • Personal attributes (TAP 1) • Challenges (TAP 1) • Change (TAP 9)

The final stage of analysis involved looking for patterns across participants data. Initially, patterns were identified within each individual stakeholder group before identifying patterns across stakeholder groups. This allowed super-ordinate themes to be considered within groups before ascertaining similarities and differences across groups. Table 5.4 demonstrates recurrent emergent themes across the TAP group, with those that reoccurred in over half the TAPs identified in red.

Table 5.4 Recurrent emergent themes across the TAP group

Super-ordinate Themes (in bold)	**TAP 1**	**TAP 2**	**TAP 3**	**TAP 4**	**TAP 5**	**TAP 7**	**TAP 9**	**TAP 10**
Becoming a TAP								
• Journey to being a TAP	*	*	*	*		*	*	*
• Experience needed before becoming a TAP		*		*				
• TAP understanding		*		*	*	*		

TAP role								
• Preparing TAP for role			*	*	*	*	*	
• Working as a TAP		*	*	*		*	*	
• Working as a HCA	*				*	*		*
• Staying on HCA ward		*	*	*	*	*		*
Role development and implementation								
• Understanding role	*	*	*	*	*	*	*	
• HCAs prepared	*	*	*		*			*
• Staffs attitude	*		*	*				
• Development of TAP for a service				*				*
• Trust's role in development	*	*						
• PDN	*				*			
TAP development programme								
• Programme structure	*	*	*	*	*	*	*	*
• Learning	*	*	*	*	*	*		
• Rotation	*		*					
• Work-based learning	*	*	*	*	*		*	
• Visiting departments					*		*	
• Supernumerary	*	*	*		*	*		*
• Mentors	*	*	*	*	*	*	*	*
• Support			*	*		*		*
• Training model		*				*		
• Placements			*		*	*		
Personal experience/ development								
• Patient care	*	*	*		*		*	
• Change							*	*
• Personal benefits	*	*			*		*	*
• Personal attributes	*	*			*		*	
• Challenges	*				*	*		*

After identifying emergent themes which reoccurred in more than half of the TAPs I re-looked at the themes. I wanted to consider if there were patterns I had missed and I was conscious I needed to remain focused on the broad aim of understanding

how TAPs perceived their journey to AP. To ensure I did not lose emergent themes which met the study's aim and remained true to the thing-it-self, some emergent themes were merged, for example staff, attitudes and HCAs being prepared emerged as team behaviours within the super-ordinate theme TAP development programme. My research journal was central to this process as I considered the parts and the whole; to take my interpretation to a deeper level:

> *'Once I had an understanding of the themes these were condensed into overarching themes. At the time of doing this I was very focused on structures and processes in terms of what the FD should be doing to support the TAP. I believe this is because of my previous role as programme director and I wanted to know what was wrong with the programme and what needed to be done to fix it. I was conscious during the interviews that I was not undertaking a piece of action research, I was not in a position to fix what was wrong – I was a visitor in the Trust and trying to gain an understanding of the experiences of the TAPs and their mentors and managers. I think, subconsciously, this approach continued when I themed the interviews I believe this also occurred due to the process and systems person that I am. I wanted the themes to fit neatly and looked at them in a horizontal manner considering what meaning they had for me rather than considering them in a more vertical manner and what did this experience mean for the individual TAP and this cohort of TAPs.*
>
> *This was a hard realisation – my themes appeared to fit reasonably well into processes which I knew and now I had to challenge myself and think differently, to challenge a process approach and think more broadly, more creatively to consider the themes in a different way – to be messy and come out of my comfort zone and not to be neat and tidy with my thoughts. This was a challenge, I could feel myself withdrawing, not wanting to engage but I knew there must be a different way to consider my themes and to present my findings. The words chaos and unknown kept coming into my head when I re-visited my initial themes and suddenly from considering processes in an orderly fashion I realised that what my TAPs were sharing and what they experienced involved moving from the known to the unknown – they had* ***let go*** *and they were looking for order in an unknown world but unfortunately as they tried to make sense of the situation they realised that this was the same for those that they worked with and those who should be supporting them. However, by the end of the interviews, as the TAPs gave meaning to their experience, there was a difference, they were aware of a difference and they were aware that they were providing more evidence based care and providing more holistic care.*
>
> *So, as I make sense of the process which I undertook as I immersed myself within the data, as I themed it and condensed these themes I realise that my subconscious, my fore-knowledge, had impacted on the way I had allocated themes. With this knowledge and understanding, given in the feedback of my first review, I realised that I needed to give meaning to what I was reading and what was missing. I hope that this is what I have been able to achieve'* (Extract from my research diary, August 2012).

As the extract from my research diary highlights this was a pivotal moment in the analysis of my data. I began to think differently and considered the emergent and super-ordinate themes from another perspective. I realised the TAPs were ***letting go of the known***, the known HCA entity with recognised knowledge, skills and clear role boundaries and entering the unknown world of the TAP; a role whose knowledge, skills and boundaries were not clearly understood. It was this lack of clarity and confusion that kept returning to my thoughts, thoughts that I had not considered before. I realised this first stage of interviews was about letting go of the known and new beginnings. I became aware that the participants' journey reflected my journey as a PhD student as I entered the unknown world of a research student. My first entry in my research diary demonstrates that I did not know how to behave:

> *'Well, here I am – officially a research student. I am not sure what to think'* (Research diary, 13th January 2011).

As I re-visited the emergent themes and gave them more meaning the following super-ordinate themes arose and are illustrated in Table 5.5. My interpretation of the TAPs first four months was a period of letting go of the known and making sense of the unknown.

Table 5.5 Super-ordinate and emergent themes from the first stage of interviews (Letting go of the known)

(Please note link to original emergent themes is in red)

Super-ordinate themes	Emergent themes
Role transition (Becoming a TAP)	• Prior experience as an HCA (Journey to being a TAP) • Drivers to being a TAP (Journey to being a TAP) • Moving to a new ward (Staying on HCA ward) • Transition from HCA to TAP (Preparing for TAP role, understanding TAP role)
TAP development programme (Making sense of the TAP role)	• Understanding TAP role (Understanding role) • Understanding TAP role (Team understanding role) • Team behaviours (RNs and HCAs) (Staffs

	attitude) • Learning at university (Programme structure, learning) • Learning in the workplace (Learning, work-based learning, supernumerary) • Role of mentors (Mentors, support)
Personal experience/development (Being a TAP)	• Working as a TAP (Patient care, challenges) • Role of self in transition from HCA to TAP (Personal benefits, challenges)

As I shifted my focus to capture the more *'overarching'* understanding (Smith et al, 2009) of the first four months of the journey, my interpretations drew on my own experience and professional knowledge as I used my fore-structure of understanding to make sense of the text. This is demonstrated through the following excerpt from my research diary:

> *'Having been involved in recruitment for the TAP role and delivery of the FD there were a number of emergent themes which I was not surprised to see. I believed that an individual needed appropriate experience before embarking on the FD so it was reassuring to see that this was an emergent theme, although I thought more than two TAPs would make sense of this area of understanding. So as not to lose this theme, like other themes, I linked it to becoming a TAP, it was part of the prior journey which influences the journey. At the same time I am not surprised that a number of TAPs gave meaning to* ***staff's attitude*** *towards the role, I am aware that many staff nurses are concerned about how the AP role may impact on their job, although I had expected HCAs to embrace the role more, this was a new area of understanding for me.*
>
> *Prior experience and understanding has allowed me to make sense of the emergent themes and identify super-ordinate themes and using tables and different colours ensured I remained true to the original source. TAPs made sense of becoming a TAP in terms of prior experience, drivers to being a TAP, moving wards and preparation for the role. As I gave meaning to these emergent themes and considered them from different perspective based on my fore-structure of understanding I was aware that TAPs were undergoing a period of transition, they were letting go of the known HCA world and becoming a TAP. I was aware from my historicity and the emergent themes that* ***role of self*** *was central to the journey and the transition to TAP and based on the emergent themes personal/experience was the second super-ordinate theme. Looking at the remaining emergent themes they link to the development of the role, this is the third super-ordinate theme – making sense of the TAP role.*
>
> *As I made sense of the emergent themes and super-ordinate themes there was one emergent theme that, based on my experience, I had not anticipated,*

working as an HCA. I was surprised by this and I have spent long periods reflecting on its inclusion and why TAPs perceived they were working as HCAs. This emergent theme appeared to link to remaining on their HCA ward and therefore being seen as an HCA. The perspectives of other TAPs helped me make sense of this situation as they considered how knowledge had increased their confidence and the care they could give, they could explain why they did what they did rather than doing the task. I realise, based on these interpretations, TAPs need to ***link theory and practic****e in the workplace. But to achieve this I believe they need mentors to support them to reflect –in and –on practice and I am realising that not all* ***mentors*** *understand the FD – a vicious circle* (Extract from my research diary, August 2012).

Once this stage had been completed I added stakeholder emergent themes to the TAPs super-ordinate themes which are illustrated in Table 5.6. This provided additional contextualisation of the TAPs experience.

Table 5.6 Letting go of the known – an overview of all stakeholders emergent and super-ordinate themes

Super-ordinate themes (Bold)	TAPs	Mentors	Matrons	PDN
Role Transition				
• Prior experience as an HCA	*	*	*	
• Drivers to being a TAP	*			
• Moving to a new ward	*	*	*	
• Transition from HCA to TAP	*	*	*	
• Career progression		*	*	
Making sense of the TAP role				
• Understanding TAP role	*	*	*	
• Team understanding TAP role	* *			
• Team behaviours (RNs and HCAs)	*			*
• Learning at university	*			
• Learning in the workplace	*			
• Role of mentors		*	*	
• Role in developing TAPs				
Being a TAP				
• Working as a TAP	*	*	*	
• Role of self in transition	*			

To complete my analysis of the first stage interview transcripts I completed a final table where I captured illustrative excerpts for each super-ordinate theme. This process is illustrated in Table 5.7.

Table 5.7 Super-ordinate themes – illustrative excerpts

ROLE TRANSITION **Prior experience as an HCA** TAP 1 – lacking basic care skills – Line 31 TAP 10 – got to know ward and developing role before became TAP – Line 13 Mat 4 – need background knowledge at the start otherwise TAPs will struggle – Line 25 Men 1 – TAPS should have a basic understanding – Line 33 **Drivers to being a TAP** TAP 2 – becoming a TAP instead of a nurse – Line 5 TAP 5 – course perfect for what capable of – Line 38 **Moving to a new ward** TAP 3 – in hindsight moving was good – Line 46 TAP 4 – staying on HCA ward was a big problem – Line 28 Mat 2 – very specific rotation trying to get a more rounded role – Line 10 PDN – if stay on HCA ward as TAP only known as a HCA – Line 4 Men 1 – hard staying on ward, friends to all and does not want to make a fuss – Line 39 Men 7 – moving wards hindered TAP at beginning – Line 29 Men 9 – rotating allows TAPs to learn different skills – Line 21 **Transition from HCA to TAP** TAP 2 – able to explain more to patient – Line 14 TAP 9 – nothing from ward prepared for big change – Line 22 Mat 4 – need to own and lead their learning and say what they need to do – Line 6 Men 5 – TAPs suddenly appeared – Line 3 Men 7 – not sure if TAPs thought they would change overnight – Line26 **Career progression** Mat 1,3,5,7,9 – growing own brilliant but must change mind-set about career progression for HCAs – Line 26

MAKING SENSE OF THE TAP ROLE

Understanding TAP role
TAP 4 – did not understand role – Line 7
Men 1 – at first did not understand why role was being developed – Line 9
Men 10 – clear what skills TAP will be doing – Line 3

Team understanding TAP role
TAP 7 – team do not really understand role – Line 39

Mat 1,3,5,7,9 – need to explain to staff expectations of the training programme and future development – Line 33

PDN – role clarity is needed – Line 16

Men 1 – good if whole ward knew about TAP – Line 62

Team behaviours (RNs and HCAs)
TAP 1 – nurses not letting go – Line 45
TAP 3 – staff nurses fantastic – Line 40
TAP 10 – got quite upset by HCA behaviour – Line 68

Mat 1,3,5,7,9 – gentle unrest re TAP role and how it differs from HCA – Line 9

Men 1 – HCAs unsure about differences in role – Line 64
Men 2 – no friction in the team – Line 38

Learning at university
TAP 1 – knowledge increases credibility- Line 90
TAP 3 – learning at university is hard going – Line 117

Mat 2 – lost TAP as struggling academically and if known sooner could have helped – Line 35

PDN – once TAP has done first module and had feedback seemed to relax slightly – Line 10

Learning in the workplace
TAP 1 – no opportunity to practise skills in the workplace – Line 45
TAP 2 – people need to understand supernumerary – Line 114

Mat 1,3,5,7,9 – staff and TAPs have a different understanding of supernumerary – Line 5

PDN – supernumerary – real problems, people do not really understand – Line 2

Men 1 – TAP still learn if not supernumerary – Line 15
Men 7 – need to make TAP realise there are learning opportunities on the ward – Line 90

Role of mentors TAP 2 – explaining to mentors what is required – Line 80 TAP 10 – mentor supportive – Line 38 Mat 4 – not sure what mentors are doing – Line 15 Men 3 – difficult to assess TAP as no preparation – mentor course supports student nurses – Line 5 **Role in developing TAPs** Mat 1,3,5,7,9 – should have been involved in development – Line13 Men 1 – ward staff should be involved in developing TAP – Line 128
BEING A TAP **Working as a TAP** TAP 1 – fusion of theory and practice not occurring, cannot see relevance – Line 123 TAP 9 – taken three months to think differently; HCA task-focused, TAP prioritising workload what needs to be done and the order – Line 26 Mat 1,3,5,7,9 – TAP look at care in-depth and theory and evaluate, analyse, critique and thinking about the next step – Line 6 Men 1 – if passive could sink back to being a HCA but if too confident could cause problems – Line 36 Men 10 – now understands the difference and what looking for – Line 35 **Role of self in transition from HCA to TAP** TAP 4 – role of self in wanting new role – Line 2 Mat 4 – need to own and lead their learning and say what they need to do – Line 6 Men 1 – TAP needs to be committed – Line 26

5.2.1. Participants' 'journey'

My diary reflects a growing awareness of participants using personal stories to make sense of the 'lived experience' as they let go of being an HCA and began their journey as a TAP. As there is no definitive research design for hermeneutics, this approach allowed me to be creative; acknowledging research processes and writing cannot be separated (Van Manen, 1997) and ensured my thinking was explicit as opposed to descriptive (Smith et al, 2009). The use of a story was multi-faceted: it separated me from what I knew; it distanced me from the lived experience and it allowed me to form meaning and understanding of the lived experience (Van

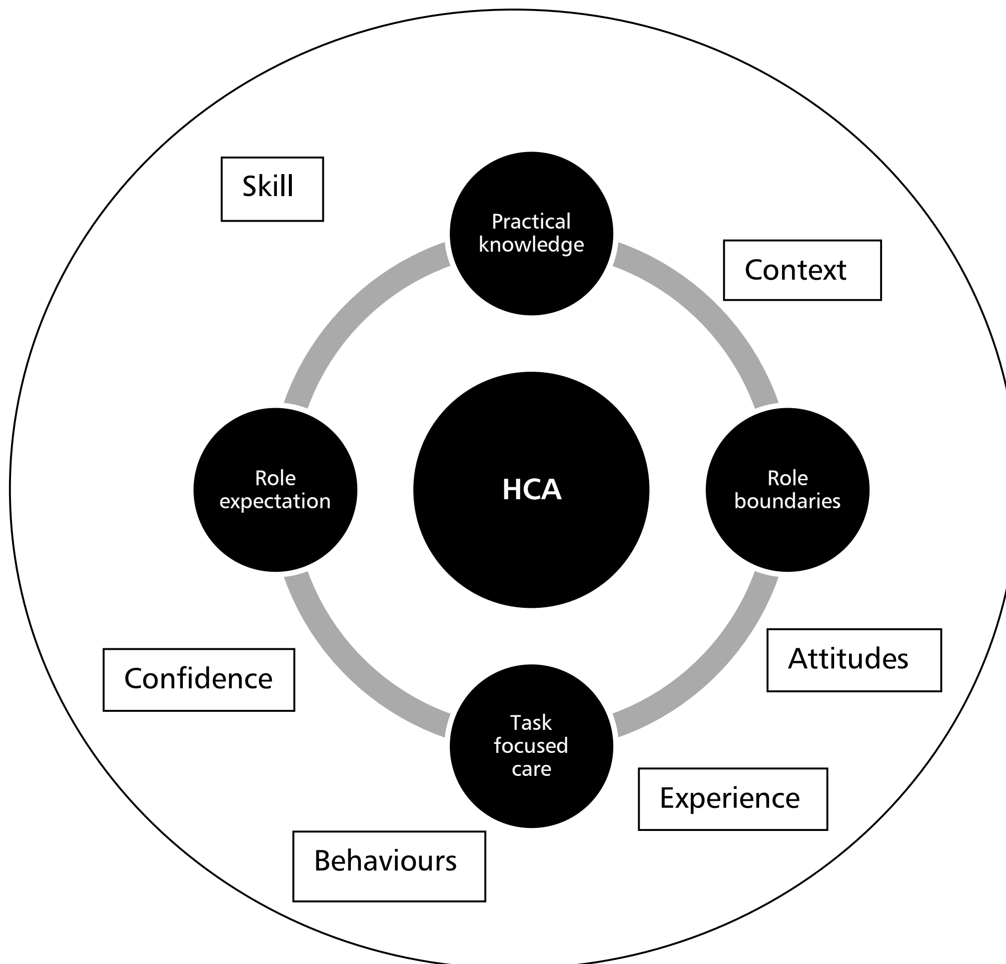
Manen, 1997). TAP 1, for example, shared how a family illness introduced them to the world of health care and, despite a successful graduate career, they made a conscious choice to become a HCA. They return to this lack of health care experience throughout the interview as they referred to them self as a novice. This lack of health care experience influences TAP 1's perception of the FD as they focused on the need for skill development at university. At this point in the journey they did not appear to understand the concept of WBL. TAP 9 also shared their journey in to health care, a career they began on becoming a mother. TAP 9 explained their story of change and was conscious they did not like change. Being able to stay on their HCA ward gave them the confidence to apply for the TAP role.

TAP 2 and TAP 4 shared their story but this differed from TAP 1 and 9 as they focused on previous roles and their journey to HCA from careers outside of health care. TAP 2 made sense of how their experience as a HCA gave them practical experience and the FD would allow them to answer questions so they could *'stay at the coal face'*. TAP 4, through sharing their story, made sense of how they journeyed from the entertainment world to being a TAP and how personal resilience had enabled them to be accepted on to the FD. On the other hand TAP 7 concentrated on their previous role which was embedded in technical knowledge and perceived they were not developing on a medical ward; they saw the task and could not recognise the theoretical knowledge which underpinned the task. TAP 10 focused on the behaviour of HCAs and how this impacted on their emotional well-being.

My reflexive diary allowed me to consider how participants' life experiences influenced their perceptions of being a TAP; *'I wonder how much prior experience has impacted on their view of the role and the Foundation Degree....could some of the insecurities be because they are returning to learning*.' I was aware from their comments and my prior experience of working with TAPs that they were feeling insecure. As I made sense of the situation I likened this to 'entering a world of chaos'. In contrast they knew the HCA role and the team knew what the role encompassed. As a TAP they, and their team, did not understand the new role or the FD. As I gave meaning to the situation in my reflexive diary, I visualised the

situation diagrammatically to represent the TAPs experiences as I interpreted them. Figure 5.1 is an illustrative excerpt from my research journal outlining my visual perception of the known world of the HCA.

Figure 5.1 Known world of the HCA



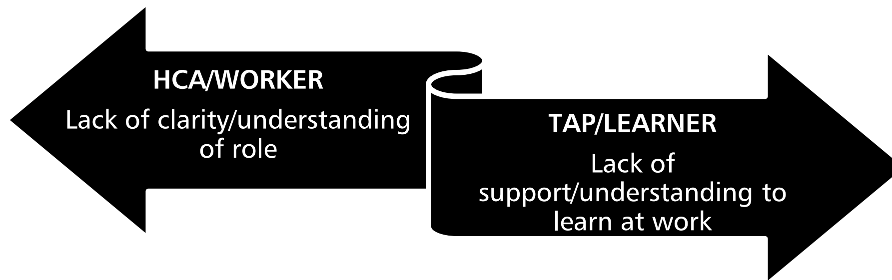
Stakeholders, like the TAPs, used a story to share their experience. The matron for TAP 1,3,5,7,9 used the interview to give meaning to their actions, they acknowledged that having more than a couple of TAPs had been *'a mistake'* and was an action they had taken as it seemed (the FD) *'a good idea'.* They shared the challenges in ensuring TAPs developed and the need to develop from within but recognised there needed to be *'a change of mind-set'.* Matron 2 was committed to developing the role and shared the lack of guidance and support; they were unsure

if what they were doing was 'right'. Matron 4 and 10 had very different stories. Matron 4 was not clear about the role and shared concerns while Matron 10 was enthusiastic and while they had a vision for the role they needed guidance.

The mentors' stories focused on their journey to mentoring TAPs. They shared similar themes including lack of preparation and support for the role, lack of understanding in terms of the role and the FD; paperwork and, a lack of understanding of the skills to be developed. The PDN's story contrasted to the matrons and mentors and the tone reflected frustration at a lack of understanding for the role and mentors not knowing how to mentor TAPs. The use of such metaphors as *'running around on the ceiling'* within their story demonstrated how the behaviours portrayed by the TAPs as they returned to academic learning were interpreted by staff and could have affected how staff accepted the TAP role. Making sense of the part and the whole allowed me to consider concerns from more than one perspective to give multiple meanings.

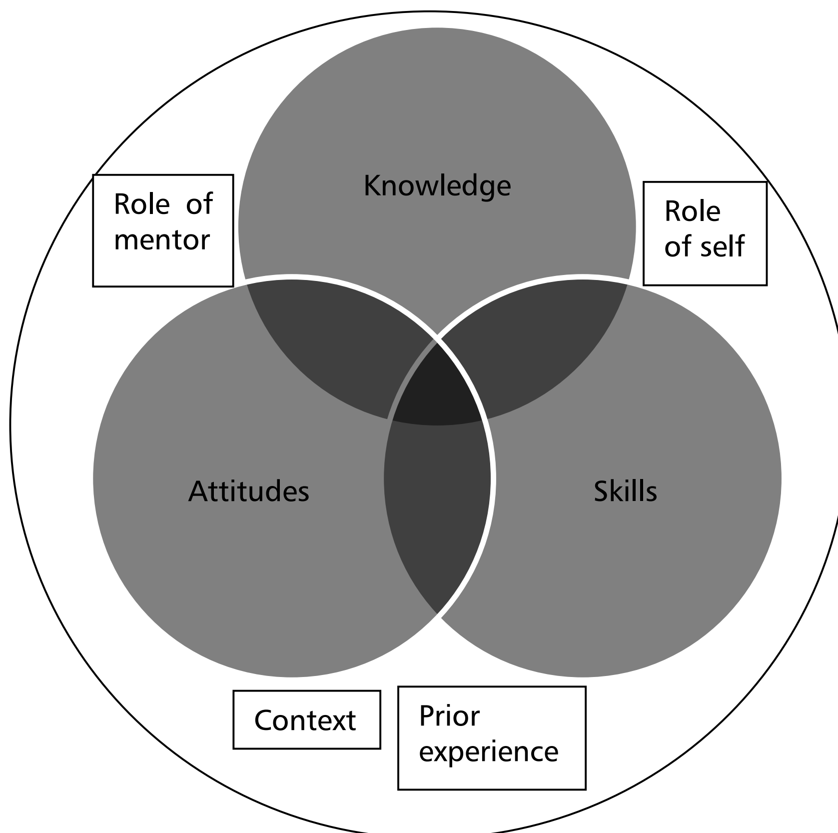
As I analysed the stories together I became aware that the lived experience of each stakeholder group affected the TAPs journey; TAPs insecurities were influenced by mentors' lack of understanding which were influenced by matrons not having a clear vision for the role; a vicious circle. As I made sense of the TAPs experiences during the first four months my reflective diary afforded me the opportunity to visualise my analysis diagrammatically as I gave meaning to areas of understanding which influenced their ability to let go of the known. This is illustrated in Figure 5.2.

Figure 5.2 Influences at the commencement of the TAPs journey



As I continued to make sense of the participants' stories, based on my fore-structure of understanding, I became aware that where TAPs demonstrated an ability to fuse knowledge, skills and attitudes colleagues perceived they were a TAP. However I understood this transition may be influenced by work context, prior experiences, self and their mentor. These perceptions are illustrated visually in Figure 5.3 below.

Figure 5.3 Being a TAP



5.2.2 Summary of stage one interviews

A staged analysis of the transcribed interview data from the stage one interviews which occurred four months into the FD programme gave meaning to the participants 'lived experience'. TAPs and stakeholders perceived a lack of clarity and understanding both internally and externally and based on the lived experience and my fore-structure of understanding three super-ordinate themes arose:

- The transition from HCA to TAP;
- Making sense of the TAP role;
- Being a TAP.

5.3 STAGE TWO INTERVIEWS

This section considers the stage two interviews which took place during the sixteenth month of the FD and involved the eight TAPs. Analysis of the data followed the same format as the stage one interviews which was described in detail above. To prevent repetition the process of analysis of data will focus on the specifics of each stage as it related to the stage two transcribed interview data.

As with the first interview stage formal analyses demonstrated TAPs, and their colleagues, were at different stages in the journey. For example TAP 1 perceived *'a lack of understanding regarding the role means we are glorified HCAs'* while in contrast TAP 2 experienced *'a change due to knowledge and staff understanding the role'.* When considering the participants linguistic comments, I identified the inter-relation between language utilized and content, for example, TAP 2 used the descriptive term *'wobbly'* and the metaphor *'a bag of nerves'* to give meaning to how they felt at the beginning of the journey. This differed from the linguistic used during their stage one interview which focused on patient care and *'being at the coal face'.* TAP 3 used such terms as *'way things are done round here'* to make sense of their workplace learning experience.

My research journal continued to provide me with the space to consider the 'whole' interview style and the participants' language both verbal and non-verbal. TAP 1,

who had less than six months experience as an HCA before becoming a TAP, continued to use language which reflected their 'newness' to health care *'competent but not expert'.* Through their use of language TAP 1 expressed concern that *'learning is very self-directed'.* This is perceived negatively by TAP 1 as they were unable to understand the benefits of leading their learning. I felt this linked to their original interview where they kept repeating the need for structured learning. TAP 7 used negative verbal and non-verbal language during the stage one interview to convey frustration at not developing their technical skills. Their negative language disappeared during the second interview and in contrast to TAP 1 they were able to give meaning to the positive consequences of ***leading their learning*** *'found out things for myself and gained confidence'.*

Unlike TAP 1 and TAP 7, TAP 2 used very assertive language which portrayed confidence and ownership of their personal development. As I made sense of TAP 2's language I became aware that they knew what behaviours were required to meet their learning needs *'people respect if keen, eager and leading learning'* a concept they returned to throughout the interview, *'TAPs need to understand role and what they need to do to develop'.* TAP 9, as with their first interview, continued to use pauses and clear definition to reinforce their development both personally and professionally *'do not doubt myself now unless it is something I have not done before.'* TAP 9 conveyed ***confidence and self-belief*** which had not been evident in their first interview; this was similar for TAP 3, 4 and TAP 10. TAP 3 repeated how shyness and poor academic achievement at school were linked. Their language, in the first interview, reiterated a link between their shyness and a lack of confidence which contrasted to the language in their second interview which was ***positive*** and demonstrated a change in self *'more grown up, knowledgeable and enthusiastic'.* Like TAP 2 they recognised the need to *'own role so others understand'.* TAP 4 also referred to *'poor qualifications'* but achieving academically allowed them to *'prove others wrong'.* Interestingly this is a term used by TAP 9 as they wanted to prove they could achieve. TAP 4's language is quiet and unassuming until they assertively state *'wants it'* demonstrating an individual who wants to succeed. TAP 10 had used language in their first interview which conveyed a lack of confidence and self-belief and which changed in their second interview as

they recognised increased confidence and self-awareness '*on reflection did not acknowledge additional stresses'.*

TAP 5's language, unlike the other TAPs, appeared to lack energy and as I listened and re-listened to the tape recording I had the impression they were not in control of their journey *'no point in saying supernumerary'.* This ***lack of drive*** and ownership is revisited throughout the interview both in terms of owning their theoretical and practical knowledge *'need to get knowledge base and realise working as a TAP.'*

As I searched for connections amongst the emergent themes, excerpts from my research diary demonstrated, like the TAPs, my confidence had grown '*does not feel as messy or chaotic as the first set of interviews'.* Through abstraction (Smith et al, 2009) there were a series of emergent themes around 'moving to a new ward', 'making sense of the TAP role' and 'from worker to worker and learner'. These were grouped under the super-ordinate theme making sense of earlier experiences when letting go of the known. A table allowed emergent themes and super-ordinate themes to be seen as a whole which is illustrated in Table 5.8.

Table 5.8 Super-ordinate and emergent themes which began to emerge during analysis of TAP 1's interview transcript

Super-ordinate theme	Emergent theme
Making sense of earlier experiences when letting go of the known	• Rotation • Prior experience as a HCA
Making sense of being a TAP	• Making sense of the TAP development programme • ***Changes in self*** • ***Changes in practice***
The end and being an AP	• Uncertainty re role on completion

On completing TAP 1's transcript I moved to consider the remaining transcripts as illustrated in Table 5.9.

Table 5.9 Emergent and super-ordinate themes emerging for all TAPs

Super-ordinate theme	Emergent theme
Making sense of earlier experiences when letting go of the known	• Rotation (TAP 1) • Prior experience as a HCA (TAP 1) • Supernumerary (TAP 1) • From worker to worker and learner (TAP 2) • Making sense of the TAP role: behaviours of HCAs (TAP 3) • ***Letting go of the known: preparation for the TAP role*** (TAP 7)
Making sense of being a TAP	• Making sense of the TAP development programme (TAP 1) • ***Changes in self*** (TAP 1) • ***Changes in practice*** (TAP 1) • ***Behaviours of others*** (TAP 2)
The end and being an AP	• Uncertainty re role on completion (TAP 1) • Looking to the end (TAP 2)

The final stage involved looking for patterns across participants' data. Table 5.10 below demonstrates recurrent emergent themes across the TAP group, with those that reoccurred in half or more of the TAPs identified in red.

Table 5.10 Recurrent emergent themes across the TAP group

Super-ordinate Themes (in bold)	**TAP 1**	**TAP 2**	**TAP 3**	**TAP 4**	**TAP 5**	**TAP 7**	**TAP 9**	**TAP 10**
Making sense of earlier experiences when letting go of the known								
• Rotation	*	*	*	*	*	*	*	
• Prior experience as a HCA	*	*				*		*

• Supernumerary	*		*					
• From worker to worker and learner		*				*		*
• Making sense of the TAP role: HCAs behaviours						*	*	
• Letting go of the known: preparation for the TAP role			*					
Making sense of being a TAP								
• Making sense of the development programme	*	*	*	*	*	*	*	*
• Change in self	*	*	*	*	*	*	*	*
• Change in practice	*	*	*	*	*	*	*	*
• Behaviours of others		*						
The end and being an AP								
• Uncertainty re role on completion	*				*			
• Looking to the end		*						

After identifying emergent themes which reoccurred in more than half of the TAPs, I re-looked at the themes to consider if there were patterns I had missed. This ensured I remained focused to the broad aim of the study and true to the thing-it-self. My research journal continued to be central to this process as I considered the parts and the whole; to take my interpretation to a deeper level:

> *'it feels as though these interviews are giving the TAPs the time and space to make sense of the FD – the* ***linking of theory and practice****, how they are* ***supported in the workplace****, being supernumerary but this is not so important, I wonder if this is because they understand their role in their learning and the* ***need to lead their learning****, they need to seek out learning opportunities. Since the first interview they appear more conscious about how people perceive them and how they perceive themselves but despite this the TAPs are not making sense of values or explicitly considering awareness. There appears to be a link to professional identity which could be what they are striving for given their known world of the HCA, they want some structure in their perceived world of chaos and confusion.*

Given some TAPs perceive they are treated as HCAs and TAP 2s perception that TAPs behaviours influence how others treat them there appears to be a ***need to be self-aware****; aware of how their behaviours are interpreted and how others respond to these behaviours'* (Extract from my research diary July 2013).

As I made sense of the TAPs interviews, it was apparent the TAPs needed to revisit a number of areas of understanding from the initial interview; there appeared to be a need to give meaning to the perceived chaos and confusion. This was a humbling experience as I witnessed individual's giving meaning to prior experiences and making sense of how these influenced being a TAP. It felt that stability was beginning to return, they understood the FD. As a PhD student I could relate to their perceptions of being a worker and learner. I too felt stability returning, I understood what was required in terms of data collection and analysis, my colleagues accepted my change in role and I was aware my new understandings were informing my practice; I was being a worker and researcher. I re-visited the emergent themes and gave them more meaning and as a result the following super-ordinate themes arose which are illustrated in Table 5.11:

Table 5.11 Super-ordinate and emergent themes from the second stage of interviews (Being a TAP)

(Please note link to original emergent themes is in red)

Super-ordinate themes	Emergent themes
Giving meaning to the journey (Making sense of earlier experiences when letting go of the known)	• Transition to a TAP (Letting go of the known: preparation for the TAP role, prior experience as a HCA) • Behaviours of HCAs (Making sense of the TAP role: behaviours of HCAs) • Learning in the workplace (Rotation, prior experience as a HCA, Supernumerary, from worker to worker and learner)
Making sense of being a TAP	• Making sense of the TAP development programme • Changes in self • Changes in practice

As I shifted my focus to capture the more *'overarching'* understanding (Smith et al, 2009) of the first sixteen months of the journey my interpretations drew, once more, on my own experience and professional knowledge as I used my fore-structure of understanding to make sense of the text as demonstrated through the following excerpt from my research diary:

> *'Based on my own prior experiences of having delivered the FD and additional understandings gained from the initial interviews I found the emergent themes interesting. If my fore-having was based solely on delivering the FD then I could understand why the TAPs were revisiting the beginning of the journey. The interview had given them time and space to reflect on their journey. However, based on my additional understanding gained from the first interviews I was intrigued that emergent themes, for example being supernumerary was not giving meaning by more TAPs. As I considered this emergent theme in more depth I realise that I anticipated the concept of being supernumerary as being more prominent than the TAPS because of my fore-conception regarding the concept of supernumerary for this cohort.*
>
> *As I made sense of the emergent themes and looked for connections I realised that part way through the journey the TAPs were looking back and giving more meaning to the beginning, making sense of the here and now and for three TAPs they were beginning to think of the end. Consequently as I re-visit the emergent themes and based on my fore-structure and historicity I identified two super-ordinate themes – giving meaning to the journey which includes the additional meaning TAPs gave to beginning the journey and making sense of being a TAP which incorporated the here and now emergent themes* (Extract from my research diary, August 2013).

My analysis of the second stage interview transcripts was completed when I captured illustrative excerpts for each super-ordinate theme, as shown in Table 5.12:

Table 5.12 Super-ordinate themes – illustrative excerpts

GIVING MEANING TO THE JOURNEY
Transition to a TAP
TAP 1 – HCAs teach HCAs so bad habits and poor knowledge is passed down – Line 61
TAP 3 – if I had stayed on the ward I would have been seen as a HCA – Line 43
Behaviours of HCAs
TAP 3 – once HCAs realised they had a role they relaxed – Line 33
Learning in the workplace
TAP 1 - Supernumerary would have aided quicker learning through structure and

being with someone – Line 37 TAP 7 – difficult to combine moving with learning – Line 12
MAKING SENSE OF BEING A TAP **Making sense of the TAP development programme** TAP 7 – need time to make sense of learning – Line 160 TAP 9 – skills have improved by thinking about university learning on the ward – Line 30 **Changes in self** TAP 1 – knowledge has given confidence, know what I am talking about – Line 44 TAP 7 – I find things out for myself, I have gained confidence – Line 118 **Changes in practice** TAP 3 – considering the whole patient – Line 5 TAP 4 – more responsibility – Line 12

5.3.1. Participants' 'journey'

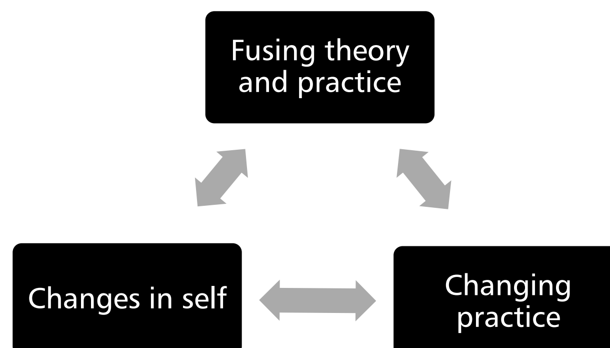
Stories continued to be used by TAPs during the second interview stage as they made sense of stability returning and being a TAP. Different stories were used, for example TAP 1 based their story on the end of the FD and the perceived uncertainty. They returned to this uncertainty throughout the interview as they gave context to the here and now. TAP 9 used the story of moving wards for a shift to give meaning to their journey and being a TAP. They perceived being given two patients for a shift allowed them to be a TAP; they were being recognised as a TAP by ward staff. TAP 2's story also evolved around how the behaviour of other TAPs impacted on them being perceived as a TAP. They used their story to demonstrate how their personal attitudes and behaviours overcame these negative perceptions.

TAP 3 and 4 story focused on their academic achievement and their ability to succeed. For TAP 4 there was a link to personal resilience which had emerged in their first interview. TAP 7 and 10 also focused on them self but from a practical view point. TAP 7 made sense of their workplace achievements, something which they could not perceive in the stage one interview. TAP 10 was the only TAP to explicitly engage in reflection to give meaning to their experience with the HCAs and why this had occurred from a personal and professional perspective.

Unlike the other TAPs, TAP 5's story felt confused with little focus or understanding about being a TAP.

My reflexive diary allowed me to consider how participants' life experiences were influencing their perceptions of being a TAP; more were conscious and taking control of their learning than during the stage one interview. They appeared more secure and it felt as though stability was returning as they, and others, began to understand the role and recognise the TAPs were demonstrating behaviour changes. Based on prior experience and current understanding of the TAP journey, stability was returning. As I gave meaning to the situation and their lived experience I visualised the situation diagrammatically. Figure 5.4 illustrates my visual perception of stability returning and being a TAP.

Figure 5.4 Stability returning and being a TAP



5.3.2 Summary of stage two interviews

A staged analysis of the transcribed interview data from the stage two interviews which occurred sixteen months into the FD gave meaning to the participants 'lived experience'. TAPs perceived that where they were able to demonstrate ***enhanced knowledge*** they felt more confident and this ***demonstrable change in behaviour*** resulted in more responsibility and being a TAP; a circle of professional and personal development. Based on the TAPs lived experience and my fore-structure of understanding two super-ordinate themes arose:

- Giving meaning to the journey;
- Making sense of being a TAP.

5.4 STAGE THREE INTERVIEWS

This section considers the stage three interviews which took place six months after the TAPs had successfully completed the FD and had been an AP for six months. This stage involved seven TAPs (TAP 3 did not achieve the Foundation Degree), two matrons (two had new roles) and four mentors (three had changed wards).

My research journal continued to provide the space to consider the 'whole' interview style, the participants' language both verbal and non-verbal. AP 1 had previously used language which reflected their 'newness' to health care and expressed concerns at self-directed learning rather than a focus to skills development. Throughout their final interview their language, both verbal and non-verbal, had changed. There was energy and passion as they shared their AP experience, they were conscious of the importance of the environment to enable them to develop as an AP and used such words as; *'freedom, permission, recognised as an individual, engagement, well-being, flourishing'.* From AP 1's experience the importance of the ward culture in terms of understanding roles and supporting individual to develop was paramount. AP 7 and AP 9's language focused on the importance of the ***environment to support their development***. AP 7's language demonstrated their growing spatial awareness from their first interview which had been based on their lack of development, their second interview gave meaning to how they had begun to evolve while their language in the third interview recognised how this development had occurred *'support and encouragement has facilitated development'.* Like AP 1, AP 7's language recognised the role of the ***ward culture to enable progression*** *'environment important, need manager support and buy-in'.* AP 9 was aware of the role of the manager in supporting their development and gave meaning to the importance of everyone understanding the role *'unsaid expectations caused tensions'.* This confusion arose as AP 9 needed *'permission to practice'* (similar to AP 1) and when this came there were *'clearer expectations'.* These situations demonstrated the importance of

permission to practice and how TAPs behaviours could influence stakeholders' perception of the role.

Interestingly AP 2's language changed during the course of the three interviews. Throughout the initial interviews AP 2's language portrayed confidence and ownership of their personal development. In interview three their language was reflective and honest about how they felt *'aware out of depth at the beginning'.* The brashness and apparent 'everything is all right' attitude had disappeared. It was difficult to ascertain what caused this change but it may have been, as AP 2 stated, the time and space afforded by the study's interviews enabled them to reflect on their journey. These changes may not have been recognised by AP 2 until the interview when our discussions brought them to the fore. AP 4's language changed as they journeyed from a place of not feeling confident to one of feeling confident and recognising the need to own their development *'I see myself as an AP, I own the role, I earned the role'*. AP 10's language evolved from lacking confidence and self-belief in the initial interview to giving meaning to them self as an AP; *'felt odd finishing, bit deflated but I may have been clinging onto things as I need structure.'* The language used by AP 5 continued to convey confusion as they gave meaning early in their interview to the ward's acceptance of the role, *'I do not feel included as part of the ward team',* and later *'I am happy and like the ward'.* What is interesting is AP 5, like AP 1 and 9, perceived the need for *'permission'* to be an AP. Permission I was conscious they did not have and like AP9 were not able to seek this permission.

Through abstraction (Smith et al, 2009) I searched for connections amongst the emergent themes. There were a series of emergent themes around 'beginning the journey', 'workplace support' and 'workplace learning'. These were grouped under the super-ordinate theme making sense of earlier experiences as a TAP. A table allowed emergent themes and super-ordinate themes to be seen as a whole. Table 5.13 illustrates this process.

Table 5.13 Super-ordinate and emergent themes which began to emerge during analysis of AP 1's interview transcript

Super-ordinate theme	Emergent theme
Making sense of earlier experiences as a TAP	• Beginning the TAP development programme • Learning in the workplace
Being an AP	• Understanding the AP role • Working as an AP

On completing the analysis of AP 1's transcript I moved to the next transcript where the process described above was undertaken so the transcript was considered in its own terms. This is illustrated in Table 5.14. This process was continued for the remaining transcripts.

Table 5.14 Emergent and super-ordinate themes which were emerging for all APs

Super-ordinate theme	Emergent theme
Making sense of earlier experiences as a TAP	• Beginning the TAP development programme (TAP 1) • ***Learning in the workplace*** (TAP 1) • Learning at university (TAP 2)
Being an AP	• ***Understanding the AP role*** (TAP 1) • ***Working as an AP*** (TAP 1) • ***Preparation for role*** (TAP 2) • ***Change in self*** (TAP 2) • Continuing development (TAP 9)

Looking for patterns across participants' data completed analysis of data from the third interview stage. Table 5.15 demonstrates recurrent emergent themes across the AP group, with those that reoccurred in half or more identified in red.

Table 5.15 Recurrent emergent themes across the AP group

Super-ordinate Themes (in bold)	AP 1	AP 2	AP 4	AP 5	AP 7	AP 9	AP 10
Making sense of earlier experiences as a TAP							
Beginning the TAP development programme	*	*	*		*		
Learning in the workplace	*	*	*		*	*	*
Learning at university		*					
Being an AP							
Understanding the AP role	*	*					*
Working as an AP	*	*	*	*	*	*	*
Preparation for role		*				*	
Change in self		*	*		*	*	*
Continuing development						*	*

After identifying emergent themes which occurred in more than half of the APs, I re-looked at the themes as I had done in previous interviews to consider if there were patterns I had missed and to remain focused to the broad aim of understanding how APs perceived their journey to AP. I needed to remain true to the thing-it-self. As before my research journal remained central to this process as I considered the parts and the whole and took my interpretation to a deeper level:

> *'On the whole the APs are looking back, considering and making sense of their behaviours/feelings at the beginning of the FD – AP 2 acknowledged it was stressful – not a feeling that was referred to during their previous interviews. Interestingly assessments were perceived as a tool for supporting development and understanding as was a* ***good mentor****.* ***Reflection on action*** *in the classroom and in the workplace was considered explicitly for the first time. It was perceived to be beneficial and helped link theory and practice and enhance confidence. The role of the mentor remained central; there is a need for the mentor to question the TAP to* ***facilitate reflection in- and on-action.***
>
> *It appears the final interview has afforded the APs the space to reflect on their journey and give more meaning to their development. They acknowledge life was chaos in the beginning, scary as they entered the unknown but with support and opportunities they were able to develop into the AP role. Enablers and inhibitors to flourishing were referred to throughout AP 1's interview and made me realise the importance of enabling individual to flourish. It feels like a flower where with the right internal and external enablers they are able to flourish, or bloom.*

*As the FD developed it appeared the **uncertainty surrounding the role** began to subside, it was accepted and supernumerary which had been so central to the initial interviews was not considered. However, there still needed to be **clear leadership and vision** re the role* (Extract from my research diary, February 2014).

Like the earlier excerpt this was a defining moment in the analysis of my data. I was conscious how the parts contributed to the whole. These were concepts I had not considered but which seemed appropriate. As I gave meaning to this omission I was conscious the driver for this study was my need to understand the journey and what enabled the individual to be an AP; my sub-conscious had been brought to the fore. During analysis of the previous interviews I was cognisant that my journey as a PhD student reflected the TAPs journey. Through our lived experience there was a feeling of chaos at the beginning with stability returning once we understood our dual roles. As the AP completed their metamorphosis and flourished I hoped, on completion of my PhD, I will flourish as a researcher.

As I re-visited the emergent themes and gave them more meaning the following super-ordinate themes arose which had been informed by the recurrent emergent themes and are illustrated in Table 5.16:

Table 5.16 Super-ordinate and emergent themes from the third interview stage (Being an AP)

(Please note link to original emergent themes is in red)

Super-ordinate themes	Emergent themes
Making sense of the journey (Making sense of earlier experiences as a TAP)	Beginning the journey (Beginning the TAP development programme) Being a TAP (Learning in the workplace)
Being an AP	Working as an AP (Understanding the AP role, preparation for role) Change in self

As I shifted my focus to capture the more *'overarching'* understanding (Smith et al, 2009) of the first six months of being an AP my interpretations drew, once more, on my own experience and professional knowledge as I used my fore-structure of understanding to make sense of the text as the following excerpt demonstrates:

> *'I have experience and understanding of recruiting HCAs to the FD and delivering the FD but as I make sense of being an AP I am aware that my fore-structure is based on ad hoc meetings with APs when I am visiting TAPs in the Trust. Despite this concern my historicity allowed me to interpret the emergent themes. Interestingly, like the second stage interviews, the APs were making sense of the past, present and future. Consequently, I noted that three emergent themes were similar to the previous interview stages. The context was broader, beginning the journey,* ***learning in the workplace*** *and learning at university. The first two themes were considered by at least 50% of the APs and demonstrate how they contributed to the individual's journey from HCA to AP. As with the second stage interview I recognised that the APs were giving meaning to the journey. This was a similar super-ordinate theme but one which I anticipated as the AP was making sense of the parts as the interview provides them with the time and space to consider the whole.*
>
> *As I make sense of the here and now I am not surprised that the APs considered working as an AP what I had not anticipated was that the majority of APs perceived they worked as an AP when there was an HCA on shift. This was a concern did they need permission to be an AP when working with RNs? Were they not aware that they had AP skills which needed to be used despite the skill mix? It feels as though there could be a link to the initial interview when the TAPs felt they were only learning when they worked with their mentor. They need to understand the expectations of the role, interestingly two APs tried to make sense of this. I must admit I did not expect APs to make sense of preparation for the AP role as my experience had led me to believe that the FD would do this – they were undertaking a work-based learning programme focused on a specific role development in the workplace. However, fusing this emergent theme with working as an AP makes me recognise there could be a need to have a period of consolidation as the individual undergoes a second transition from TAP to AP* (Extract from my research diary, August 2014).

Once this stage had been completed I undertook the same process for the stakeholders' transcripts and added the emergent themes as shown in Table 5.17.

Table 5.17 Being an AP – overview of stakeholders' emergent and super-ordinate themes

Super-ordinate themes (Bold) Emergent themes	TAPs	Mentors	Matrons	PDN
Giving meaning to the journey				
Beginning the journey	*	*		
Being a TAP	*	*	*	*
Being an AP				
Working as an AP	*	*	*	*
Change in self	*	*	*	

To complete my analysis of the final stage interview transcripts I completed a table where I captured illustrative excerpts for each super-ordinate which is illustrated in Table 5.18:

Table 5.18 Super-ordinate themes – illustrative excerpts

GIVING MEANING TO THE JOURNEY

Beginning the journey
TAP 1 – lack of support at the beginning of the journey impacts on development and ability to flourish – Line 44
TAP 7 – was chaos in the beginning – Line 33

PDN – supernumerary caused complications, friction – Line 1

Men 2 – does not matter if TAP has experience in speciality at start – Line 21
Men 9 – rotating had a negative impact – Line 36

Being a TAP
TAP 2 – linking theory and practice gave meaning – Line 23
TAP 9 – unsaid expectations from the ward caused tension – Line 12

Mat 4 – TAP has role in their development – Line 17

PDN – need to demonstrate enhanced knowledge in practice so change is observed by the team – Line 9

Men 2 – TAPs need to be receptive to change and self-development – Line 31

BEING AN AP

Working as an AP
TAP 5 – I have the knowledge but no permission to put into action – Line 8
TAP 10 – I am able to stand back and make sense of situations and plan ahead – Line 31

Mat 4 – AP lacks drive and motivation – Line 15
Mat 10 – AP has skills and increased responsibility – Line 11

PDN – APs perceive a lack of staffing prevents them from working as an AP – Line 25

Men 9 – AP picks up on more than HCA – Line 7

Change in self
TAP 5 – my thinking is now linked to doing and increased competency and confidence – Line 51
TAP 7 – increased responsibility results in increased confidence and a change in behaviour – Line 21

Mat 4 – behaviour has not changed – Line 20
Mat 10 – grown and developed role – Line 11

Men 2 – AP has broader thinking skills – Line 11
Men 10 – change gradual, beginning to give own opinion – Line 25

5.4.1. Participants' 'journey'

My diary reflects participant's continued use of personal stories to make sense of the 'lived experience' of being an AP. AP 1, for example, shared their experience of moving wards to highlight the importance of ***ward culture*** as an enabling factor which allowed them to flourish as an individual and ultimately an AP. AP 9, who did not move wards, shared their experience of working a shift on another ward and their perception they were being a TAP. AP 9 gave meaning to how this event proved to be a catalyst as it gave them the confidence to address concerns with their manager; they felt they had not been given permission to be a TAP. Interestingly, their manager did not feel they needed permission, demonstrating the need to share expectations early in the journey.

AP 2's story, unlike previous stories, which had centred on their professional journey made sense of their personal journey. They were open and honest about the personal impact of beginning the journey and returning to academic learning and how the journey had provided them with the opportunity to realign their work-life balance, for the better. AP 4 and 7's story focused on their professional journey. AP 4 articulated their progression from supernumerary to having their own patients while AP 7 made sense of their changes in behaviour; ***increased confidence*** influenced a change in behaviour which resulted in increased responsibility which further increased their confidence; a circle of development.

Unlike the other APs AP 10 used their story to make sense of ***letting go*** of being a TAP and being an AP. Despite the unknown, at times, of the FD they missed the structure and perceived:

> *'it felt odd finishing, bit deflated, I did not know what to expect but I felt a sense of loss, loss of structure and focus'* (AP 10).

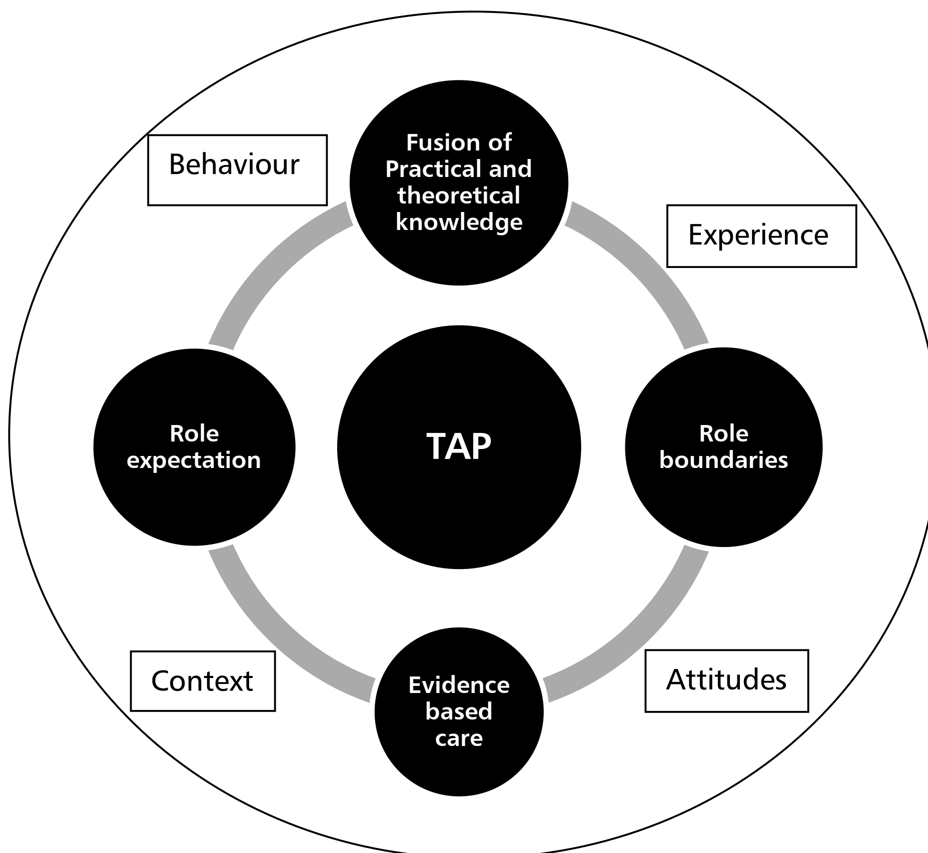
As AP 10 continued their story they made sense of this second transition from TAP to AP. Similarly AP 5's story gave meaning to the transition from TAP to AP. Their story centred on how the behaviours of other APs influenced the wards acceptance of the Band 4 role. They perceived they had the knowledge but, as identified by AP 1 and 9, they needed permission to be an AP. At times the story appeared confused and I was conscious, from interpreting the other stories, of AP 5s role in making explicit their change in knowledge, skills and attitudes. Although AP 5 did not explicitly mention ward culture they perceived *'working as a Band 4 depends on who is in charge'.* Given the experience of AP 1 I was cognisant that the ward culture needed to enable the AP to ***demonstrate changes in self and practice***. There appeared to be a link evolving between demonstrating change in self and practice and ward culture enabling this change so the individual is perceived and perceives they are an AP.

My reflexive diary allowed me to consider how participants' life experiences were influencing their perceptions of being an AP:

'the acceptance of new roles appears to be multi-faceted, as I interpreted the stage two interviews I perceived the TAPs behaviours influenced acceptance of the role. Based on additional understandings fused with my knowledge and experience of effective work-based learning I believe the ***culture needs to enabl****e. This needs* ***leadership****. It appears where leadership is present APs are being an AP as AP 1 stated 'flourishing' or, for AP 9 'blooming'* (Extract from research diary, August 2014).

On the whole the APs claimed they were working as APs, they were mindful of changes to self and practice, however, as I gave meaning to the situation I found myself returning to the APs perception of working as HCAs if working with an RN. I needed to clarify the situation and became conscious of prior HCA experiences and needing to work with an RN; they had not recognised being an AP was demonstrated through their behaviours, not who they were working with. Figure 5.5 illustrates my visual perception of being an AP which, at this stage in my interpretation was similar to the known world of the HCA.

Figure 5.5 Being an AP

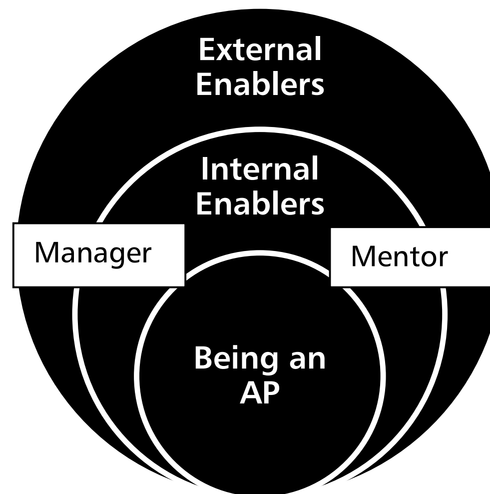


Stakeholders, like the APs, used a story to share their experience. Matron 4 gave meaning to their concerns regarding the AP role. The language used was negative and at times confused. They perceived the AP had not developed although the changes they had undergone were what they had expected. Their story continued in this negative vein as they considered the impact of the AP role *'not convinced AP role is helping'.* I was conscious there was an explicit link between matrons buy-in and ward acceptance which enabled being an AP; a super-ordinate theme which had been present in the previous interviews. Matron 10's story contrasted to Matron 4's, their language was positive and there was a feeling of energy as they made sense of how the role complements the service. Through their story Matron 10 shared concerns regarding the unknown, the need for guidance to understand the boundaries of the role. Interestingly stories were similar to those shared during the stage one interview where Matron 4 was not clear about the role and Matron 10 was enthusiastic and had a vision for the role but needed guidance; little appeared to have changed in eighteen months.

The mentors' stories not only focused on their journey mentoring TAPs as they had in the stage one interviews but also the TAPs journey. They gave additional meaning to themes considered in the stage one interview, lack of preparation and support for the mentor role and a lack of understanding of the TAP role. They shared examples of how the individual had changed from being task-focused to being reflective and considering the bigger picture. Similar to the matrons and mentors, the PDN's story had similarities with their stage one interview. Their tone continued to reflect frustration as the AP role was not understood. At the same time the PDN did give meaning to the characteristics which enabled being an AP.

As I analysed the stories I realised the perceptions of the APs and stakeholder groups were interlinked. By considering the parts with regards the stages in the journey and the individual stakeholder groups, I was able to interpret the whole and meet the broad aim of the study and understand how TAPs perceived their journey to AP. My research journal allowed me to visualise my analysis diagrammatically and the resultant diagram which, on reflection has links to John's reflective model, demonstrates the multiple factors which enabled being an AP, Figure 5.6:

Figure 5.6 The multiple factors which enable being an AP



5.4.2 Summary of stage three interviews

A staged analysis of the transcribed interview data from the stage three interviews which occurred six months after completing the FD gave meaning to the participants 'lived experience'; they relived the journey and made sense of being an AP. Based on the APs lived experience and my fore-structure of understanding two super-ordinate themes arose:

- Giving meaning to the journey;
- Being an AP.

5.5 MAKING SENSE OF THE WHOLE: THE JOURNEY FROM HCA TO AP

To date I have analysed the transcribed interview data which was collected at three separate stages during the study; with each stage being considered a separate part of the whole but informing the whole. To ensure the interpretive process moves between the part and the whole of the hermeneutic circle this section considers the over-arching super-ordinate themes which gave meaning to the whole; the journey from HCA to AP through the synthesis of the individual interview stages. This ensured I remained focused to the broad aim of the study:

- To understand how the TAP experienced their journey and what it meant to them;

- To identify the factors within the workplace which support and enable or inhibit the journey to being an AP.

This enabled me to move away from contextual particulars towards a more universal sphere (Van Manen, 1997) as I identified over-arching super-ordinate themes and engaged in a double hermeneutic (Smith et al, 2009) where I made sense of the participants making sense of their experience. As with the analysis of the transcribed interview data analysis was based on Smith et al (2009) heuristic framework; this framework allowed me to engage reflectively and iteratively with the data. I looked for sub-themes which linked across the interview stages as I made sense of the over-arching super-ordinate themes.

5.5.1 Overview of analysis of transcribed interview data across the journey from HCA to AP

Formal analysis of the whole began when I immersed myself in the original data; I wanted to recall the emergent and super-ordinate themes. A table illustrating the emergent and super-ordinate themes at each interview stage provided structure, transparency and allowed me to engage iteratively with the process. Note taking was based on Smith et al (2009) stepped process with the first step being predominately descriptive and focused on the content of the text, claims, issues and what was important to the participant and included key words, phrases or explanations which reflected the journey from HCA to AP. The second step captured the more *'overarching'* (Smith et al, 2009) understanding of the journey. As with my interpretation of the interview stages my interpretations drew on my own experience and professional knowledge as I used my fore-structure of understanding to make sense of the whole.

Like the interview stages the process of abstraction was utilised to identify patterns between emergent themes so allowing super-ordinate themes to evolve by '*putting like with like'* (Smith et al, 2009) and developing a new name for the cluster, for example, there were a series of emergent themes around becoming an AP 'letting go of the known', 'being a TAP' and 'being an AP'. These were grouped under the

over-arching theme experiencing the journey. The creation of a table allowed emergent themes and over-arching super-ordinate themes from each interview stage to be seen as a whole, illustrated in Table 5.19.

Table 5.19 Super-ordinate and emergent themes from each interview stage

Super-ordinate themes: Stage one interview	**Super-ordinate themes: Stage two interview**	**Super-ordinate themes: Stage three interview**
Role transition • Prior experience as an HCA • Drivers to being a TAP • Moving to a new ward • Transition from HCA to TAP	**Giving meaning to the journey** • Transition to a TAP • Behaviours of HCAs • Learning in the workplace	**Giving meaning to the journey** • Beginning the journey • Being a TAP
TAP development programme • Understanding TAP role • Team behaviours • Learning at university • Learning in the workplace • Role of mentors	**Making sense of being a TAP** • Making sense of the TAP development programme • Changes in self • Changes in practice	**Being an AP** • Working as an AP • Change in self
Personal experience/development • Working as a TAP • Role of self in transition from HCA to TAP		

My research journal remained central to this process as I considered the parts and the whole; to take my interpretation to a deeper level:

'Using my prior experience and understandings which have developed through this study I have been able to make sense of the part and whole which has resulted in three over-arching super-ordinate themes.

The first theme – Recognising the transitions: from HCA to being a TAP and from TAP to being an AP.

*I was conscious of these concepts as I gave meaning to the parts, letting go of the known and stability reappearing but I am now aware of the second transition. It feels like the individual needs to progress through two transition periods to be an AP. The first transition arose when the individual was able to **demonstrate new knowledge and skills and changed behaviours** – they recognised **their role in their learning**. When this was acknowledged by the ward staff they had an increase in responsibility which increased their confidence and they began to **let go of the known** HCA world and be a TAP. The second transition from TAP to AP required the individual to demonstrate **changed behaviours through the practice of safe, effective care**, which when recognised by mentors and managers results in increased responsibility and recognition. As I perceive the journey the individual needs to consciously engage in a hermeneutic circle of learning and development to transition from one role to another; they need to recognise and demonstrate a change in behaviour. They **need understanding and support** from the ward to achieve this.*

Second theme – Experiencing the journey from HCA to AP

*As I gave meaning to the individual's journey from HCA to AP I was aware that it was complex, non-linear and affected by internal and external factors. Their own historicity but also the historicity of others for example matrons and mentors and the ward context. Matrons and mentors are very much part of the journey and recognise that they too are affected by internal and external enablers. For example **the mentor needs to be knowledgeable to facilitate effective workplace learning but requires time and space** to undertake the role. I realise now that it cannot be taken-for-granted that because they mentor student nurses they can mentor TAPs. The **ward context and culture** has an influence on the individual's journey and as I recognised during the second interview stage there is a need for leadership.*

Third theme – Being an AP

*Being an AP requires the individual to be **self-aware, demonstrate changes in knowledge, skills and attitudes** which the team need to recognise. APs are aware that the **ward culture** is central to being an AP and interestingly used such terms as flourishing and blooming to highlight the personal benefits of being an AP. These are important factors given the work-based nature of the FD and becoming a new role while, on the whole, remaining on the same ward as their previous role. They are not terms I would have used but I believe they encapsulate the individual's journey. As I immersed myself*

in the transcribed interview data I became aware of changes in individual's approach to care – at the beginning TAPs focused on the patient and were beginning to recognise how knowledge allowed them to answer questions, during the second interview they demonstrated considering the consequences of care and as an AP they considered the wider picture for example preparing for discharge' (Extract from my research diary, June 2014).

My research diary, notes and diagrams allowed me to give meaning to the journey and to link the parts to the whole. Table 5.20 illustrates and the over-arching super-ordinate and emergent themes which arose from the data.

Table 5.20 Over-arching super-ordinate and emergent themes: the whole journey

Over-arching super-ordinate theme	Emergent themes
Recognising the transition from HCA to TAP and from TAP to AP	• Prior experience as an HCA; • ***Drivers to becoming a TAP***; • Moving to a new ward; • ***Preparing for the TAP role;*** • ***Understanding the TAP role;*** • ***Behaviours of RNs and HCAs;*** • ***Working as a TAP;*** • ***Role of self in the transition from HCA to TAP***; • Completing the TAP development programme; • Becoming an AP and being an AP.
Supporting the journey from HCA to TAP	• Learning at university; • ***Learning in the workplace;*** • ***The role of mentors;*** • ***Ward teams understanding the TAP role;*** • ***The wider organisation understanding the TAP role;*** • The end and being an AP.
Being an AP	• ***Staff recognising the AP role;*** • ***Working as an AP***; • Continuing development.

This section has considered the over-arching super-ordinate themes which arose from an analysis of whole of the journey from the transcribed interview data.

5.6 CONCEPT ANALYSIS OF AN EFFECTIVE JOURNEY

As discussed in Chapter Four Morse's (1995) approach to concept analysis provided a framework to clarify the concept of an effective journey. Analysis drew on Rodgers' (1989) framework of concept analysis to identify the concept's attributes, enabling factors and consequences. This section consists of four sub-sections. The first three sections will consider the attributes, enablers and expected consequences of an effective journey while the final sub-section will present the emerging framework for describing an effective journey from HCA to AP.

5.6.1 Attributes of an effective journey

A concept's attributes are those factors which illustrate an effective journey from HCA to AP. Attributes need to be represented in each application of the concept. Bolton (1977) believed that without this application the concept would not be as the attributes form the concept, they should be universal. Table 5.21 below outlines the four clusters of attributes of an effective journey from the TAPs perspective.

Table 5.21 Attributes of an effective journey

Attribute	Descriptor
Learner manages transition through adjusting, adapting and accommodating to new role **Learner recognises and demonstrates a change in self, knowledge, skills and attitude.**	• Learner leads own learning; • Developing skills to problem solve and reflect in- and on-action; • Learning to fuse practice and theory; • Developing awareness of how behaviour impacts on others perception of them and letting go of the known.
Learner and mentor co-create new knowledge	• Works to provide systems for organising and co-ordinating learning activities; • Facilitates rather than prescribes learning through critical reflection; • Assesses knowledge, skills and behaviour and provides effective feedback; • Facilitates the fusion of

	practical, theoretical and self-regulative knowledge.
Workplace supports work-based learning and new role development	• Supports transformational learning; • Common vision and shared values and beliefs for new role; • Learner recognises role of self in WBL; • Learners lead their learning and engage in WBL.

The three clusters of attributes are:

- Learner: this cluster looks at the learner adjusting, adapting and accommodating to manage the transition to a new role and recognising a change in self, knowledge, skills and attitude. The learner understands their role in leading their own learning and is beginning to recognise an ability to problem solve and reflect in- and on-action. They recognise a change in self as they begin to fuse theoretical knowledge with their known practical knowledge and the ability to think differently.
- Learner and mentor: this cluster encompasses the presence of a knowledgeable mentor who creates a learning environment. They work to provide systems for organising and co-ordinating learning activities to support work-based learning. Mentors facilitate rather than prescribe learning and the fusion of practical, theoretical and self-regulative knowledge through critical reflection.
- Workplace: this cluster includes a common vision and shared values and beliefs for the new role. Staff are engaged in the development and implementation of new roles as they develop an understanding of WBL.

The three clusters of attributes provide understanding of the characteristics of an effective journey from the participants perspectives. However, they do not appear in isolation and require the presence of enabling factors.

5.6.2 The enabling factors of an effective journey

Enabling factors are those aspects that are influential in an effective journey from HCA to AP and are identified in Table 5.22 below.

Table 5.22 Enabling factors for an effective journey

Enabling Factors	Descriptors
LEARNER	• Awareness of own role in learning; • Able to let go of the known; • Enthusiastic and motivated; • Uses prior practical knowledge as recognises a change in self, knowledge, skills and attitude; • Understands impact of behaviour.
WORKPLACE CULTURE	• Knowledgeable mentor who is able to support work-based learning; • Ward staff were involved in developing and implementing the new role; • Prepared for mentor role; • Competent mentor; • RNs and HCAs value career development; • Clear leadership.
ORGANISATION	• Preparation and support for those developing and implementing new roles from within; • Clear vision for role shared and understood by organisation; • Organisation understands the requirements of work-based learning.

Enabling factors of an effective journey from HCA to AP fall into three areas:

- Learner: learner needs to be aware of their own role in learning and the role of self in leading their learning. The process of letting go of the known

requires enthusiasm, motivation and using prior practical knowledge to recognise a change in self, knowledge, skills and attitude.

- Workplace culture: there is clear leadership which facilitates the inclusion of ward staff in the development and implementation of new roles to ensure that the role and work-based learning is understood. There is a need for a learning culture which provides the time and space for learning and assessments. Mentors need to be competent and knowledgeable and able to support work-based learning. They need to understand their role so that they facilitate the fusion of practical, theoretical and self-regulative knowledge. Mentors need preparation and support. Staff need to value career progression for those who engage in work-based learning.
- Organisation: there is a need for a clear vision for the new role which is shared and understood by the organisation. The requirements of work-based learning must be understood and there needs to be preparation and support for those who develop and implement new roles from within.

The three enabling factors have been identified as influential if the attributes identified previously are to be achieved. When these enabling factors and the attributes of an effective journey are present a number of suggested consequences and outcomes would be expected and are considered in the next sub-section.

5.6.3 Consequences and outcomes of an effective journey

The expected consequences of an effective journey, defined by the presence of the four clusters of attributes and enabling factors are illustrated in Table 5.23.

Table 5.23 Suggested consequences of an effective journey

Consequences	Descriptor
LEARNER **Active learner able to lead their own learning in the workplace** **Self-efficacy and enhanced cognitive ability in new role**	• Individual is able to fuse theoretical, practical and self-regulative knowledge; • Owns learning; • Increased clarity and understanding of their role as a worker and learner;

	• Appropriate attitude; • Resilience; • Enhanced self-belief and self-confidence; • Self-efficacy; • Individual demonstrates a change in behaviour, knowledge and skills; • They recognise they are an AP, they have a known identity.
WORKPLACE **New role understood in the workplace**	• Perceived by ward team and organisation as an AP; • Safe, effective evidence-based care.
ORGANISATION **Assured safe, effective evidence-based care**	• Evidence of thinking differently and problem-solving; • Care is based on evidence not taken-for-granted practical knowledge.

The expected consequences of an effective journey are:

- Active learner able to lead their own learning in the workplace, self-efficacy and enhanced cognitive ability in new role: learners are recognised as a new role as they demonstrate a change in behaviour, knowledge, skills and attitude. They have changed their identity. They are able to fuse theoretical, practical and self-regulative knowledge and demonstrate self-belief, self-confidence and resilience.
- New role recognised in the workplace: ward staff recognise a change in behaviour as APs deliver safe, effective evidence-based care.
- Assured safe, effective evidence-based care: enhanced patient care as APs deliver evidence-based care. They are able to consider the whole, think differently and problem-solve which allows them to provide effective care based on evidence and not taken-for-granted practical knowledge.

An emerging framework for describing an effective journey from HCA to AP arose from the attributes, enabling factors and expected consequences and is presented in the next sub-section.

5.6.4 An emerging framework of the attributes, enabling factors and consequences for describing an effective journey from HCA to AP

The emerging framework which arose from the concept analysis of an effective journey from HCA to AP is presented in Table 5.24 below.

Table 5.24 Emerging framework for describing an effective journey from HCA to AP

ENABLING FACTORS →	ATTRIBUTES →	CONSEQUENCES
LEARNER • Awareness of own role in learning; • Able to let go of the known; • Enthusiastic and motivated; • Uses practical knowledge as recognises a change in self, knowledge, skills and attitude; • Understands impact of behaviour. **WORKPLACE CULTURE** • Knowledgeable mentor who is able to support work-based learning; • Support for the development and implementation of new roles. **ORGANISATION** • Preparation and support for those developing and implementing new roles from within.	• Learner manages transition through adjusting, adapting and accommodating to new role • Learner recognises greater responsibility through a change in self, knowledge, skills and attitude • Learner and mentor co-create new knowledge • Workplace supports work-based learning and new role development	**LEARNER** Active learner able to lead their learning in the workplace Self-efficacy and enhanced cognitive ability in new role **WORKPLACE** New role understood in the workplace **ORGANISATION** Assured safe, effective evidence-based care

This section has discussed how Rodgers' (1989) model of concept analysis provided a systematic approach to analysing the interview data and identifying what was common. The identification of the concepts attributes, enabling factors and expected consequences has enabled the development of an emerging framework for describing an effective journey from HCA to AP. Chapter Seven, Discussion, will provide a discussion of the emerging framework in relation to available published literature which will be synthesised and will contribute to the development of a new framework for describing an effective journey.

5.7 SUMMARY

The analytical focus of data has been the lived experience of the journey from HCA to AP. My interpretation of the data at each interview stage and the whole of the journey reflect my understanding of each participants 'life world' in relation to their experience. The understanding gained has informed my own fore-structure of the phenomena studied and consequently my understanding has transformed what I already knew. The stepped process of analysis indicates that the chosen research method has elicited data that contributes to the aim and objectives of the study. Details of the findings which emerged from the three over-arching super-ordinate themes:

- Recognising the transition from HCA to being a TAP and from TAP to being an AP;
- Supporting the journey from HCA to being an AP;
- Being an AP.

These themes are discussed in Chapter Six. Chapter Seven will discuss the emerging framework for describing an effective journey from HCA to AP in relation to available literature, which will be synthesised within a new framework for describing an effective journey.

CHAPTER SIX - GIVING MEANING TO THE JOURNEY FROM HCA TO AP: FINDINGS FROM THE OVER-ARCHING SUPER-ORDINATE THEMES

INTRODUCTION

The aim of this chapter is to provide details of the over-arching super-ordinate themes and identify the findings from the conversational interviews with the Trainee Assistant Practitioners (TAP) and those who became Assistant Practitioners (AP), matrons, mentors and the Practice Development Nurse (PDN) (stakeholders). Following data analysis three over-arching super-ordinate themes were found to recur as participants made sense of the journey from Healthcare Assistant (HCA) to AP:

- Recognising the transition from HCA to TAP and from TAP to AP;
- Supporting the journey from HCA to AP;
- Being an AP.

Each over-arching super-ordinate theme and emergent theme will be addressed in a separate section and will include illustrative excerpts from interview transcripts, reflections linked to my fore-structure of understanding and findings italicised in bold. In this way the trustworthiness of my interpretation of interview data is open to scrutiny. Literature and research which supports the findings and the emerging framework for describing an effective journey will be identified and discussed in detail in Chapter Seven – Discussion. Table 6.1 provides an illustrative overview of the over-arching super-ordinate themes and emergent themes. Some areas of understanding appear in more than one emergent theme as the focus of meaning is different, for example how being supernumerary enabled the transition to being a TAP.

Table 6.1 Over-arching super-ordinate and emergent themes: the whole journey

Over-arching super-ordinate theme	Emergent themes
Recognising the transition from HCA to TAP and from TAP to AP	• Prior experience as an HCA; • Drivers to becoming a TAP; • Moving to a new ward; • Starting as a TAP; • Understanding the TAP role; • Behaviours of RNs and HCAs; • Working as a TAP; • Self and the transition to being a TAP; • Completing the TAP development programme and becoming an AP.
Supporting the journey from HCA to AP	• Learning at university; • Learning in the workplace; • The role of mentors; • Ward teams understanding the TAP role; • The wider organisation understanding the TAP role; • The end and being an AP.
Being an AP	• Staff recognising the AP role; • Working as an AP; • Continuing development.

6.1 THE TRANSITION FROM HCA TO TAP AND FROM TAP TO AP

As I made sense of the participants lived experience of their journey I was aware there were two transitions. The first was from HCA to TAP as they commenced the journey and the second occurred at the end of the journey when they became an AP. Despite my prior experience in designing and delivering the Foundation Degree (FD) and acknowledging my fore-structure of understanding, this was a concept that I had not considered. As I gave meaning to the interview transcripts, I became aware that TAPs needed to disengage from the known and enter the unknown. A process TAP 10 likened to *'entering a world of chaos'* (TAP 10).

TAP 10's use of language painted a picture of a world with no order and made me realise that as a HCA their role was known and understood by them self, colleagues

and patients: the antithesis of the TAP role which was unknown. Despite the perception of chaos and entering what I perceived was the unknown, participants recognised the importance of demonstrating enhanced knowledge, skills and a change in behaviour as attributes which enabled them to let go of being a HCA. TAP 9 qualified changes in self and how this allowed them to be a TAP during the first interview:

> *'we're, we're looking at things in a completely different light, and it's taken me all this time, from when the course started to now, to actually think in a different way because thinking as a HCA, you are given a task to do, you go and do it. Thinking as a TAP, I'm thinking of prioritising when I'm walking that bay, and then what workload have I got and what has to be done and in what order and this, that and the other, it's completely different'* (TAP 9).

As with the transition from HCA to TAP participants made sense of the need to demonstrate enhanced knowledge and skills through behavioural change as attributes which allowed them to be an AP. AP 4 made sense of this second transition during their final interview:

> *'I see myself as an AP, that is my role, that is what I have been trained to do, and that is the qualification that I have now got to give me that role. So that is how, I am an AP, that is my job, and even when we are short on the ward and we take the role of the HCA still, I still do that but in my AP's head as well, so if there is patients waiting to be discharged home, I know I can do that, the staff nurse is busy'* (AP 4).

In contrast AP 1 perceived the ward environment attributed to their transition from TAP to AP:

> *'all grades of staff are accepting of the role and they recognise it and I think that is a big difference....the culture everyone is accepting of everyone and their abilities and their training'* (AP 1).

The remainder of this section will make sense of the areas of emergent themes:

- Prior experience as an HCA;
- Drivers to becoming a TAP;
- Moving to a new ward;
- Starting as a TAP;

- Understanding the TAP role;
- Behaviours of RNs and HCAs;
- Working as a TAP;
- Self and the transition to being a TAP;
- Completing the FD becoming an AP.

6.1.1 Prior experience as a HCA

I was interested to note that only a small number of TAPs made sense of prior HCA experience during the initial interview. Based on my pre-understanding of work-based learning (WBL) I was aware of the need to recognise your professional journey; giving sense to where you had come from would enable the identification of future development. As I considered the lack of TAPs who gave meaning to their prior HCA experience I realised that TAPs were not aware of how their pre-understanding contributed to their understanding (Heidegger, 1927/1962). A perspective which was compounded by a lack of 'space' within the FD to enable TAPs to give meaning to where they had come from and where they were going.

From those TAPs who considered prior HCA experience, TAP 5 perceived it *'allowed an understanding of the role and to gain confidence'.* TAP 2 believed confidence arising from prior practical experience and knowledge as a HCA was an attribute which enabled them to let go of the known world of the HCA:

> *'You have to have at least some understanding that you are going to get on with the job, you know what it entails, you have to have a basic understanding of what happens, I like the phrase 'at the coal face' I think it describes it well, I think that you have a basic understanding to know what you are going to get on with and you do not have to worry so much about the work placement side of it'* (TAP 2).

The use of the phrase *'at the coal face'* reinforced, to me, the importance TAP 2 placed on hands on care. The transition from HCA to TAP involved letting go of the known but if there was no known; no experience '*at the coal face*', their transition may be inhibited. TAP 1 who had less than six months HCA experience perceived:

'People who have been on the course have got a vast amount of experience in the caring industry whereas I haven't, I'm coming at it from a different angle...... I'm lacking some of the basics in care, um, although you know I've been picking it all up very quickly, um I think it's just being, having the experience to link this to that to the other that is what I am lacking' (TAP 1).

TAP 1's perception contributed to my understanding of the contribution of prior experience in the transition from HCA to TAP. Matron 10 and Mentor 1 were the only stakeholders who made sense of prior HCA experience. Like the TAPs they were conscious that practical knowledge and experience gained as a HCA enabled the transition to being a TAP:

'they need to have background knowledge to start off with otherwise they would struggle' (Matron 10).

Based on my pre-understanding I had expected stakeholders to consider an optimal time and type of experience which enhanced the transition to being a TAP.

From the participants' perspectives and my understanding of WBL I recognised that practice experience and practical knowledge as a HCA enabled TAPs to concentrate on the transition to being a TAP; it provided confidence and the known as they progressed through a period of ***personal change***.

6.1.2. Drivers to becoming a TAP

It was encouraging to note that during the initial interview seven of the eight TAPs made sense of what drove them to be a TAP. Motivation and 'this is for me' were attributes which I looked for when I interviewed HCAs for the FD and formed my pre-understanding. TAP 2 made sense of their personal drivers:

'The AP role I think has a really good mixture of being with the patient but also having the sort of more technical and sort of medical, clinical backup of knowledge, but without being completely almost, uh, the nurses I see at the moment on the ward, some of them can be quite divorced from the patient' (TAP 2).

For TAP 2 the technical and theoretical knowledge gained as a TAP would enable evidence-based care which they could not provide as a HCA. They could remain *'at the coal face'* providing safe, effective patient care. Matron 2 was the only stakeholder to consider the drivers to being a TAP:

> *'I do not know but to me they have got to demonstrate that they want to work in that sort of area'* (Matron 2).

From my pre-understanding and involvement in recruitment I was surprised that more stakeholders did not make sense of the drivers they perceived would enable the transition from HCA to AP. I was aware that this may have arisen because of their lack of prior experience of developing new roles. Only Matron 10 had experience of implementing the TAP and AP role.

The above perspectives highlight wanting to provide safe, effective evidence-based care as drivers which enabled HCAs to apply to be a TAP. I recognised a link to my pre-understanding that ***motivation*** was an enabling factor which drove HCAs to apply to be a TAP and would support them as they let go of the known.

6.1.3 Moving to a new ward

At the commencement of the FD four of the eight TAPs were required to move from their HCA ward to a ward developing the TAP role. During the initial interview TAPs gave meaning to how moving wards impacted on their transition to being a TAP. I had no prior experience of working with TAPs who had moved wards, therefore, my pre-understanding arose from my experience of working with TAPs who remained on their HCA ward. Three TAPs made sense of how moving ward made them feel vulnerable and the need to remain in their comfort zone. Due to their pre-understanding TAP 9 assumed they *'could not cope with two large changes':*

> *'I am going to be completely honest with you, no, I will not like it, and I do not want to do that, I would like to stay on my ward and I told them told them the reasons why, this crying and I do not like change and all this and that. They nodded... I knew they understood and when I was offered the job I was told I could stay on my ward which was good'* (TAP 9).

These assumptions were based on their prior experience of change and the impact this had on their well-being and ability to undertake their role effectively. TAP 7 used language to make sense of the impact of moving wards, '*scary, I was out of my comfort zone; it was a shock to the system'.* As they gave meaning to this perception TAP 7 realised:

> *'in hindsight moving was good, I gained more skills and experience by moving and it allowed me to challenge more'* (TAP 7).

TAP 7 understood that the development of knowledge, skills and behaviour allowed them to be a TAP. This differed from my understanding as I assumed a change in behaviour could occur if the TAP remained on their HCA ward. I understood that although TAPs did not want to come out of their comfort zone it provided opportunities to change behaviour which enabled the transition to a TAP.

Stakeholders also gave meaning to how moving wards impacted on being a TAP. Unsurprisingly more mentors considered this emergent theme than other stakeholder groups (one matron and PDN). I believed this was because they were closer to the TAPs lived experience than matrons who had a more strategic perspective. Mentor 7 made sense of the phenomenon:

> *'I think it hindered to start with because she had to learn new patients, new staff, new routines, new conditions but actually when I had a meeting with her last week she said absolutely, it was the best thing she did..... I think if you already work here you can stagnate a little bit and, you know, maybe they do not challenge people enough'* (Mentor 7).

Interestingly, Mentor 7, like their TAP, perceived that moving ward enabled the TAP to challenge; an attribute they believed contributed to being a TAP. Mentor 1 used passive language as they made sense of not moving '*it was hard staying on the ward as they want to be friends to all and do not want to make a fuss'.* As I made sense of Mentor 1's language I believed it was what they did not verbalise, the need to challenge/question, which implied being a TAP.

Mentor 3 believed '*if move wards at beginning of the programme they are seen as a TAP and not the Band 2'.* This was a perspective that I had not considered before, from my pre-understanding being a TAP involved demonstrating a change in knowledge, skills and behaviour. As I made sense of Mentor 3's perception I became aware that demonstrating a change in behaviour may be difficult for those who remained on their HCA ward as they were a known factor.

The PDN gave meaning to moving ward and the impact this had on the transition to being a TAP:

> '*the people that are struggling are those that have moved from one area to another where it is completely different..... completely different set of rules and regulations, completely different set of client group and you know they are still expected to march at the same pace as everybody else and personally I think that it is slightly unrealistic'* (PDN).

Due to their hospital-wide role the PDN, unlike TAPs, matrons and mentors, was able to see the whole. This was a valuable understanding which I had not considered but which made me realise that the stress of moving ward encompassed not just the TAPs learning in the workplace but their learning at university as they coped with the change alongside the demands of the FD.

Mentor 2 and 9 were the only stakeholders who made sense of moving wards during the third stage interview:

> *'I do not think you could say there is much difference between progress coming from outside (speciality) or coming from inside (speciality)'* (Mentor 2).

This was an interesting perspective which demonstrated that while, during the first interview, moving wards impacted on the transition to being a TAP over the duration of the journey there was no perceived difference in terms of progressing to AP.

Two TAPs who did not change ward considered the pros and cons of moving. During the first interview TAP 2 acknowledged that staying on their HCA ward meant they were perceived as a HCA while *'changing ward changes mind sets'* (TAP 2). TAP 4 had a different perception *'sometimes it works and sometimes it does not… I know the procedures, patients, staff and how the ward is run'* (TAP 4). TAP 4 revisited moving wards during the second interview stage and recognised that staying on their HCA ward contributed to the ward's HCA perceiving the TAP was working as a HCA. Despite this TAP 4 perceived *'I was right to stay'*. TAP 4 did not consider other perspectives, for example my understanding of the need to stay in their comfort zone; the impact of change on their well-being or the need to demonstrate a change in knowledge, skills and behaviour and being a TAP. These perspectives support my understanding that moving wards meant that TAPs left their comfort zone but through moving ward they were likely to be seen as a TAP rather than a HCA. Neither TAP revisited moving wards in the third interview stage.

As well as some TAPs needing to move wards Matron 1 introduced rotation four months into the FD to facilitate the development of transferable skills. Affected TAPs (two TAPs had moved wards and three TAPs had remained on their HCA ward) were notified of this change at the time of the stage one interview. During these interviews the five TAPs shared their anxiety at having to let go of the known once more. Four TAPs revisited this area of understanding during the second interview stage:

> *'Changing wards in general was huge for me as I get in my comfort zone and now I feel like I have changed wards I think four times altogether and I think well if I can do it four times and fit into every area I can go and work anywhere and make it work. I think it was a good thing, if I had not been made to move I do not think I would have done'* (TAP 3).

TAP 3's perspective of rotation was similar to TAP 7's on moving wards. As I made sense of TAP 3's experience I became aware of the anxiety change caused. As an HCA they were used to working on one ward in a defined role within their comfort zone. By making sense of this perception I understood that while change is stressful, it is the ability to acknowledge the benefits of the change which facilitated

the transition. While considering this area of understanding TAP 3 provided additional meaning of how rotating contributed to being a TAP:

> *'I kind of went in as a TAP. I do not think I would have progressed as well as I had done if I had stayed where I was. As I say I reckon it was definitely that jump up to a different ward, as you are walking into people that know you as a TAP rather than some HCA that has been stepped up'* (TAP 3).

The imagery of movement provided me with a visual representation of their journey; *'jump up to a different ward'* involved a large leap which, from my experience, is likely to be uncontrolled; *'walking into people'* provided an image of orderliness and power as a TAP and the image of a HCA *'being stepped up'* gave the perception that if they remained on their HCA ward they are perceived as someone they are not. For me there was a link to earlier perceptions that those who remained on their HCA ward were seen as a HCA. During the third stage interviews only AP 7 and AP 9 provided additional meaning to how this unplanned rotation impacted on their well-being and ultimately being a TAP:

> *'it was too much to try and take on different wards....there was more stress involved'* (AP 7).

AP 7 moved wards on becoming a TAP and while they acknowledged the benefits they recognised the stress involved. AP 9, based on earlier experiences of change, recognised that change impacted on their well-being and acknowledged:

> *'went through a very rough patch.....it was the transition... which was very, very different in how they were handling me... and I found that very difficult because the things I was doing there I was not doing there'* (AP9).

The perspectives of AP 7 and AP 9 made me understand that while changing wards enabled being a TAP for others it was an inhibitor. There is a need to be aware of the stress caused by leaving the known.

TAP 2, unlike the other TAPs had a planned rotation as their matron wanted them to have the knowledge and skills to enable them to be an AP across the speciality.

Throughout the three interviews TAP 2 made sense of how rotating contributed to being a TAP as they were taken away from *'task-focused care'* and given *'room to breathe'*. These perspectives supported my understanding that the aim of the FD was to ensure APs undertook evidence-based care and the role of reflection in WBL where individuals are given the time and space to make sense of their actions.

From the participants' perspectives the prospect of moving ward meant additional change as they left their comfort zone. This led to feelings of vulnerability and additional stress. Despite feeling uncomfortable the ability to cope with this change enabled the HCA to let go of the known through a ***change of mind sets.***

6.1.4 Starting as a TAP

Unsurprisingly all eight TAPs made sense of starting as a TAP during the first interview including the personal impact, the role of uniform and wards' preparedness for the role. From my experiences of the FD these were areas of understanding that previous TAPs had grappled with. TAP 7 perceived:

> *'All, all of a sudden you are thrown in and you think wow it really is a shock to the system'* (TAP 7).

For me the image of being *'thrown-in'* was similar to Stevie Smith's (1957/1972) poem 'not waving but drowning'. University and ward staff must be conscious of the seen and unseen. As TAP 10 made sense of starting as a TAP they perceived that the, '*first six weeks as a TAP was very emotional.... I was pulled in many directions';* but *'stubborn and determined prevented giving up'* (TAP 10). From making sense of these experiences I understood that resilience and self-motivation were attributes which enabled the transition to being a TAP.

TAP 2, unlike the other TAPs, used the second stage interview to make sense of their feelings as they started as a TAP. From their perspective a large number of changes and a perceived lack of clarity and understanding of the role amongst TAPs and stakeholders contributed to the chaos and confusion which left everyone

'floundering' and caused TAPs to *'wobble and be a complete bag of nerves'.* They acknowledged they were '*terrified'*. I was surprised that TAP 2 shared these feelings as they conveyed a persona of confidence and being in control during the first interview. This focus to self may have resulted from feeling more settled with me as a researcher and reinforced my understanding of TAP 7's experience above that an individuals' behaviour may not always convey what they are really feeling.

During the third interview stage four APs revisited starting as a TAP. AP 7 acknowledged they were *'struggling at the beginning'* but did not give additional meaning to these feelings. AP2 gave meaning to the personal impact:

> *'overwhelmed…feeling absolutely out of my depth and thinking what is going on earth is going on, there are so many new concepts. I'm dealing with WPETs, I've got referencing'* (AP2).

These perceptions reinforced my understanding that being a TAP required resilience. Interestingly at no point in the journey did the participants demonstrate an understanding of their role in preparing for the journey, the role of self.

Uniform was a second area of understanding which TAPs and stakeholders considered during the initial interview and which they perceived contributed to the transition *'one day white and next day grey uniform' (*TAP 9). TAP 4 made sense of the importance of uniform:

> *'I did not get my uniform straight away so when I came in on my first day as a TAP I was still in an HCA uniform. It is just a different kind of uniform to what they are in, they still see me as the HCA'* (TAP 4).

They assumed a different uniform depicted the difference between a HCA and a TAP; they did not verbalise the need to demonstrate a change in behaviour. Mentor 7 provided an additional perspective to TAP 4's assumptions:

> *'I do not know if they think, I do not know if they magically thought something would happen differently overnight, do you know what I mean? It*

> *was like they put their uniform on and it is like, right, I am going to be different now'* (Mentor 7).

Unlike the TAPs Mentor 7 was aware that a different uniform may depict a new role but it did not change an individual's behaviour. This perception aided my understanding that uniforms visualise a role change but they do not mean being a TAP; this required a change of mind set.

The third area of understanding which participants gave meaning to was the ward's lack of preparedness for the TAP role. TAP 9 made sense of how this affected their well-being as they started *'ward was not prepared for the TAP role; they just appeared…I felt vulnerable.'* This provided additional meaning to my understanding of the personal impact of letting go of the known and striving for the known. Mentor 2 and 7 were the only stakeholders who made sense of how a lack of preparedness affected being a TAP:

> *'It has never been clear, the, there is not a clear structure as such…. I know in the beginning my TAP was very unclear'* (Mentor 2).

TAP 9 and Mentor 2's perceptions gave meaning to my pre-understanding as I became aware that a lack of structure caused by entering the unknown contributed additional stress for the TAPs and inhibited their transition.

These perceptions highlight that the transition to a TAP is a stressful experience. TAPs need to be resilient as they make sense of letting go of the known. A new role may be depicted through a change in uniform but being a new role requires a change in mind set. As well as ***internal factors, external factors,*** for example wards preparedness contributed to the TAPs ability to cope with change and the transition to a TAP.

6.1.5. Understanding the TAP role

TAPs and stakeholders made sense of their understanding of the TAP role. During the initial interview only TAP 2 understood the TAP role, *'it complements the nurses' role and adds to the skill mix'* (TAP 2). TAP 4 perceived the role was not clear but did not state from whose perspective while TAP 7 acknowledged that they were '*gaining information from other TAPs who were further into the course'.* I had not expected this lack of understanding as managers should have developed job descriptions outlining the role and I assumed TAPs would have investigated the role's remit prior to interview to demonstrate an understanding. From my perspective this lack of understanding inhibited their ability to be a TAP; I could not comprehend how they could become a new role if they did not understand it fully. During the second interview stage one TAP remained unclear about the role:

> '*We can do the intravenous thing, but even then when we are, if we are passed and deemed competent we are just being second checkers.......obviously that is a benefit to the ward but what is the point of me doing that competency if I cannot fully do it'* (TAP 5).

TAP 5 demonstrated a lack of understanding of the TAP role, in terms of identity and accountability. I was reassured to note that they were aware of the benefits to the ward but I was concerned that the language used demonstrated dissatisfaction at the lack of personal development. Sixteen months into the FD I had expected TAPs to understand the boundaries of the role; I was concerned that the language used may be portrayed through their behaviours which would cause tension with staff and inhibit being a TAP.

AP 4 was the only AP to revisit this area of understanding during the third interview stage:

> *'at the beginning I wasn't really sure what the role was. Although you had the job description it was still very vague on what the role actually would be once you'd finished'* (AP 4).

This perception contributed to my understanding that a job description was the answer but there was a need for TAPs to understand the role's remit and what it

could do. I realised that this was difficult as the role remained in its infancy. I understood there was a need to see the role in action so that they knew what being a TAP encompassed.

Unlike the TAPs, stakeholders demonstrated a clear understanding of the role during the initial interview:

> *'The two year period will allow those who were in the HCA role to develop their roles and to have a greater understanding and become more critical thinking, they will analyse, they will be able to do assessments and it is a greater role development'* (Matron 1).

Matron 1 was clear about how the FD would enable TAPs to develop the skills needed to be an AP. Matron 4's perception reinforced the need for role clarity to ensure that the knowledge and skills are those required for the service:

> *'It is trying to clarify what the role is going to be, what is it that the ward manager and I want them to be doing ... we want you to do this as this is where the skills that you need to do that will help the ward to develop the service that we are doing'* (Matron 4).

As I made sense of these perceptions they linked to my understanding that managers needed to be clear about the role. However, as I gave meaning based on my pre-understanding of the TAPs experience it appeared that this clarity did not always occur which inhibited being a TAP.

Mentors gave meaning to their lack of understanding during the initial interview and made sense of how involving ward staff would aid understanding:

> *'I mean I think ward staff should be involved in it....if you asked nurses that are working with them, you know what, what would help your workload, these Band 4's are coming in to help you and your workload and help your team as a whole, what would you like them to be able to do, or what do you feel they need to be able to do?'* (Mentor 2).

My understanding of involving ward staff in the development of the AP role was similar to Mentor 2's; the role was being developed for ward need and I had assumed that staff would have been consulted. This would have ensured they understood the requirements and boundaries of the role. I believed inclusion in this process would allow claims, concerns and issues to be considered so there was a common understanding of what being a TAP and AP entailed. My understanding of the situation was aided by Mentor 2's perception:

> *'all happened very quickly and consequently the groundwork for the process and content needs to be better'* (Mentor 2).

There is recognition that preparation and inclusion is needed and I became aware that this perceived lack of involvement contributed to Mentor 2's use of language which was, at times, negative. Based on these claims of feeling excluded I began to understand why TAPs perceived a lack of preparedness when they started the programme.

As well as making sense of their own understanding of the TAP role six TAPs made sense of the ward teams' understanding of the role during the first interview and how this affected their transition to being a TAP:

> *'... we are treated like HCAs still, we are HCAing still.... there needs to be clear distinction between all our grades of staff including ourselves as to what exactly our role is now, what our training needs are and what our role is going to be in the future '* (TAP 1).

TAP 1's experience provided additional understanding to mentors lack of understanding of the role. During the second interview stage six TAPs gave further meaning to colleagues understanding of the role; TAP 1 and 9 perceived that this lack of understanding and confusion caused them uncertainty and affected being a TAP:

> *'It is the understanding, not only from our point of view with that clarity of what we are and are not allowed to do, but also with the trained, and they are the ones who are training us, they really need to know what is in our remit and what is not and they really do not'* (TAP 1).

I could not understand why, for two TAPs, this uncertainty amongst RNs remained sixteen months in to the FD given the roles of the PDN and the university's work-based facilitator (WBF) who, as discussed earlier, should support the implementation of the role.

A number of TAPs gave meaning to their perception that managers lacked understanding and how this affected their transition to being a TAP:

> *'I was getting so despondent with it before, constantly having obstacles put in your way that was a shadow of me....I think it has to do with the culture of the wards that I have been on. At the end of the day it all boils down to exactly that. Again on previous wards because you are almost shot down as soon as you started to flourish a little bit, you lost the confidence to delegate to communicate to do anything outside the HCA role because you knew it wouldn't be appreciated and you would just be shot down for it'* (AP1).

AP 1 used the metaphor *'boil down'* to give meaning to their perception that the ward culture enabled or inhibited being a TAP. AP 9's experience provided additional meaning to this area of understanding:

> *'over that period of time, (manager) realised...that this is what we are going to do...it was not happening on...because they had a different approach and you were being let loose for want of a better word, let loose and I was doing these weird and wonderful things and thinking this is it now, but as soon as I was moved back there, I felt my reins were being pulled back in again'* (AP9).

AP 9 made sense of the *'confusion'* and '*tension'* and considered if the issue related to remaining on their HCA ward and staffs' perception they were a HCA. Through interpretation AP 9 gave meaning to how unsaid expectations contributed to the situation. The manager expected them to be a TAP while they required their manager's permission to be a TAP. Once these expectations were shared the *'unsaid expectations and tensions'* were relieved. Based on my pre-understandings this was not an area of understanding which I had considered, I had assumed that TAPs would lead their development. As I gave meaning to the situation I began to understand that there was a need to give permission to develop, to undertake aspects of care which was outside the remit of their known HCA role. When there was this permission TAP 9 was a TAP.

From the above perspectives the lack of ***role models***, or visualising the roles' remit, contributed to a lack of understanding and engagement, from TAPs and ward staff. This lack of understanding of the role may be demonstrated through the TAPs behaviour; they do not know how TAPs behave and consequently are perceived as HCAs.

6.1.6 Behaviours of RNs and HCAs

The behaviour of RNs and HCAs was considered by TAPs and stakeholders during the initial interview. Three TAPs claimed the behaviour and attitude of trained staff affected their transition. TAP 10's experience had been positive *'the staff nurses are fantastic.... they will sit down and explain what they are doing'* (the team had prior experience of developing and supporting the TAP role). The other two TAPs had different experiences. TAP 1 stated twice *'nurses were not letting go'* because, they perceived, the RNs were concerned TAPs were *'taking jobs'* and blocked the TAP role due to *'ignorance, threat and being tribal'.* TAP 4 perceived:

> *'Some of the ones that have been on the wards for a very long time, the old generation of staff nurses can be a bit...um well you are an HCA. They are stuck in their way and do not like the TAP role'* (TAP 4).

Based on my understandings of supporting previous TAPs and my belief in supporting development for all I assumed RNs would embrace new roles for ward staff. As my understandings evolved during the study and I made sense of participants' experiences I became aware that the perceptions of TAP 1 and 4 could have been different if staff had been involved; they lacked clarity and understanding of the TAP role.

Matrons, four mentors and the PDN made sense of how the introduction of the TAP role influenced RNs and HCAs behaviour. Mentor 5, on three occasions, made sense of how the TAPs behaviours influenced the ward teams' perception of the role:

> *'We have got the HCAs and there are the nurses and there are the people in the grey who are the watchers, they cannot help us, they just watch everything.....they think right I have a new role so I do not want to be doing*

> *all those things I was doing before... but it is an extension to the role rather than completely different'* (Mentor 5).

Mentor 5's perspective demonstrated why ward staff did not always embrace the TAP role. They were *'the watchers',* they did not provide care. This was not an area of understanding which I had experienced but as I made sense of the situation I realised it was linked to my assumption that being a TAP involved a need to demonstrate a change in behaviour. I began to understand that the behaviours demonstrated by the TAP influenced how the role was perceived and supported by ward staff which, in turn, impacted on them being a TAP. Two matrons made sense of staffs' behaviour towards the TAP role:

> *'That we have had some gentle rumblings around what the role is, so with the TAPs there has been some gentle unrest shall we say about, well, surely they will be no different than our very good HCAs is some of the feelings of our trained nurses and even our HCAs'* (Matron 1).

As Matron 1 made sense of these behaviours they identified a need *to 'explain to staff expectations of the training programme and future development'.* This was similar to my understanding that ward staff did not understand the role and provided me with clarity as to why staff did not necessarily understand the role; matrons had not made the role clear.

As TAPs made sense of HCAs behaviour towards the role they believed there was a need for HCAs to be supported and prepared for the implementation of the role. TAPs believed it had taken four months for HCAs to understand the concept of the role and when this occurred they were recognised as a TAP. During the second interview stage three TAPs perceived HCAs had a clearer understanding of the role than RNs:

> *'There does not seem to be any, any animosity or jealousy because I think they probably think to themselves oh I am glad I did not go for it because I probably, gonna go through all, you know, the negativity about whether we are going to get a post at the end of it at the moment'* (TAP 7).

TAP 10 made sense of the relationship with the ward's HCAs and how they perceived their behaviour contributed to the situation:

> *'a problem with all of us: I probably made more of it than needed to be, and I think, and you look back and you think, oh god I could have handled that very differently, but now I think we have all settled down, and yeah, I think it is all right. And sort of I did not acknowledge it to begin with and then you, again, you sort of reflect back and think, actually I was really quite stressed, and that, and then you sort of, get, let the stress get to you and then things, but nothing really got on top of me that much, I think the first term did a bit'* (TAP 10).

This perception aided my understanding of how TAPs behaviour could be interpreted by ward staff which, in turn, contributed to ward staffs' behaviour towards the TAPs which enabled or inhibited them from being a TAP.

From the perceptions considered within this emergent theme the ***interpretation of behaviours*** enabled or inhibited the transition to being a TAP. If TAPs were perceived to be behaving as a HCA they were treated as a HCA. Behaviours were influenced by the stress of change and a lack of understanding of the TAP role; there was a need to involve staff in the design and implementation of new roles. They needed to be ***active participants in the change process***.

6.1.7 Working as a TAP

This emergent theme incorporates two areas or understanding, learning at university and learning in the workplace as participants made sense of being a TAP or as I assumed a worker and learner.

Many TAPs shared their concerns at returning to academic learning during the first interview but perceived their confidence grew on passing the first module *'first core module allowed me to realise I can do this'* (TAP 9); they had self-belief that they could engage with academic learning:

'I can do this. I get worried by change but I got to the point where I thought it was a good thing, something had developed and changed – wanted to learn and FD was a chance to see what I can and cannot do and prove people wrong. Now not this person who cannot do anything' (TAP 9).

TAP 9's self-belief, motivation and personal resilience enabled them to be a TAP. This perception of enhanced self-belief was shared by TAP 7 *'worried by academic learning but passing academic picked me up'.* Alongside self-belief TAPs made sense of how gaining deeper theoretical knowledge enhanced safe, effective care and their transition to being a TAP:

'provides evidence-based care as I am able to link theory and practice and focus on the whole. I have a more in-depth understanding which supports me to question' (TAP 4).

This perception was similar to my pre-understanding which had evolved during the delivering of the first FD module where I had learned that many TAPs were worried about returning to learning, they feared failure, but on passing the first module they had the belief that they could achieve the FD. TAPs needed to understand the importance of developing theoretical knowledge to enhance their practical knowledge. TAP 2 provided addition meaning to how developing theoretical knowledge enabled being a TAP:

'provided evidence-based care, supports and develops me to question and focus on the whole. Linking theory and practice gives me more in-depth understanding' (TAP 2).

TAP 7, on the other hand, could not recognise their learning:

'not moving on a lot...it would be beneficial to spend more than one or two days a week at university' (TAP 7).

As I made sense of these perceptions I was aware that TAPs focused on their HCA technical skills and needed to recognise how fusing theory and practice enabled being a TAP.

Two matrons and the PDN made sense of how academic learning enabled being a TAP. Matron 10 perceived *'wider knowledge allows them to consider the whole person'*. The PDN, on the other hand, made sense of how learning impacted on the TAPs behaviour:

> *'first module running around on the ceiling....everything else blurred into insignificance once TAP had done first module and had feedback seemed to relax slightly'* (PDN).

The image of TAPs *'running around on the ceiling'* portrayed chaos and uncertainty as the TAPs let go of the known and gave additional understanding to TAP 7's perception of being *'thrown in'*. I was not surprised by these concerns as prior experience had identified that the demands of the first term were often demonstrated through behavioural changes. However, these behaviours would not have been expected by the ward team and could have contributed to the teams' perceptions that individual were behaving more like a HCA than a TAP.

Two TAPs considered learning at university during the second stage interview. TAP 2 made sense of their feelings, *'terror, not wanting to fail'.* This fear of failure was shared by others; from my pre-understanding they were expert HCAs but novice workers and learners or practice rich and theory poor and fear of failure was a common phenomenon amongst new TAPs. AP 2 and 7 were the only APs to make sense of academic learning during the third interview stage. AP 2 acknowledged that returning to academia was *'frightening'* and becoming a worker and learner was *'difficult'.* For AP 7*:*

> *'it has been a massive learning curve, all those worries, taking on something like that, two years ahead of you. I am struggling right at the beginning, is it going to get better, is it going to get worse, you don't know do you until you come through it. I've come through it'* (AP7).

These perspectives provided additional meaning to my pre-understanding as I became aware of the challenges of becoming a worker and learner. This was an additional stress as they transitioned from HCA to TAP; from the known to the unknown.

Through the second area of understanding, learning in the workplace, TAPs and stakeholders made sense of their confusion and lack of understanding of WBL; a situation which they perceived was compounded by being supernumerary. Supernumerary was introduced by the Trust to give TAPs time and space in the workplace to let go of the known and develop the knowledge, skills and attitudes required to be an AP. As I made sense of the participants experience I became aware that TAPs and ward staff had little understanding regarding the implementation of being supernumerary. TAP 5's perception *'not learning because not supernumerary.'* was similar to other TAPs. This was a perception which, based on my pre-understanding, I had not considered; I believed learning occurred all the time not just when TAPs were supernumerary. What I began to understand was that TAPs needed support to make sense of their learning, to reflect in- and on-action.

During the second interview stage six TAPs gave additional meaning to their supernumerary experience. TAP 7, who during the initial interview believed *'learnt nothing'*, was conscious *'pick things up all the time'* and made sense of their role in learning:

> *'I think it is down to us as well, it is not you, we should not be relying on other people to say right, I am going without my mentor that day and right she is, you know, and I expect her to pay attention to me, that is not how it works, you have got to sort of go and think well okay but I can find these things out for myself, I do not need somebody by my side, you know'* (TAP 7).

These perceptions were similar to my understanding that TAPs did not need to be supernumerary or working with their mentor to learn; I was aware that when TAPs recognised they had the skills to lead their learning they were able to develop and be a TAP. Supernumerary was considered during the third interview stage:

> *'I think in the beginning had we been supernumerary we would have learned a lot more a lot quicker as would have been under someone's wing and would have had the structure and would have had that learning. We would have had the grounding to be an independent learner; to grab learning opportunities; first year is about learning and second year is about doing'* (AP 1).

AP 1's perspective, similar to TAP 7, recognised the need to be an independent learner but unlike others AP 1 perceived that a structured approach to being supernumerary would have enhanced their WBL experience and being a TAP. This perception challenged my understanding of being supernumerary and independent learning but I began to understand that as with the introduction of the role, discussed earlier, there was a need for structure. I believed this perception arose from the lack of understanding and preparation for the role. Amongst the stakeholders Matron 4 and the PDN gave meaning to being supernumerary and the need for TAPs to lead their learning:

> *'that didn't work. No, that provided more complications than anything else.... it caused friction amongst the students and the area of practice, there weren't enough staff for them to be supernumerary, you know there was the demand, the want and the desire from the student to say well I'm supernumerary I should be able to go off and do this and not actually realising what the learning experience might be in the clinical area....I'm glad it is gone'* (Matron 4).

Matron 4 was clear *'learning is on the wards'* and despite being supernumerary TAPs were *'part of the team and they needed to be there.'* These perspectives provided me with additional understanding of being supernumerary. I was drawn to Matron 4's use of *'friction'* to describe the response to TAPs being supernumerary. I recognised this reference to dissension was similar to Mentor 7's *'tension'* as they made sense of preparedness for the TAP role and Matron 1's *'rumblings'* to give meaning to how a lack of understanding of the TAP role contributed to staffs behaviour towards it. As I made sense of the parts I began to understand how these areas of understanding linked to the whole. A lack of understanding resulting from a lack of involvement in developing and delivering the role meant that ward staff did not understand the FD; there was a lack of clarity and structure which caused animosity towards the TAP role. Where this situation occurred it had a negative impact on being a TAP. I had expected mentors to give meaning to being supernumerary but for an unknown reason they did not consider this area of understanding.

As well as giving meaning to being supernumerary participants made sense of the TAPs role in their learning and development as they became a worker and learner.

Interestingly only stakeholders considered this area of understanding during the initial interview. I believe this arose as TAPs were not aware of this concept. Matron 4 perceived:

> *'They have got to have some enthusiasm, they need to show that and they need to be able to say actually I need to do that it is a bit like being a student nurse isn't it?...they are fighting against student nurses as well, not fighting but competing I suppose against student nurses for that development as well'* (Matron 4).

Matron 10 provided additional meaning to the characteristics required to learn in the workplace and be a TAP:

> *'they must be proactive and dynamic to seek out answers; motivated to learn in the workplace and they need to lead learning and let people know what they are doing and what they need to do.... when a TAP does not take a lead in their learning there is no change'* (Matron 10).

Matron 4 and 10's perspectives aided my understanding of the enabling factors and attributes required to undertake WBL. There is a need for enthusiasm, energy and resilience alongside the ability to identify and pro-actively engage with learning opportunities. I was aware that this would be a new phenomenon for TAPs who were used to being allocated tasks as HCAs. Mentors were conscious of the TAPs role in leading their learning and used such phrases as *'keen to learn...identified their learning'* (Mentor 9), *'the ownership is on them, they need to lead their learning'* (Mentor 1) to highlight the characteristics required. Mentor 7's perspective made me understand that not all mentors recognised that TAP's had a role in their learning:

> *'Sometimes you feel bad when they have come in and, they have just been, oh not a dogsbody but they have just been an HCA, you know what I mean, and they are actually learning aren't they but sometimes the opportunities are not there'* (Mentor 7).

When I started this study I assumed that mentors would be able to mentor all students but Mentor 7's perspective provided additional understanding as I began

to realise there was a need to provide TAPs with skills, as considered by AP 1 earlier, to recognise learning through the use of reflection in- and on-action.

Six TAPs made sense of their role in learning during the second interview stage *'I am taking ownership of my learning get things signed off now'* (TAP 5). TAP 9 gave meaning to a change in thinking, *'thinking about university learning on the wards'.* As I made sense of this area of understanding I recognised that TAPs were reflecting although they did not use this term, for example TAP 1 referred to self-directed learning:

> *'We do learn but it is very much self-directed, you go away and think okay I do not know this and this, I am going to have to find this out and you do it off your own back. Which to an extent is the idea of the game. But to be able to ask someone with experience at the same time these things happen, this is happening, why is this happening, what should we do, what are the alternatives, what are the consequences of not doing this, in an ideal world, is slightly different, how do we go about this?' is slightly different'* (TAP 1).

Rather than explicitly considering their role in learning during the third interview stage five APs made sense of how fusing theoretical and practical knowledge in the workplace enabled them to be a TAP. Their focus had changed from leading their learning to recognising how learning links with workplace experience:

> *'the experience comes with it with knowledge comes experience and with experience comes further knowledge, it is a cycle'* (AP1).

AP 1's perception supported my understanding of experiential learning but in terms of my evolving understanding of the journey I had expected TAPs to consider how this fusion of knowledge and experience contributed to being a TAP during the first or second interview. My understanding that a change of behaviour contributed to staffs' perceptions of being a TAP was supported by Matron 10's perspective that where there was no change in behaviour as RNs perceived TAPs as *'somebody who was doing what an HCA does'* (Matron 10) or as Mentor 5 perceived *'the watchers'.*

The PDN provided additional meaning to my understanding that TAPs needed to demonstrate a change in practice:

> *'they still see things as task-based, they cannot seem to get away from the clinical competence, the task-based..... half-way through we were having real issues and they said to me I'm really thinking differently now and suddenly a light bulb went on and I said are you showing your team that you are thinking differently, how do you demonstrate this in practice. And they kind of went away and said I don't demonstrate that in practice, I just do it. I said if you are not sharing your knowledge and understanding, if you are not verbally conveying that understanding, how do they know you are capable and competent of performing those duties? When she actually started sharing, kerching, everything fell into place beautifully'* (PDN).

The need to verbalise this change in thinking was not a perspective I had considered and one which I tried to make sense of. As well as owning their learning TAPs must demonstrate a change in behaviour through an evolving knowledge base and problem solving skills; their change in thinking. The use of *'kerching'* reinforced the importance of this eureka moment for their development. Two mentors made sense of the need to visualise a change in practice:

> *'I could see the change....just bloomed really, bloomed with her confidence really and time management. That was very frightening as they were still, in their mind, they were still very task-based, and it was if I got this bay of patients, tick, tick, tick but then they were starting to think, the obs are late, did I do this discharge... and you could see them all thinking it through and sort of crunching it...it was gradual'* (Mentor 7).

Interestingly Mentor 9 used similar imagery which may have arisen because both mentors were on the same ward:

> *'I noticed it towards the end, I think for the guys as well it was a new thing for them, they didn't really know where they were going with it, so definitely more towards the end... mentally they were still in their old job role...they have been HCAs for many years and they have been put into this new job role that nobody had any idea what it was about, not even themselves, so how do you act when you do not really know how to act......... as their confidence grew, which particularly was in the second year when they were based on one ward and they knew where they were, their confidence grew. Initially it was difficult as I think, the difficulty was when moving around, we were doing one thing here, they were doing another thing there... they were never doing one thing... but as that was cleared up, they kind of blossomed, they changed'* (Mentor 9).

These perceptions aided my understanding of the journey from task-based HCA to *'blooming'* AP. There was a need for confidence and an ability to mentally let go of being a HCA; a concept I had not considered before - one which could be linked with the TAPs need to visualise the difference in roles from the HCAs, for example, through different uniforms. For me the use of imagery likened being an AP to the journey of a bud; when the conditions were right they *'blossomed'.* This contributed to my understanding of the need for knowledgeable mentors who are able to facilitate the fusion of theoretical and practical knowledge through reflection.

Beginning to understand the TAP role and recognise a fusion of theoretical and practical knowledge marked a return to stability for the TAP; there were those who understood they were beginning to work as TAP while others felt they were still working as a HCA. Three TAPs considered this perspective during the second interview stage:

> '*just doing what always done, just HCAs, do HCA bits first and then no time for anything else'* (TAP 5).

This was not a perspective I had considered, from my prior understanding of working in practice patient care was everyone's responsibility. For me the difference between a HCA and TAP was the difference in knowledge, skills and behaviours which enabled evidence-based care. As I considered this area of understanding I recognised that TAPs did not fully understand the role which inhibited their transition to being a TAP.

TAP 1 made sense of how allocation enabled being a TAP rather than a HCA.

> *'The last few days I am given responsibility for the side rooms which is fantastic I just do my own thing..... it gives me the responsibility that essentially I am being trained for'* (TAP 1).

This perception contributed to my understanding that TAPs needed to be seen to be different from HCAs. TAP 4's perspective clarified further:

'They still perceive me as a HCA. I think half of it is where we are still allocated where, we are working, we are still being allocated on the HCA side. So I think it is to do with the allocation when they allocate who is working where, I think what they should have done is put us, like they do with the student nurses, put us in the bay but allocate us on the trained side rather the HCA side and I think they would have seen the difference' (TAP 4).

As I considered TAP 4's perspective I was aware that this related to their pre-understanding of how allocation had occurred as a HCA. From my understanding this situation may have arisen due to staffs' lack of understanding of the TAP role. TAPs needed to understand why allocation was undertaken in this way.

From these perspectives the TAP was a ***worker and learner*** as they returned to academic learning. This was another change and presented an additional stressor ***'the fear of failure'***. Once more ***resilience and self-motivation*** were attributes which supported TAPs while academic success enhanced confidence and self-belief. In the workplace TAPs were ***practice rich and theory poor*** and needed to fuse theory and practice to deliver evidence-based care. ***Experiential learning*** was a new concept and the lack of structure added to the TAPs perceived 'chaos'. TAPs needed to ***lead their learning*** and engage in ***reflection*** to consider the whole.

6.1.8 Self in the transition from HCA to being TAP

As TAPs made sense of their ability to fuse theoretical and practical knowledge they perceived the need to change behaviour. TAP 9 made sense of their role in being a TAP:

'it has taken four months to think differently, HCAs are task focused and as a TAP I am prioritising my workload what needs to be done and the order.......we have got different heads on and we are looking at things in a completely different light and it has taken me all this time from when the course started to now to actually think in a different way because thinking as an HCA you are given a task to do, you go and do it. Thinking as a Trainee Associate Practitioner, I am thinking of prioritising when I am walking the bay and when what workload have I got and what has to be done and in what order, it is completely different. I do not know, I do not know how to explain it to you. I have just completely changed the way I am thinking about people and patients I do not know how to describe it to you. I am seeing the person as somebody who was somebody's child once, that was grown up, was

happy, playing, doing this, doing that, and now you have got this very ill person in bed who is coming to the end of their days, needs love, care and attention. I am not saying I did not do that as an HCA, but as a HCA I saw it as like you say, let's do the temperature, let's do, oh you want me to do that, yes I will go and do that, but um, I am just seeing everything in a completely different light' (TAP 9).

TAP 9, during the initial interview stage, made sense of how thinking differently and considering the whole enabled progression to being a TAP. They repeated the word *'different'* and used a range of phrasal verbs to reinforce the personal transformation being a TAP encompassed. During the second interview stage five TAPs made sense of how changes in self had contributed to their development; increased confidence was a common area of understanding. TAP 7 made sense of this perspective:

> *'It is just, you know, you listen to yourself when you are talking, when a patient asks you a question you feel confident, you are, you are not having to say well hang on I will go away and find out and come back and I will let you know, you are able to sort of explain you know the situation to the patient, what is wrong with them and what is going on, what is happening and why it has happened and no it is, it is cool, it is good and I like that, that is good'* (TAP 7).

The feelings associated with being more confident reinforced learning and development. For TAP 7 being conscious of their enhanced confidence and progression were inter-linked and enabled them to be a TAP *'fantastic feeling'*: This perspective provided meaning to my understanding of experiential learning.

TAP 2, similar to TAP 9 during the initial interview gave meaning to how behavioural change enabled being a TAP:

> *'I have learnt the ability to think in-depth and I am beginning to problem solve and adapt to changes associated with being a TAP, my role, the ward and academic requirements. The increased knowledge allows me to be more involvement in care; more clinical knowledge allows me to problem solve rather than going straight to the nurse which gives me credibility and ensures I am listened to more than an HCA which has enhanced my confidence. As a result I am able to explain procedures in more depth and answer questions which improves the hospital experience and provides holistic person-centred*

care not just biomedical focused to illness.... I am more involved with patient care as I am able to provide appropriate interventions in the absence of a nurse. I can see changes in patients' condition a lot quicker than a SN who is busy being a mini-manager' (TAP 2).

As TAP 2 made sense of their behaviour change they perceived the development of communication skills was an important attribute in becoming a TAP:

'Communication and getting the patient to understand and if they, and if you communicate well, they have a better memory of it, and they are more compliant in their treatment' (TAP 2).

These perceptions were similar to my understanding that a change in behaviour enabled TAPs to fuse new theory with workplace practice and enhanced safe, effective patient-centred care. As I gave meaning to these perceptions I began to understand that the change from HCA to TAP was gradual but when TAP's recognised a change in self it contributed to enhanced confidence and care provision which resulted in increased responsibility and self-belief: a circle of development.

Stakeholders shared the characteristics which they perceived meant an individual was a TAP during the initial interview stage:

'Whatever they are undertaking they are looking at it, observing it which they would do as a health care assistant they are looking with a different pair of eyes from a more in-depth theory, so analysing, evaluating, critiquing and thinking of the next stage' (Matron 1).

Stakeholders revisited these characteristics during the third interview stage, where Mentor 2 made sense of the TAPs role in their learning:

'I think it is down to the individual as well... I'm a firm believer if you really want something and you've got the passion for it, you have the capability. But it's the desire to do something isn't it... you want someone to respond in a positive way to information that they have been given, whether it is good or bad. And they have to take on a bit of I'm a student now and I'm here to learn and I accept I may have been doing things not in the right way and I want to do things better' (Mentor 2).

These perspectives supported my understanding that TAPs needed to demonstrate motivation and a change to evidence-based care and the ability to problem solve, analyse, evaluate and reflect as they move from HCA to TAP.

These perceptions outline how the ability to recognise a ***change in behaviour*** allowed the TAP to let go of being a HCA. They had moved from providing task-focused care to evidence-based care and they were fusing theory and practice and as a result, similar to achieving academically, they were more confident; they had self-belief. The stress-induced behaviours from letting go of the known have been replaced with more positive behaviours which, when recognised by staff resulted in more responsibility.

6.1.9 Completing the TAP development programme and becoming an AP

During the third interview stage three APs made sense of the transition from TAP to AP. This was an area of understanding which I had not previously considered. AP 2 and 9 perceived that they had been prepared for being an AP during their final months as a TAP:

> *'I think as the time was coming towards the end of being a TAP and then beginning as an AP, I was very gradually doing what I would be doing, so one day I would be a TAP, the next day I'd be an AP, but I'm already doing what I am meant to be doing, so no, and I didn't feel as though I needed it either. It might have been different if I had been placed on a different ward...it is fine, it just sort of all flowed through'* (AP 9).

AP 10, whose matron and ward team had a clear understanding of the role, believed a period of transition would have been useful as:

'all of a sudden it was kind of finished. I mean I basically told (manager) that I was finished she said 'oh you are finished'. It felt really odd actually it was a bit like oh..and a bit deflated. I don't know what I expected but it was kind of a sense of loss, as you've lost the structure' (AP 10).

Interestingly AP 10 acknowledged that *'nothing really changed'*:

> *'initially when I first qualified there were points where I felt I wasn't doing anything different to them (HCAs), so I was thinking what is different that I'm doing and that was quite frustrating'* (AP 10).

As I made sense of this second transition I was aware a period of consolidation or preceptorship similar to newly qualified RNs may have supported their journey from worker and learner back to worker in a new role and bring the FD to a close as they prepare for a new journey as an AP. Matron 10's perception aided my understanding as they recognised the transition to AP took time and a period of consolidation for three to six months; a concept supported by AP 10. The PDN gave meaning to the feedback they received from APs who claimed to feel more confident; more valued; able to talk to their patient with more knowledge and understanding. Similar to being a TAP I understood that being an AP involved recognising enhanced knowledge and skills and bringing this to all aspects of their care. The four mentors made sense of being an AP:

> *'I think they thought they'd been given all the tools, and then they were going to set about using them. I think at the beginning it was very frustrating, but I think as the confidence has come in their new role, everything is that much quicker'* (Mentor 7).

The above perceptions highlight that although APs had been developed from within to undertake a specific role a supported transition period would enhance their ability to be an AP. It would reduce the stressors associated with leaving the known TAP role as they undertook the unknown AP role.

6.1.10 Pause for thought

The transition from HCA to TAP and from TAP to AP was not a linear journey but was complex and influenced by a number of attributes and enabling factors both internal and external to the TAP. The **stress of leaving the known**, their comfort zone, to enter the unknown was reflected in the TAP's behaviours as they felt vulnerable and feared failure. These behaviours may be misinterpreted by ward staff who believed they were behaving like a HCA and treated them like a HCA.

As a worker and learner there was a need to **lead their learning,** reflect in- and on-action, fuse theory and practice and demonstrate a change in behaviour which, when recognised, resulted in more responsibility and enhanced confidence.

Externally the environment needed to enable **experiential learning**, there needed to be clarity and understanding of the TAP role; staff needed to be **active participants in the change process**. A lack of role models contributed to the chaos as the TAP role was unknown.

Stability returned and the transition to being a TAP was achieved when the TAP felt confident as a worker and learner, they recognised a change in practice and the ward environment enabled them to engage in experiential learning.

6.2 SUPPORTING THE JOURNEY FROM HCA TO AP

As participants shared their lived experience of the journey I understood, from their descriptions, that appropriate support was paramount to enable the transition from HCA to AP. Participants' perspectives during the three interview stages gave meaning to the support required to demonstrate enhanced knowledge and skills through changed behaviour. The role of the mentor in supporting the journey was pivotal but as TAP 7 perceived in their initial interview:

> *'going from the experience of the mentors we've had, they were really, they did not have an awful lot of idea what was going on, and I don't think they were prepared enough at all. Uh, I think they were as vague about it as (laughs) what we were to be quite, if I am really honest about it, really not prepared for us at all. When we came to our first work-place evidence tool I say well, they were asking us what we wanted them to write....we are mentoring them, do you know what I am saying, it is the wrong way round'* (TAP 7).

There was a need to support mentors to ensure that they had the appropriate knowledge and skills to facilitate a learning environment and support the journey from HCA to AP:

'it is fantastic and shows that if you are on the wrong ward with the wrong attitudes and there is no acceptance of the role, no support, it is going to be a failure' (AP 1).

This over-arching super-ordinate theme encompassed a number of areas of understanding and sub-themes which are considered here, learning at university, learning in the workplace, the role of mentors, ward teams understanding the TAP role, the wider organisation understanding the TAP role and the end and being an AP.

6.2.1 Learning at university

Given the FD's philosophy of fusing theoretical and practical knowledge and the WBL nature I had expected more than two TAPs to consider how reflection supported their development during the initial interview stage. TAP 5 was conscious that reflection had been prominent in their learning: *'learned without realising – only when you sit back and reflect do you realise'* (TAP 5). TAP 4 did not use the term reflection but made sense of how time and space at university to *'share experiences'* (TAP 4) provided them with the opportunity to understand workplace practice and learn from others' experiences. These perceptions supported my pre-understanding of the importance of having time and space to give meaning to experiences.

Four TAPs during the second interview stage made sense of how tutors had allowed them to understand, absorb and link content to their workplace which enhanced their learning experience:

'They have been interlinked really well. I have been able to put what I have learned in the classroom into practice... I was able to go that is why he has become unresponsive because of what I have learned in the classroom' (TAP 4).

This perspective was similar to my pre-understanding of WBL and the role of the tutor as facilitator in fusing knowledge and skills to give meaning to their learning.

During the third interview stage APs made sense of the whole and the role of the FD in supporting their journey:

> *'because of my knowledge I have accrued over last two years through studying and practical side, which I think is why the AP role, the FD worked really well for me, it was perfect for me, so I can go and explain it and also explain it in terms that people understand. It worked perfectly for me that for a few days a week I would be at the ward and for a day I would be at university, there is no schism, it's not like the nursing students have a certain amount of time, big chunks, that wouldn't have worked....it was good to sit with lots of other people, lots of fellow students and talk about it...I found that phenomenally useful as I always shied away, but they were no, no there is this, there is that....you were talking about how you were looking at your research, I definitely feel I have changed quite dramatically, but there is lots of things that I feel much more confident, or is that the wrong word, I'm happy to do I don't worry anymore'* (AP 2).

Interestingly stakeholders did not make sense of how learning at university supported the journey from HCA to AP. As I considered this omission I assumed that stakeholders perceived academic learning was the university's remit.

From these perceptions and my understanding of WBL time and space are paramount to enable reflection and give meaning to experiences within individual workplace contexts; ***experiential learning***.

6.2.2 Learning in the workplace

During the initial interview TAPs gave meaning to the challenges they encountered in fusing theoretical and practical knowledge in the workplace. TAP 1 and 5 perceived a lack of support contributed to the situation *'managers/ mentors not supportive in fusing academic and workplace learning'* (TAP 5). My pre-understanding, based on my experience as a nurse supporting students and my understanding of WBL, differed from TAP 1 and 5; I had assumed that they would be supported to fuse knowledge and skills which would enable being a TAP. I believed it was in the interest of the ward to support their own. As I made sense of these perceptions my understanding evolved further as I recognised that this lack of support was linked to the perception that staff did not understand the TAP role and were unprepared for its introduction.

The TAPs perceived that their learning in the workplace was compounded by the way supernumerary status had been implemented. As well as making sense of supernumerary in the transition from HCA to AP participants considered the support required to be supernumerary. Six TAPs claimed supernumerary was not happening because of poor staffing levels and a lack of awareness of their supernumerary status. TAP 1 gave meaning to how being supernumerary should support their journey:

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

These perceptions supported my assumption that supernumerary status was introduced by the Trust so that TAPs had time to develop the skills needed to be an AP. Stakeholders provided an alternative perspective to my assumption. Matron 1 perceived *'people have a different understanding of supernumerary and this* had *caused bad feelings'.* From the PDN's perspective *'student nurses had been supernumerary for a long-time'* and they could not understand the confusion. From the perspectives of TAPs and stakeholders I was aware that the concept of supernumerary status was not clearly understood which meant a lack of parity and unrest amongst the TAPs and between the TAP and ward. There was a need to ensure those involved with the supernumerary component were appropriately prepared and supported.

As well as supporting the TAPs learning on the ward supernumerary status should have enabled the time and space to visit other departments, wards or services to gain the necessary knowledge and skills to support the patient pathway. Four TAPs perceived that visiting other areas would allow them to develop a broad knowledge base and achieve competencies as well as allowing: *'learning to be brought back to the ward'* (TAP 3). As they were new to the role I had assumed that they would have made sense of the need to gain an understanding of the ward or role before visiting other areas; instead they raised a number of concerns regarding how visits were managed:

'placements should be planned rather than led by the TAP as they can be ignored. It would be beneficial if placements a couple of weeks as we would learn something' (TAP 5).

These concerns were raised as TAPs were left to plan and organise their own placements. This meant that those who were assertive and knew people in other areas accessed placements while those who did not have the contacts did not gain alternative experiences. TAPs perspectives aided my understanding as I became aware that there was a lack of structure and understanding of supernumerary status. I believed a clear structured approach to being supernumerary would support TAPs learning in the workplace. TAP 1 claimed:

'helpful to have flexibility to visit as it improved my knowledge and enhanced my confidence working in an unfamiliar environment and intensive practise in a specialist area is best for my learning' (TAP 1).

As TAP 1 gave meaning to their experiences they became conscious of how visits supported their development and complimented their learning style. Visits, which were perceived important during the initial interview stage were revisited in the subsequent interview stages:

'They do not seem important to me, they do not seem important anymore, I think it is just you know, developing on the ward has been able to happen because of being known that you are going to be staying on this ward and you can develop yourself on that particular ward' (TAP 7).

Interestingly the five mentors, from Matron 1's division, were the only stakeholders to make sense of being supernumerary during the initial interview. Mentor 5 perceived:

'supernumerary has and has not worked. They hang off dresses and follow you everywhere and they do not always help others; do not understand supernumerary. It has been confusing and we get mixed messages' (Mentor 5).

Although Mentor 5 did not give meaning to the TAPs behaviour I believed they were linked with a lack of understanding regarding the TAP role and the FD. Mentors needed support to support the TAPs.

Through the third interview stage four APs made sense, for the first time, of how the behaviour of matrons, managers and RNs towards the TAP role influenced the *'ward's culture'* (AP1) and the support they received to fuse theoretical and practical knowledge. From my experience of WBL I was aware of the importance of the ward's learning culture as a vehicle to support experiential learning. I had assumed TAPs would have made sense of this area of understanding in earlier interviews but as I gave meaning to these perceptions I realised that it was not until they were an AP that they had the opportunity to stand back from the lived experience and consider the whole:

> *'the experience comes with it with knowledge comes experience and with experience comes further knowledge, it is a cycle. It was almost as though people were very possessive of their knowledge and didn't want to let that go, didn't want to give that away to anyone else. Things were not progressing, they did not have the time... I was having no guidance, no input whatsoever'* (AP1).

Moving wards allowed AP 1 to make sense of the supportive learning environment which enabled them, through the support of the RN, to understand WBL and be an AP. Although my pre-understanding meant I was aware of the how the environment enabled being a TAP I had assumed that wards would have supported the development of their staff. As I gave additional meaning to this perspective I realised that my pre-understanding of AP 1's experience was based on their experience of their TAP ward. I assumed that it arose as the ward did not understand the role, a lack of support for mentors and the need to demonstrate a change in behaviour and being a TAP which meant they were perceived as a HCA. With this additional perspective I understood that the culture appeared to inhibit TAP 1 from demonstrating the change in behaviour required to be an AP. AP 4 and 7 made sense of how active guidance in the workplace supported being a TAP:

> *'what we have learnt we have been encouraged to put into practice....it's learning about what you are doing and why you are doing it and the reasons*

> *behind it, I am becoming more responsible, rather than just doing the task you know why you are doing the task'* (AP 7).

These perceptions were similar to my understanding of experiential learning and supporting reflection in- and on-action. The participants' perceptions of supporting learning in the workplace made explicit the need to understand the FD and TAPs need to understand self-directed learning and recognise informal learning; they did not need to be supernumerary for learning to occur.

The above perspectives highlight that learning in the workplace requires a ***culture*** which supports experiential learning, time and support to learn, guidance to engage in reflection and fuse theory and practice, clarity of processes, and inclusion of ward staff in then change process so that they understand the requirements of the FD.

6.2.3 The role of mentors

Given the WBL philosophy of the FD I was not surprised that each TAP made sense of the role of their mentor in supporting their journey:

> *'I use my mentor to clarify answers to problems. They are supportive and I am comfortable approaching them'* (TAP 10).

TAP 2, on the other hand, gave meaning to their relationship with their mentor and the *'useful professional discussions'.* These perspectives were similar to my understanding of an effective mentor in facilitating learning and supporting reflection to clarify problems and link theoretical and practical knowledge.

During the second interview stage TAPs made sense of aspects of the mentors' role which inhibit being a TAP. At first I was surprised but as I considered the situation I realised that this demonstrated TAPs understanding and expectations of their mentor. TAP 1 perceived *'mentors were unclear of their role and needed to understand the TAP development'* while TAP 5 claimed *'mentors should own WBL.'* Both perspectives were similar to my general understanding that there was a lack of

understanding about the TAP role and more specifically mentors lacked awareness and understanding of their role while TAPs lacked clarity of the mentors' role. For TAP 7 a lack of time with their mentor was an inhibiting factor:

> *'They just say oh yeah I have not forgotten you but it is you know they have got pressures as well and it is the time .... I think it is the pressure, it is the time all round it is not available for us, they have got to make time for us as well'* (TAP 7).

From my experience of supporting WBL, and the perception of TAP 1 earlier, I understood the importance of time with mentors to allow TAPs to reflect and make sense of formal and informal learning opportunities. I was aware that competing priorities on the ward meant that time was precious. I became aware that opportunities with mentors were compounded by the fact that many mentors were either ward managers or a Band 6:

> *'There is definitely more support needed from, with regards to mentors because I do not know if it is on all wards but we have been given a Band 6 as a mentor. I think personally we would have been better with a Band 5, I know that they are mentoring the students as well, our Band 5s are mentoring students, so it is more pressure on them to ask them to take on that role I suppose but from a Band 6 point of view it is getting hold of them'* (TAP 7).

TAP 1's perception of having more than one mentor enhanced my understanding that having a second mentor would provide more time with mentors and opportunities to reflect in- and on-action to support WBL:

> *'Having two mentors would be brilliant, you do not need one mentor but you could draw from all sides and could work with a Band 5 although it is asking a lot of them'* (TAP 1).

Five TAPs gave meaning to how their relationship with their mentor influenced being a TAP:

> *'Not once did she ask me how I was... it was getting so bad that it was almost a week before the WPET was due to go in and she had not done a thing with me... I do not know because I kept approaching saying that I needed to do this, I needed to do that, needed to do the other'* (TAP 9).

I understood TAP 9's perspective of wanting their mentor to enquire about their development, previous TAPs had shared these concerns. I also understood the need for TAPs to lead their learning in the workplace.

These perceptions supported my understanding that WBL is not just about 'ticking the box'. TAPs need to have time with their mentor to reflect on their learning and give meaning to their experiences so that knowledge and skills are not taken-for-granted.

Three matrons and, unsurprisingly, all seven mentors made sense of the mentors' role. The matrons gave meaning to allocating mentors and the mentor's role while mentors made sense of preparation, support and mentoring concerns. Matron 2 made sense of the mentor's role in facilitating WBL:

> *'They are dealing with them in exactly the same way as a student nurse and within reason they are… but it is assessing at slightly a different level isn't it and I do not think this has come through'* (Matron 2).

My pre-understanding had assumed that mentors would be able to support TAPs WBL but based on Matron 2's perception I understood that mentors needed different skills to mentor TAPs, who were likely to be practice rich and theory poor as opposed to a student nurse who was likely to be practice poor and theory rich. From Matron 2's perspective assessment should be a slightly different level which, unfortunately, was not considered further but made me acknowledge the importance of mentors understanding the requirements of the different levels of assessment within the FD. This lack of understanding of the skills contributed to the confusion mentors experienced and their ability to support the TAPs:

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

These attributes impacted on the mentors understanding and ability to facilitate WBL which TAPs recognised as they claimed mentors did not understand their role.

I had assumed that mentors had been prepared for their role and received on-going support from the PDN and WBF but when I made sense of the mentors' perceptions I realised that this had not always been the case:

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

While Mentor 10 perceived they were an expert mentor for student nurses they recognised they needed guidance to mentor their TAP. This provided additional meaning to my understanding of TAPs being practice rich and theory poor. Two other mentors were conscious that a lack of preparation meant they did not know about the paperwork: '*need to know about the paperwork to be an efficient mentor'* (Mentor 3). As I began to make sense of these perceptions I was aware that the programme team had taken-it-for-granted that as mentors were competent to mentor student nurses they would be able to mentor TAPs. I now understood mentors needed to understand the role and required preparation to support WBL. Mentor 1 and 9 perceptions further enhanced my understandings about the need for preparation:

> *'We had never had them before...and we were all just kind of given them.... it is quite hard in practice, you want to just ask questions, say am I understanding this correctly, is this what you are trying to say to me, but, I think because we had quite strong characters'* (Mentor 1).

To support the new role mentors recognised they needed *'someone who can facilitate working with TAPs and the chance for mentors to raise their concerns'* (Mentor 5). These perceptions are similar to the matrons and demonstrated a lack of understanding of the WBF and PDN role in preparing and supporting mentors. Alongside the lack of clarity and understanding of the mentor role four mentors made sense of their role mentoring TAPs:

> *'to balance the teaching with the practice and the hands on. I think for the first term, they expected us to do everything for them.... I think as it went into the second term which they are in now, we said right come back and tell us what you need to learn so they were set a task'* (Mentor 1).

Mentor 1 made sense of the difficulties facilitating effective and meaningful WBL and was aware of the need to enable rather than prescribe learning:

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

I understood the mentor's role in WBL but Mentor 1's experience provided another perspective that I had not considered. Mentors need to feel confident to allow TAPs to take on additional skills which may be challenging as they may perceive that the TAP is a HCA. This reiterated the need for mentor preparation and support to ensure mentors understand the programme and provide the TAP with appropriate support.

During the third interview stage four APs considered the whole and made sense of the mentors' role and the skills required to be a good mentor:

> *'they were the ones asking me the questions and that was unusual for me, and then I had to sit, and then I had to think and then I had to go okay. There weren't that many but the ones that did were the ones that were very good'* (AP2).

This perception supported my understanding that mentors needed to facilitate reflection and provide opportunities for TAPs to give meaning to their practice. Unlike AP 2, AP 7 made sense of the challenges they had faced with their mentor:

> *'the change of mentors as well, and there was that and trying to, as you know what it is like on the ward, everyone is doing their own role, trying to tie people down, your mentor, trying to tie them down and have a couple of hours and sit quietly and do it is totally impossible sometimes....I think it helps that your mentor is a nurse and not a manager, not being derogatory, but I think a mentor needs to be a senior registered nurse rather than opposed to a manager..too much pressure on them as well. Same as a trained nurse would have a student..maybe poor understanding of the role at the time as it is still new'* (AP 7).

The use of the metaphor '*tying down*' reinforced the difficulties AP 7 had accessing their mentor and keeping them in one place. This provided additional

understanding of the challenge of time and space with mentors considered in the initial interview and reinforced my awareness of the need for more than one mentor. There was a role for the wider team to support the TAP's WBL.

The four mentors revisited the need to understand the FD in the third interview and the skills needed to *'do it right'* (Mentor 5). Mentor 9, who attended the mentor induction at the commencement of the FD, made sense of their journey:

> *'You didn't know if you were coming or going, you really didn't know if you were coming or going... we didn't really know where we were going with it, we didn't really know what they could do, what their competencies were at the beginning, it got a bit more clear as it went on. But certainly at the beginning we certainly didn't know the course, it was so new....it was knowing what they needed to know so you were teaching them the right things.... so as a mentor we were thrown in at the deep end...I didn't know if I was doing the right thing, teaching the right things, giving the right feedback.... I didn't want to do it wrong'* (Mentor 9).

Mentor 9 provided additional perceptions to my understanding of the mentor's role. I began to understand that the beginning of the journey for Mentor 9 was similar to the TAPs; they had entered the unknown which affected being a mentor. The image *'thrown in at the deep end'* reiterated the images used by TAP 7 and gave the perception of struggling in the unknown. The feeling of chaos perceived by the mentors is reiterated through the image of darkness '*bit stab in the dark'* which *'got a bit more clear'* as they understood the requirements of their role and the work-based competencies. This lack of understanding had an external consequence for the TAP, *'they get it straight back saying it is not right. They didn't know if they were coming or going* '(Mentor 9).

Mentor 9 provided additional meaning to how they could have been prepared for the role:

> *'you have your mentor update yearly but that is for nurses, not for TAP's, you get nursing paperwork, student nurse paperwork, not the TAP paperwork. As mentors if we are meant to be mentoring others, not just student nurses, I do feel perhaps a little bit of guidance would be needed'* (Mentor 9).

As well as the need for timely preparation three mentors gave additional meaning to the need for support. Mentor 2 and 10 were conscious of the support available while Mentor 9 used the term guidance rather than support and referred to the need for guidance twice during their interview, *'if we were to have them again, definitely as mentors some guidance'* (Mentor 9). Linked to understanding the FD and appropriate support three mentors made sense of the skills required:

> *'I think you adapt to the situation, I think as a mentor you have to be adaptable anyway and take on what you see. As everybody is different, whether they are a student or a TAP, there is no two the same... yes, it is about two-way communication and questioning, what are they doing, why are they doing it, what is the significance of what they are doing. Is that right, is that wrong, could I have done that better. It's all-round two-way coaching'* (Mentor 2).

Mentor 2's perceptions supported my understanding of reflection and WBL. Like the mentors the PDN made sense of reflection facilitating the fusion of theory and practice and not to assume TAPs taken-for-granted knowledge:

> *'it's not just about doing.... they are already clinically rich, they are already more skilled, what we are giving is education. People can't see education so you have to then take that and utilise it as a tool in the workplace, they have to talk to people in a different way, you have to tell them that you understand.. as a TAP said to a a familiar colleague I've been working in the Trust for more than 20 years, I've been doing blood pressures, but I never really understood what influenced them or what I was measuring or why I was doing it'* (PDN).

My pre-understanding at the start of this study was that mentors should be able to mentor all students who are learning in the workplace. However, based on the above perceptions I become aware that while mentors may be competent practitioners they must be able to facilitate reflection so TAPs can recognise the *'not so good bits and bring in ideas of their* own' (Mentor 2) and be a TAP. It cannot be taken-for-granted that mentors who are competent supporting student nurses have the knowledge and skills to facilitate WBL. At the same time it cannot be taken-for-granted that TAPs have the required knowledge and skills they need to be supported to fuse knowledge and skills, reflect and demonstrate change in behaviour. Interestingly, no matrons made sense of the mentor's role during the

third interview stage. I assumed they had no concerns with aspects of mentoring and how it supported the TAPs journey.

These perceptions provide insight into the mentor as ***facilitator of learning*** rather than prescriber of learning. However, mentors of experiential learning in the workplace require ***preparation***; it cannot be taken-for-granted that they can support WBL; they need to ***understand*** the role and receive ***ongoing support***. Without this mentors, like TAPs enter a world of chaos with feelings of vulnerability and fear of failure.

6.2.4 Ward team understanding the TAP role

As TAPs gave meaning to the issues associated with the ward team understanding the TAP role they perceived managers needed to provide guidance and structure *'what going to do and what not going to do'* (TAP 1). Matron 1, who had six TAPs, gave meaning to the situation and provided meaning to the TAPs perceptions:

> *'That could be our mistake where we have not set the foundations right from the very start... I do not think we have gone wrong, I think what we have probably done like many things within the health service, we have been shown a programme of something, whatever it may be and oh yes, yes, we will take that on, without actually doing the background research in depth....it is our responsibility to say how we see the shaping, what would the benefit of the Associate Practitioner be when they have finished their two year foundation course. What will they do, what use will they be in their career development for the wards, for the patients themselves. How will it differ?'* (Matron 1)

My pre-understanding from working with the Trust was that matrons had been actively engaged in designing and delivering the TAP role in partnership with the Assistant Director of Nursing (workforce, education and training). As I made sense of Matron 1's perspective I was aware that previous practice had not been followed and as Matron 1 recognised *'I did not clearly understand the role of a TAP'.* AP 1, who was in Matron 1's division, provided the TAPs perspective, *'I don't think anyone understood what the position entailed, I do not think they accepted it in any way'.*

AP 1's provided additional meaning to how this situation impacted on the support they received and their journey as a TAP:

> *'if you had that buy-in from the beginning there would be far better qualified APs coming out of it because they would have the support and tuition....putting it into practice'* (AP 1).

The importance of ward staff understanding was revisited twice more as AP 1 made sense of how a lack of ward support affected the beginning of the FD and being a TAP:

> *'led down the right path in the beginning so they know what to expect and what is expected of the AP, what to train them towards, and accept across all levels...not we are threatened by it or we do not want it, then it can make a huge difference... if I had the support in the beginning, if the role had been accepted and I had been trained properly from the beginning in the way it is supposed to work, then I would properly have far greater knowledge and skill now, than I currently do have'* (AP1).

Matron 1 and AP 1's perceptions allowed a deeper understanding of the TAPs experience and provided additional meaning to my awareness of their journey from HCA to AP. I understood the need for leadership throughout the organisation that ensured a shared vision and understanding of the TAP role, appropriate support for the TAP and ward team, and an environment which supports development of the workforce. Without this support the team could not support the TAP and the TAP could not be a TAP. These understandings were supported by AP 1's perception:

> *'I think it really does boil down to the fact that people wouldn't accept the role and do not understand the role....so unless the wards are really willing to embrace there is no point in putting a trainee on the ward...identify those wards that will accept it, that want it, that want to use it, that recognise the workforce is changing and this role is really the future'* (AP1).

The imagery of *'boil down'* reinforced, from AP 1's perspective, the crux of the issue. The bare bones of the tensions which they experienced through their journey resulted from the lack of understanding and acceptance of the role which prevented wards embracing and supporting the role. This in turn inhibited being an AP.

Mentor 7, from Matron 1's division, made sense during the third interview stage of how the changing approach to understanding the role had impacted on them:

> *'it was always slightly grey in areas and it needed adjusting and changing…often we'd find at times, sounds negative doesn't it, but we'd set about doing something and then we weren't really sure if we should be doing all of if'* (Mentor 7).

This perspective provided additional understanding to the TAPs perspective that their mentors did not know what they were doing. I recognised if they did not have clarity and understanding of the FD or appropriate support and leadership they could not provide the TAP with appropriate support.

These perceptions demonstrate how matrons' lack of understanding of the TAP role impacted on ward team's understanding and a perceived lack of structure to developing the TAP role. There is a need for ***leadership***.

6.2.5 The wider organisation or employer understanding of the TAP role

During the initial interview two TAPs gave meaning to the Trust's understanding and involvement in the FD. TAP 2 perceived there was:

> *'the need for someone at the top overseeing and Trust needs clear objectives re role, training and AP'* (TAP 2).

These perceptions provided additional meaning to my understanding of the importance of leadership to ensure that the TAP role was understood by all. Stakeholders' perspective of the wider organisations' understanding of the TAP role supported my understanding that they required support:

> *'I have received no feedback since the TAP had started and I do not know how other areas were working'* (Matron 2).

The PDN perspectives provided some clarity to my understandings of how the Trust implemented the role:

'This is a completely new entity and personally I feel that at least a years' boundary setting, role clarity, role development work could have been done by somebody like me in the environment, I am part of the Trust, to enable managers and mentors to be adequately prepared and ready to understand how they were going to take that member of their work team from here to Associate Practitioner' (PDN).

As I made sense of these perspectives I strove to understand why this principle was not being translated into practice. Mentor 2's understanding provided additional meaning as they recognised that the Trust members who developed the TAP role had *'very clear ideas'* however, this *'top down approach'* had left many within the organisation feeling confused about the role; the boundaries of the role; the effect of developing from within, and the commitment required from matrons, managers and mentors to ensure an understanding of the FD which, in places, inhibited the journey from HCA to AP.

During the second interview stage three TAPs made sense of the Trust's role in supporting WBL and the fusion of theory and practice:

'That sort of person needs to be, especially I think in the first year, needs to see people very regularly, if you do not have the understanding and the structure of the learning in the hospital environment at the beginning, then again it is all going to be wobbly for the rest of the time and it will be, it is, hard work going around supporting students who are complete bags of nerves, I remember what it is like. But you know it is really important because then once you set them up, then hopefully' (TAP 2).

I had not considered this perspective of someone linking university learning and workplace learning; my understanding was that mentors' would support the fusion of theory and practice and that the PDN and WBF would provide the TAP and mentors with additional support.

These perceptions highlight that organisations as well as wards require leadership so ***those delivering the change are supported*** and the aim of the change is understood by all.

6.2.6 The end and being an AP

Interestingly two TAPs gave meaning to the end of the FD and the support needed to be an AP during the second stage interview. This supported my pre-understanding of WBL and the concept of planning the journey ahead:

> *'You need that clear structure, the entire process from start to where we are now has been so unsettled, no one has known if they are coming or going, everything that we were told in the beginning is just blowing in the breeze now, it has not happened. Our jobs were secure, we were moving into a ward that we were being specifically trained for and our job would be there at the end of it. None of that any more..... the only thing that is guaranteed is that we will still be employed as an HCA'* (AP 1).

'Blowing in the wind' gave an image of chaos, lack of leadership and no clear direction of travel, areas of understanding which TAP 1 made sense of during their initial interview. The reference to jobs provided additional meaning to the changing approach which may have contributed to the TAPs behaviour. In turn this behaviour contributed to the lack of buy-in from matrons and reinforced the negative perceptions and feelings towards the role; an inter-connected circle. TAP 5 gave meaning to their need for support on becoming an AP, an area of understanding not considered by other TAPs:

> *'I think I will need a lot of support at the beginning because... you are not following it through from the beginning to the end so to speak so I think it will be a challenge....but like with the newly qualified nurses it is daunting for them'* (TAP 5).

This area of understanding had not been considered by the programme, support on becoming an AP. It had been taken-for-granted that the FD would ensure the TAP would be an AP.

This perspective demonstrates the need for ***preparation and support*** to enable individuals to let go of one role and transition to a new role.

6.2.7 Pause for thought

Support is pivotal in enabling the HCA to journey to AP. **Leadership** will ensure ward staff are involved in the development of new roles and have a common understanding. **Ward culture** needs to support **experiential learning** through the provision of **knowledgeable mentors** who have the time and space to **facilitate reflection** so that TAPs are able to **fuse theory and practice**. Mentors need to be **facilitators of learning** who have the confidence to enable TAPs to develop new knowledge and skills. Mentors, like TAPs, require preparation and support as they take on an additional mentoring role. Otherwise they enter a world of chaos.

6.3 BEING AN ASSISTANT PRACTITIONER

As participants shared their lived experience of the journey from HCA to AP it was evident from their descriptions during the third interview stage that they were conscious of the attributes which enabled being an AP:

> *'Taking the initiative, you know what is going to come next, just do it don't wait to be asked. You know you are going to be taking on more responsibilities. You have grown in confidence... it is all about the confidence'* (AP 7).

They had journeyed from HCAs who delivered task-focused care to TAPs who developed the skills to fuse practice and theory and demonstrated a behaviour change to deliver evidence-base care to APs who are able to pre-empt care needs. Participants were conscious that being an AP was not the end of their journey and there was a need for continuing development:

> *'I feel at this point, well I have got so much more to learn, as it really is just literally the beginning isn't it'* (AP 10).

This over-arching super-ordinate theme encompassed a number of areas of understanding and sub-themes which are considered here, staff recognising the AP role, working as an AP and continuing development.

6.3.1 Staff recognising the AP role

Four APs gave meaning to HCAs acceptance of the AP role, an area of tension at the commencement of the journey as many HCAs had not supported the new role:

> *'They see us as being AP's now, yeah definitely, that has gone...the fact that they realised how hard we had been working with these assignments, and the things they could see we were being taught to do....I think they just generally realised that we have moved from HCAs to APs'* (AP 9).

As I made sense of this perspective I understood that HCAs acceptance of the AP role arose because they understood the journey, they were conscious of the APs knowledge base and recognised a change in behaviour. This supported my pre-understanding from the first two interviews. Three APs interpreted their teams' understanding of the role which was unclear at the outset of their journey:

> *'be used on the ward a lot more, it's got better, and I think because I'm more now seen as an AP and not a TAP, because they have gradually got used to me being qualified it has got easier'* (AP 2).

AP 2's perception supported my understanding that APs needed to demonstrate a change in behaviour to be perceived as an AP. AP 5's perception provided understanding of how being an AP is inhibited if the role is not clear, *'I've got no what I call responsibility...I think I need a kind of structure.'* From this perspective I was aware that staff needed on-going support to understand the AP role and APs needed support to ensure they were an AP.

APs made sense of how staffs' understanding of the role impacted on their well-being:

> *'you are involved with the whole multidisciplinary team....they know your name...silly little things like that, it helps you to feel more integrated and part of that, you are taking a step up. It has certainly improved, I think at one time you were still perhaps in the group of the HCA.. you are not included as an HCA which is nice...at one time you thought that perhaps that wouldn't happen but it has happened, and it is nice. People have got used to the idea'* (AP 7).

This experience contrasted with AP 5 who gave meaning to the impact of not feeling accepted:

> *'I felt that they don't know me, they don't know what I am competent in, they have to get used to me and move on, but I don't know, I get the impression that perhaps that they don't want me on the ward'* (AP 5).

The language used by AP 5 highlighted their lack of understanding as to why the AP role had not been recognised by the ward. As I made sense of their perceptions I believed that the language used provided additional meaning to how the situation impacted on their confidence and being an AP. AP 5 provided additional meaning and perceived that it was the behaviours of others which contributed to the ward's perception of the AP role:

> *'I do think that the behaviours of others influences what they think of me…I just literally think it is from whatever experiences they had with two TAPs'* (AP 5).

Interestingly, AP 2 had a similar perspective towards how the behaviours of others contributed to being an AP or not:

> 'you know there are some people on the AP role that want to be glorified HCA's and I find that frustrating….I like to be judged on what I do and only that' (AP 2).

As well as making sense of staff understanding and recognising the AP role APs considered the importance of support. AP 4 recognised *'they are still there for you'*, while AP 5 perceived the lack of support was related to the ward. I had not considered this area of understanding, I had assumed that wards would understand and support the AP role as they were instrumental in its development. AP 1 provided a different perspective to my understandings:

> *'there needs to be much more contact between the University and the workplace to identify these things, the wards still don't know what they are supposed to be doing with us, they don't know really what the course is about, they don't know what we are learning and what we need support with and I think there needs to be a clear programme'* (AP1).

AP 1's perception of a supportive environment which enabled being an AP aided my understanding which, based on my pre-understanding acknowledged the importance of a supportive environment:

> *'All grades of staff are very accepting of the role and they recognise it and I think that is a big difference.... I think the culture, everyone is accepting of everyone and their abilities and their training.....This ward won't hold me back and if there is a direction I want to go in they will support the training to get there...It is fantastic and goes to show if you are on the wrong ward with the wrong attitudes and there is no exception to the role, no support, it is going to be a failure...It goes back to this culture, that is what they consider the role to be and that is what they will make the role...My opinion is recognised and valued. For example delegation, previously I wouldn't have been able to delegate to anyone as I knew because of the culture, an HCA really wouldn't take any notice, who is she to tell us what to do, and anyone above would think well actually that is my job to tell people what to do. Here because you have got that intermediary role if you like, if you say to an HCA could you possibly do that for me... they will accept that delegation and anyone above me will say yes that is fine I'll leave that to you. Whereas before anyone above me would never have said yes that is file I'll leave that to you, it would be no that is our job'* (AP 1).

Stakeholders made sense of the AP role. Interestingly, the two matrons' perspective and understanding of the role differed; Matron 4 was unclear about the role and how it was utilized; their language reinforced this uncertainty:

> '*I think there's still lack of clarity on the role, and I think there is still a lack of perhaps understanding of what the role can and can't do....I'm not totally convinced, but I know I have to be open-minded and I know that's the way forward'* (Matron 4).

My understanding was that matrons should have identified a need for the role and overseen the roles development and therefore I had not expected this perspective. As I tried to make sense of the situation I was aware that the matron's perceptions could be conveyed to ward staff which may result in them having reservations about the AP role. This linked to my understanding of the need for leadership to support the journey to AP. Matron 10's awareness of the need for clarity supported my understanding of leadership in developing and supporting the AP role:

> *'there is certainly a role for the AP... I think we have been very clear on what we wanted, we are not there yet with the role because there is more we*

certainly want to expand... AP role comes with skills and responsibility' (Matron 10).

The PDN's perspective provided additional meaning to Matron 4 and 10's claims:

> *'where the manager and the team have a clear understanding, then yes, they are being utilised in a way that is productive for the service. If they don't it is very up and down...the biggest thing is the education of the role, no one knows what we are doing. It's just trying to get people to see the workforce needs to change and how we are going to adapt to that....a lot more groundwork needs to be done with teams per say before you think about implementing the role. It's about where we put them and how do we avoid being pushed into things that we are not either wanting, capable or competent to do'* (PDN).

These perceptions supported my understanding of the need for the whole team to understand the AP role and be involved in developing new roles. Unlike the matrons and PDN the four mentors gave meaning to how the AP role was recognised. Mentor 9 was the only mentor to give additional meaning to the tension with the HCAs:

> *'the HCAs see them as something different, whereas initially there had been a lot of tension, not just this ward... because they had gone from being HCA's for many years, stepping up to the next role, and a lot of them could not see the difference between the roles, but now yes there is a difference you can see the HCAs accepting them as APs now, there isn't any tension any more.... I think the HCAs particularly can see that their job role is different to the AP, as initially it was very much you're a glorified HCA, you're paid as a Band 4 for doing the same job as me... it was very much the tension which was going on, but now there doesn't seem to be that tension'* (Mentor 9).

Mentor 9, similar to Mentor 2 and 7, needed to see the whole, the FD and the AP role in action, to make sense of the parts, how the AP role complemented the skill mix. From my pre-understanding of TAPs needing to see the role to understand the role I recognised that this perception was the same for stakeholders.

These perspectives demonstrate that where the ***role is understood*** and individual ***demonstrate a change in behaviour*** they are seen as an AP which enhances an

individual's confidence and self-belief. Seeing the AP role in practice enabled staff to ***understand the parts***.

6.3.2 Working as an AP

The seven APs gave meaning to whether they were working as an AP six months after completing the FD. The APs, apart from AP 5, used terms such as *'performing like an AP'*, *'see self as AP'*, *'earned role'* as they made sense of being an AP. AP 9 was conscious how as an AP they were able to *'stand back and make sense of the situation'* which enabled them to *'pre-empt the situation'*:

> *'I sort of go in there with those AP eyes and I'm looking at things that need to be done…like are they getting ready to go home…so what needs to be done today for them to be ready to go home tomorrow…which I wouldn't have been involved in before. I don't know, I suppose all the learning and the fact I am in a different role now… I can't not do it now, it has to be done… I like that step up, there is that step up and I know that there has been a change and it is definitely a change and I like it. It is confidence as well, whereas before if there was a problem with somebody I would have held back and thought maybe so and so will do that phone call for me, now I think to myself, I have to be that one, I've got to be the one…I've got to make the phones call… because you can't move onto the next stage of whatever your problem or whatever it is'* (AP 9).

Alongside a change in knowledge and skills AP 9 made sense of a change in behaviour:

> *'it is confidence as well, whereas before if there was a problem with somebody I would have held back and thought maybe so and so will do that phone call for me, now I think to myself, I have to be that one, I've got to be the one…I've got to make the phones call… because you can't move onto the next stage of whatever your problem or whatever it is'* (AP 9).

A change in knowledge, skills and behaviour enabled them to be an AP. I understood that as a TAP they had the theoretical knowledge to make sense of their practical knowledge. As an AP they recognised a change in behaviour, delivered evidence-based care and considered the whole, not just the task. AP 1 shared similar experiences but in contrast AP 5 perceived they needed permission to work as an AP:

'I have the knowledge and stuff there but I'm not, they are not allowing me to put it into practice so to speak. I am working as a Band 2' (AP 5).

As I made sense of AP 5's perspective I was aware that there was a link to the need for permission to be a new role. Where there is no perceived permission to be an AP there was the potential for APs to lose confidence and ability to undertake the AP role. AP 7 made sense of being an AP:

'it is very hard to come away from that (HCA role), I can never not be, it is all about patient care at the end of the day, it is not about who you are, that patient is there for your help at the end of the day and that is ultimately what you have to remember, and I will never forget that and I wouldn't want to distance myself in anyway, I'm still there for the patients' (AP 7).

From AP 7's perspective I understood that the change in knowledge, skills and attitude as an AP not only enhanced evidence-based, safe, effective care, it broadened their horizons and awareness and enabled them to consider the whole. Interestingly, three APs (AP 4, 5 and 7) made sense of working as a HCA when the ward was short staffed. From their perspective if there was no HCA the AP worked with a RN rather than with a HCA and as a result perceived they were a HCA. AP 5 and 7 perceived they were working as a HCA but from AP 4's perspective:

'I see myself as an AP, that is my role, that is what I've trained to do, and that is the qualification that I've now got to give me that role. So that's how, I'm an AP, that is my job and even when we are short on the ward and we take the role of the HCA still, still I do that but in my AP's head as well, so if there are patients waiting to be discharged home, I know I can do that, the staff nurse is busy' (AP 4).

AP 4 was conscious they had the knowledge and skills to be an AP; this was the role they had earned and would perform even if the ward was apparently short staffed. I had not considered this perspective as I assumed that as a result of the FD they would perform as an AP. As I made sense of the situation I recognised that some APs lacked an understanding about being an AP; they perceived they needed to be working with a HCA to be working as an AP. This may have been learnt behaviour from being a HCA when they always worked with a RN rather than realising it was the ability to demonstrate their additional knowledge, skills and behaviour which

made them an AP, not who they worked with. From my understanding these perspectives were inhibiting APs from being APs.

Both matrons and PDN made sense of whether the APs were working as APs six months after completing the FD:

> *'they have got a very good reputation for being a bit of a task master, so again just how they have developed that role and the commitment and I suppose the professionalism that they shows to that role in fact that you know, they do it to the best of their ability and are very much a good role model for other HCAs or other APs coming through, they have taken it very seriously... this is my role'(*Matron 10).

From Mentor 10's perspective being an AP involved:

> *'more responsibility and more autonomy than they have ever had...they would never speak out of turn but now they are giving an opinion'* (Mentor 10).

As I made sense of these perspectives I understood that mentors, who had been unclear about the role at the outset, recognised the changes in behaviour which demonstrated being an AP. This provided additional understanding to my perception that those involved in the journey need to see the role in action.

These perceptions demonstrate that APs recognised that a change in knowledge, skills and behaviour enabled them to consider the whole and ***enhanced confidence***. When these changes were acknowledged by RNs the amount of ***responsibility increased*** which enhanced their confidence further. For some APs there is a need to ***understand the role*** otherwise they perceive they are being HCAs and they need ***permission*** to work as an AP.

6.3.3 Continuing development

Four APs considered continuing development in terms of self-development, lifelong learning and role development. Given my pre-understanding this is an emergent

theme that I was aware of. The APs perceived their development journey continued as an AP. Three of the APs believed a period of consolidation was important, although they did not articulate a need for preceptorship similar to the newly qualified RNs. There was no explanation why this would be beneficial; I assumed it linked to their development journey and the need for time and space to make sense of their learning and the transition they had undergone.

Three mentors noted a need for APs to continue to develop their skills of reflection and maintain competency in their new skills which I understood would ensure they continued to be an AP.

From these perceptions the APs journey of development was ongoing, a period of consolidation would support the ***transition*** to being an AP and continued support and education would ensure the AP was a competent, reflective practitioner.

6.3.4 Pause for thought

Six months after completing the FD being an AP was influenced by a number of attributes and enabling factors. APs needed to recognise and demonstrate a **change in behaviour** and perform as an AP, they needed to consider the whole, give meaning to situations and be a lifelong learner. Consequently they needed permission to be an AP and stakeholders needed to understand and accept the role and facilitate an environment which supported new role development. To achieve these managers needed to be **leaders.**

Being an AP involves a second transition from being a TAP; they enter the unknown once more. A period of consolidation would support the transition as the AP has the time and space to understand the role and permission to be an AP. A change in knowledge and behaviour results in enhanced **confidence** and **self-belief** where this is recognised by ward staff increased responsibility which enhances the APs confidence further. Similar experiences were encountered as they transitioned from

HCA to TAP. There is a need for continuing development to ensure APs remain competent and reflective practitioners.

6.4 SUMMARY

These findings reflect the experiences of the TAPs who journeyed from HCA to AP. They give meaning to the individual's journey from HCA to AP at three stages in the journey and as a whole. This allowed participants to explore the factors within the workplace which supported and enabled or inhibited the journey.

As participants made sense of the journey they were conscious that they had entered a world of chaos as they disengaged from the known. A journey within a journey; influenced by prior life experience, their historicity. This provided some known as they grappled with becoming a worker and learner. This change affected the individual's well-being as they recognised they were stressed and felt vulnerable which impacted on their behaviour and how they were perceived by colleagues. Recognising changes in practice and passing the first module enhanced confidence and self-belief and enabled being a TAP.

To facilitate the journey matrons needed to be leaders, to have a clear vision for new role development and include ward staff so concerns and issues could be shared and mind sets changed. To achieve their role in developing from within matrons and mentors needed timely support. Where there were knowledgeable mentors and a facilitative learning environment TAPs were able to fuse theoretical and practical knowledge and engage in reflective practice; they could change their behaviour. Mentors, like TAPs, felt vulnerable as they did not understand their role which affected the TAPs journey to AP.

Being an AP involved another transition, which took time and needed to incorporate a period of consolidation. They needed to demonstrate understanding the whole, not just the task; they needed to be able to problem solve, critique and evaluate. Like being a TAP they perceived they needed permission to be an AP; they could not

recognise they had the tools and were an AP even when they were working with an RN. The individual' journey did not finish on completion on the FD; they needed to be lifelong learners, evolving to support changing patient pathways.

Each participant's story was different and reflected their development and the complexity of developing new roles. The APs journey was influenced by their own and stakeholders prior experiences as they coped with change; the disengaging, the making sense of the new and being an AP. Prior knowledge and experience could not be taken-for-granted. The participants' story reflected an understanding of how the environment facilitated their journey. Where the environment enabled learning, assessment and feedback through learning in the workplace, a learning environment; the individual *'blossomed'.*

This chapter has provided details of the over-arching super-ordinate themes. The emerging framework for describing an effective journey from HCA to AP which evolved from a concept analysis in Chapter Five will be considered further in the next chapter in relation to available relevant published literature and research.

CHAPTER SEVEN - DISCUSSION: AN EFFECTIVE JOURNEY FROM HEALTHCARE ASSISTANT TO ASSISTANT PRACTITIONER

INTRODUCTION

This chapter will discuss the emerging framework for describing an effective journey from Healthcare Assistant (HCA) to Assistant Practitioner (AP) which arose in Chapter Five with reference to relevant literature to build a new framework. This allows the concept of an effective journey to be viewed with proportion and clarity within the larger whole - a fusion of horizons (Gadamer, 1989). The thematic account that emerges from areas of understanding generated within individual transcripts and integrated across a set of transcripts can be developed and enriched by drawing on existing theoretical knowledge and concepts. Larkin, Watts and Clifton (2006) proposed that:

> *'….this approach combines the rich description of the phenomenological 'core' (which aims to capture something of the claims and concerns of the 'person-in-context') with the more speculative development of an interpretative account (which considers the meaning of such claims and concerns)'* (Larkin et al, 2006: 117)

The broad aim of this phenomenological study was to gain an understanding of the Trainee Assistant Practitioners' (TAPs) lived experience of the journey from HCA to AP (including the Foundation Degree (FD), Work-Based Learning (WBL) and working in the same workplace). To achieve this understanding there were two sub-aims:

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

Findings reflect this has been achieved, at least to some extent, in that participants shared perceptions of their journey as well as descriptions and examples of their understandings of the factors which enabled or inhibited being an AP in their workplace context. The study's findings represent the salient issues of those TAPs who took part in this study within an area where there has been a dearth of research.

Perhaps what is most important is that each participant has a unique story tell (see Appendix 8 for an exemplar of two journeys).

The findings demonstrated the complexities associated with the lived experience of journeying from HCA to AP while remaining in work. The journey was not linear but as with a number of American studies including Delaney's (2003) study of graduate nurses' transition and Heitz, Steiner and Burman's (2004) study of Registered Nurse (RN) transition to Family Nurse Practitioner (FNP), it was a complex and multi-dimensional process. The TAPs' journey was influenced by a range of factors, for example, feeling stressed against feeling confident and being unprepared vs experiencing support.

This chapter consists of five sections. The first three sections will consider the enabling factors that arose in the emerging framework for describing an effective journey at this point in time and synthesised with the literature. The fourth section will discuss the benefits and limitations of the methodology and the final section will consider the significance of findings in relation to the research questions, objectives and the new emerging framework for describing an effective journey from HCA to AP.

Table 7.1 illustrates the emerging framework for describing an effective journey from HCA to AP which evolved in Chapter Five.

Table 7.1 Emerging framework for describing an effective journey from HCA to AP which evolved in Chapter Five

ENABLING FACTORS ➡	ATTRIBUTES ➡	CONSEQUENCES
LEARNER • Awareness of own role in learning; • Able to let go of the known; • Enthusiastic and motivated; • Uses practical knowledge as recognises a change in self, knowledge, skills and attitude; • Understands impact of behaviour. **WORKPLACE CULTURE** • Knowledgeable mentor who is able to support work-based learning; • Support for the development and implementation of new roles. **ORGANISATION** • Preparation and support for those developing and implementing new roles from within.	• Learner manages transition through adjusting, adapting and accommodating to new role • Learner recognises greater responsibility through a change in self, knowledge, skills and attitude • Learner and mentor co-create new knowledge • Workplace supports work-based learning and new role development	**LEARNER** Active learner able to lead their learning in the workplace Self-efficacy and enhanced cognitive ability in new role **WORKPLACE** New role understood in the workplace **ORGANISATION** Assured safe, effective evidence-based care

7.1 ENABLING FACTOR OF AN EFFECTIVE JOURNEY – LEARNER ENABLING FACTORS

This section will consider learner enabling factors and consists of three sub-sections - an ability to let go of the known, understanding WBL and a change in self.

7.1.1 An ability to let go of the known

The journey from HCA to AP involved two transitions. The initial transition was from HCA to TAP as the individual moved from worker to worker and learner. The second transition occurred when the TAP successfully completed the FD and became an AP. They moved from worker and learner to worker in a new role. From Bridges (1980), perception transition is the interlude between two periods of stability and represents that 'confusing nowhere of in-betweeness' (Bridges, 1980: p 5) - the channel between what was and what is. Theoretically, transition requires an individual to let go of former roles, disconnect from previous support, experience a loss of familiar reference points, integrate new knowledge, alter behaviour, learn new roles, make adjustments between former and new expectations and ultimately change their definition of self (Bridges, 2004). Chick and Meleis (1986) believed transition is not a singular event but an individualised process, occurring over an undetermined period of time. The process of transition and the associated factors identified by Bridges (1980, 2004) and Chick and Meleis (1986) were similar to those described by the TAPs. Understanding that chaos and confusion was part of the transition process would allow TAPs and stakeholders to give meaning to their feelings and make sense of the situation.

Despite much research exploring transition from Student Nurse (SN) to Registered Nurse (RN) (Deasy, Doody and Tuohy, 2010; Delaney, 2003; Doody, Tuohy and Deasy, 2012; Duchscher, 2008; Gerrish, 2000; Mooney, 2007) and from RN to clinical nurse specialist (CNS) (Glen and Waddington, 1998; Heitz et al, 2004; Kelly and Mathews, 2001; Steiner, McLaughlin, Hyde, Brown and Burman, 2008), there is a paucity of research regarding the transition from HCA to SN or RN (Brennan and McSherry 2007; Gould, Carr and Kelly, 2006) and no current research regarding the transition from HCA to AP and the lived experience.

Duchscher's (2009, 2015) work on transition from SN to graduate RN provides a conceptual framework that allows the consequences of transition to be considered from the perspective of those working in a health care setting. Although Duchscher's work does not specifically consider the transition of those who learn in the workplace, it considers enabling factors, attributes and consequences which will

contribute to the new emerging framework for describing an effective journey. Ducshcher (2009) found that the initial stages of the transition process were the most immediate, dramatic and acute as new RNs experienced '*transition shock'.* This is a term coined by Kramer (1974) to describe the conflicting emotions experienced by newly qualified RNs as school-bred (university) values conflicted with work-world values. Although based on the United States (US) nurse education system where blocks of theory are followed by blocks of practical experience, a number of United Kingdom (UK) studies (Doody et al, 2012; Gerrish, 2000; Maben and Macleod Clark, 1998) also identified that, on qualifying, RNs felt unprepared for many situations, experienced stress, and required support to reduce stress and develop confidence (Newton and McKenna, 2007). TAPs likewise encountered '*reality shock'* as they began to understand the demands of becoming a worker and learner. Preparation for the transition would enable TAPs to recognise that they were experiencing '*reality shock'* and allow them to find appropriate coping strategies to make sense of the situation.

Based on the process of transition and transition shock of student to graduate RN, Duchscher (2009) developed the *Transition Shock Model©* (see Appendix 9) which outlines the change in responsibilities, knowledge, roles and relationships alongside feelings of loss, doubt, confusion and disorientation. Despite the different context, new RNs and TAPs considered the responsibility of changing roles; the acquisition of theoretical knowledge, relational dynamics, performance expectations and transition experience; role confusion, and professional relationships. There were differences as Duchscher's (2009) RN considered work/life responsibilities, leadership and financial management; professional culture, and personal/professional self; role stress, practice autonomy, role blurring; collaboration skills, social maturity, and life changes. In contrast when reflecting on their transition, TAPs recognised that being prepared, leading their learning, knowledgeable mentors who understood the TAP role and team behaviours enabled them to let go of the known. For TAPs, as work-based learners, the focus of their concern was not developing leadership skills, professional culture or life changes (either personal or professional) but the here and now, what was unknown and what they were unprepared for. Their need to be prepared arose as they were accustomed to delegated, task-focused care and required permission to work outside this remit and take on the role of a TAP. This

difference arose as TAPs were starting their journey and being prepared for a new role unlike Duchscher's (2009) RNs who had been prepared for their new role.

Duchscher (2015) identified that new RNs journeyed through Stages of Transition© which encompass doing, being and knowing (Duchscher, 2015). Despite the different context, this resonates with the TAPs' journey. According to Duchscher (2015), the first three to four months involves adjusting, adapting and accommodating to the realities of the new role; there is little energy or time to move from the here and now as their 'shock' state requires them to survive without revealing feelings of anxiety or self-perceived incompetence. Although TAPs were adjusting, adapting and accommodating to the realities of their new role their 'shock' state focused on how a lack of understanding of the role and learning opportunities in the workplace prevented them from moving from the here and now. TAPs were conscious that clarity and structure of the role and WBL would enable them to adjust to being a worker and learner or Duchscher's (2015) 'doing'. To achieve this required self-awareness so that TAPs recognised how their anxieties were reflected through their behaviour and the perception that they were a HCA.

The second stage of transition, being, (Ducscher, 2015) incorporates the next four to five months and is characterised by advancement in thinking, knowledge level and skill competency. TAPs were conscious that advancement in thinking skills, knowledge level and skill competency allowed them to be a TAP through the fusion of theoretical, practical and self-regulative knowledge. In contrast to Ducshscher's (2015) RNs, TAPs made sense of balancing their professional and academic lives rather than their professional and personal lives. This reflects the different contexts as TAPs needed to understand being a worker and learner while RNs needed to understand being a worker.

Duchscher's (2015) final stage, knowing, focuses on achieving separateness from the practitioners around them and uniting with their community of professional in their own right. New RNs are familiar with their new role, they have the time and energy to explore their socio-cultural and political work environments. In contrast,

the newness of the role meant that TAPs did not have a community of professionals to join. Despite this, they achieved separateness from the HCA role; to be a knowing TAP required the ability to do and be.

From her work, Duchscher (2009) developed a *Transition Conceptual Framework©* (See Appendix 9A*)* which consists of four themes - emotional, physical, socio-cultural and developmental and intellectual which has similarities as well as differences with the TAPs experience. TAPs recognised that they felt anxious and stressed, lacked confidence and experienced a loss of control. To let go of the known, TAPs needed to recognise and understand how their anxieties are portrayed through their behaviours and the consequent perception of others that they are being a HCA. Physically TAPs, unlike new RNs, did not make sense of feeling exhausted; they did not consider being in a state of 'perpetual work' as this was their known. There was a need, however, for TAPs to understand the demands of working and learning so they could cope physically. Socio-culturally and developmentally there were similarities as both groups tried to find them self and distinguish them self from others. Intellectually, Duchscher's (2009) *Transition Conceptual Framework©* did not recognise the transition to being a worker and learner and prior practical knowledge; that which is taken-for-granted. This was an important concept for TAPs as their prior practical knowledge provided comfort in the unknown of learning at university.

Unlike Duchscher (2009, 2015), Brennan and McSherry (2007) studied the transition from HCA to SN. Participants in Brennan and McSherry's (2007) study resented being utilised as HCAs as they felt this impacted on their learning. Similarly TAPs perceived that if they did not work with their mentor they were not learning - they were a HCA. To make sense of being a worker and learner requires TAPs to understand that WBL may be formal or informal. It is the ability to make sense of this learning, to lead their learning and fuse theoretical, practical and self-regulative knowledge which contributed to being a TAP.

In this study and Duchscher's (2009, 2015) work, transition is neither linear nor prescriptive but complex and unique. To support those who transition to new roles requires preparation so individuals and teams understand the process of transition rather than *'confusing and doubt-ridden chaos'* (Duchscher, 2009).

Based on the findings of this study and the literature, the enabling factors, attributes and expected consequences of letting go of the known are illustrated in Table 7.2.

Table 7.2 Enabling factors, attributes and consequences of letting go of the known

Enabling Factors	Attributes	Consequences
• Prepared for transition; • Permission to be a TAP; • Knows and understands role; • Learning opportunities are provided; • Prior practical knowledge.	• Learning appropriate coping strategies to make sense of the situation; • Learning to understand and recognise the concept of *'reality shock'* and how this may be portrayed through their behaviours; • Adjusting, adapting, accommodating to role; • Developing self-awareness; • Being a worker and learner; • Building on prior practical knowledge.	• Increased clarity and understanding of their role as a worker and learner.

7.1.2 Understanding work-based learning

While a few studies have studied the transition from one role to another, these focus on the transition from RN to Family Nurse Practitioner (FNP) in the US (Brown

and Olshansky, 1997; Heitz et al, 2004; Steiner et al, 2008). Despite the work of Heitz et al (2004), Steiner et al (2008) and Brown and Olshansky (1997) encompassing academic preparation, acquisition of new knowledge and skills, and major changes in role function, no study has focused on the transition to working and learning which incorporates work-based learning and the lived experience.

TAPs made sense of the need to understand being a worker and learner and WBL to give meaning to *'how we act within the 'taken for granted' context'* (Gibbs, 2013: 148). They required self-understanding, or *currere,* (Gibbs, 2013) in relation to becoming a professional[2] so that they were able to recognise identity (Heidegger, 2007) and regain a sense of equilibrium (Merleau-Ponty, 1962). TAPs were aware that when they led their learning they were able to question and take action (Gibbs, 2013) through active participation - '*to do and learn'* (Dewey, 1938: 19). They actively engaged in the process of determining the worth of what they experienced and how they engaged with it and learnt from it. They made sense of the integration of thought with action as they moved to consider the bigger picture and not just the task-at-hand (Argyis and Schön, 1974). Recognising, as advocated by Billet (2002), that the workplace was a legitimate site of learning contributed to the TAPs ability to reflect in- and on-action (Schön, 1983). They questioned their tacit understanding and made new sense of the situation as they exhibited knowledge and technical competence during interaction with service users (Schön, 1983). They were, as Eraut (1994) described, able to demonstrate and recognise a change in practice through putting their learning into action in the workplace as they unlearnt previous practice and routines and learnt from experience. TAPs recognised that when they were able to fuse new theoretical knowledge with practical knowledge they became confident and were able to explain and apply their knowledge (Entwistle and Entwistle, 1991) and demonstrate the appropriate attitude (Gonzi, Hager and Athanasou, 1993). As considered in Chapter One they were able to learn as a practitioner. Unlike the literature considered in Chapter One, TAPs made sense of the need for structure and clarity so that they were able to engage in a mindful transformative learning experience (Mezirow, 2000) and *'challenge existing taken-*

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[2] Following CEDEFOP, all vocational education in higher education is referred to as 'professional education' (Gibbs 2013)

for-granted assumptions, notions and meanings' (Dirkx, Mezirow and Cranton, 2006). TAPs' historicity encompassed didactic teaching at school and the delivery of task-focused care in the workplace. Being able to learn how to learn in the context of the workplace required consent to transform and engage with a disorientating experience - a process identified by Mezirow (2000) and Poutiatine (2009).

As outlined in the previous sub-section, TAPs must recognise that feelings of uncertainty and ambiguity are essential aspects of the transformational process as they let go of the old ways of working (Cranton, 1994; Taylor and Cranton, 2013; Poutiatine, 2009). These feelings are to be expected as transformational learning requires the individual's view of the world to be fundamentally and irreversibly altered (Cranton, 2006; Quinn, 1996). The irreversible second-order change (Levy and Mary, 1986) of transformational processes means that the individual cannot authentically revert back to the old way of thinking and being (Poutiatine, 2009). Individuals do not forget what they previously held (Mezirow, 2000; Cranton, 2006) but engage in critical reflection as they move towards integrating identity and integrity (Palmer, 2004). TAPs were able to think and be different as they recognised the fusion of theoretical, practical and self-regulative knowledge. Within the timeframe of this study, APs perceived they were an AP when they worked with HCAs and not when they worked with RNs. APs had engaged in the process of transformational learning (Dirkxx et al, 2006) as they altered their view of the world but they had not been able to change their ways of thinking (Poutiatine, 2009) or integrate identity with integrity (Palmer, 2004). APs must be able to maintain and live and work with the values, beliefs and assumptions of the new role even when they are faced with competing demands (Franco and Tavares, 2013); they must be able to try different courses of action (Gibbs, 2013; Martin and Marsh, 2003).

Based on the findings of this study and the literature, the enabling factors, attributes and expected consequences of understanding work-based learning are outlined in Table 7.3.

Table 7.3 Enabling factors, attributes and consequences of understanding work-based learning

Enabling factors	Attributes	Consequences
• Mutual consent from self and workplace to transform and engage; • Knows the knowledge, beliefs, values and assumptions of new role; • Motivated and enthusiastic.	• Leads and own learning and engages in mindful transformative learning experiences; • Developing skills to problem solve and reflect in- and on-learning; • Learning to fuse theory and practice; • Learns to live and work with the knowledge, beliefs, values and assumptions of new role; • Uses workplace as main resource for learning.	• Confidence; • Appropriate attitude; • Resilience; • Owns learning; • Enhanced self-belief.

7.1.3 A change in self

This sub-section will consider a change in self-belief, a change in identity and coping strategies.

Drawing on educational and counselling psychology theory, Martin and Marsh (2003) claimed self-belief enables an individual to try different courses of action if they do not meet with success. It enhances students' functioning through elevated levels of effort and persistence and enables them to deal with a problem situation by influencing cognitive and emotional processes related to the situation (Bandura 1977, 1986). This was similar to the TAPs' perception of the learning process and that the ability to fuse theoretical, practical and self-regulative knowledge allowed them to try different courses of action. It enabled them to problem solve and consider the bigger picture, not just the task-at-hand.

According to Bandura's social cognitive theory (Bandura, 1986) and theory of behaviour change (Bandura, 1977), those low in self-belief focus on their deficiencies and view situations as more difficult than they are in reality. This resonates with those TAPs who perceived they had low self-belief: they lacked self-confidence, were unable to recognise a change in self and believed they were a HCA. Those who had self-belief, confidence and were motivated believed they were a TAP. Similar to this study, other studies link self-belief to a number of adaptive outcomes including self-regulation, effort, persistence and achievement (Marsh, 1990; Martin and Debus, 1998; Schunk, 1990). To apply adaptive resources TAPs needed the rules, clarity and structure outlined in the previous sub-section, to know what was required so that they could lead their learning (Martin and Marsh, 2003) and deal with issues (Goodman, Schlossberg and Anderson, 2006). This study highlights that understanding WBL and an individual's self-belief and adaptive resources enables an effective journey from HCA to AP.

Although Martin and Marsh (2003) identified factors which enabled self-belief, this study has highlighted how success in the workplace enhanced the TAPs' self-belief. While much has been written about knowledge acquisition (fusing theory and practice or closing the theory-practice gap (Rolfe, 1996, 1998) and developing as a professional (Benner, 1984; Eraut, 1994)) there is a lack of research related to how successful WBL or experiential learning contributes to enhanced self-belief especially within health and social care. Although Moore's (2005) framework to support work-based learning mapped unconscious learning to conscious learning and confidence and the ability to be a new role it did not consider self-belief - perspectives which TAPs perceived enabled their journey.

The TAPs' process of transformation and ability to recognise self-belief reflects Fay's (1975) critical science theory. TAPs were *enlightened* when they recognised they were fusing theoretical and practical knowledge*;* they were *empowered* through the motivation to take transformative action and *emancipated* from knowing they were a TAP. The stage at which TAPs recognised a change in self varied, it was not linear or time-bound but was similar to Bandura's (1977) concept of self-efficacy. Bandura (1977) believed self-efficacy is an individual's perception of their

capabilities to produce designated levels of performance. It influences how people feel, think, and are motivated to perform particular behaviours based on four sources of information, performance accomplishments (personal mastery experiences), vicarious experience (observing others and expectation that they can perform the task), verbal persuasion, and emotional arousal.

TAPs achieved personal mastery when they recognised that academic and workplace success enhanced their self-confidence and increased their responsibility in the workplace. These changes, Bandura (1977) suggested, resulted from enhanced coping mechanisms. Bandura (1977) advocated that modelling provided additional opportunities to support an individual to achieve personal mastery as they translated behavioural concepts into appropriate actions. Despite few role models, TAPs were able to achieve personal mastery.

Vicarious experience contributes to an individual's self-efficacy as they learn through observation of modelling. Bandura (1977) recognised that efficacy expectations induced by modelling alone are weaker and more vulnerable to change. Despite not making sense of modelling as a source of information, TAPs achieved a change in self. It was their ability to demonstrate a change rather than modelling others which enhanced their self-efficacy. Bandura's (1977) third source of information, verbal persuasion, relies on people being led, through suggestion, into believing that they can cope successfully. From the TAPs' perception it was an awareness of working differently rather than verbal persuasion which enabled their transformation.

Emotional arousal requires an individual to recognise that they are less vulnerable than they previously thought and subsequently are less likely to generate frightening thoughts in unknown situations. TAPs were aware their confidence had increased and the fear of the unknown had subsided as they acknowledged the fusion of theory and practice and received more responsibility. Self-directed mastery allowed them to perfect their coping skills further so lessening their

vulnerability to stress. This independent performance brought further success and reinforced expectations of self-efficacy.

The focus of Bandura's (1977) theory of self-efficacy does not consider the TAPs' need to demonstrate a change in professional identity. Much has been written regarding identity within nursing (Currie, Finn and Martin, 2010; Ewens, 2003; Franco and Tavares, 2013; Johnson, Cowin, Wilson and Young, 2012; ten Hoeve, Jansen and Roodbol, 2013) and socialisation (Brennan and McSherry, 2007; Duchscher, 2009; Ewens, 2003; Franco and Tavares, 2013; Johnson et al, 2012; ten Hoeve et al, 2012) as SNs undergo a process of identity construction and destruction through the integration of professional values and attributes and knowledge and practice which is highly resistant to change (Korthagen, 2004). In contrast to these studies, TAPs had little opportunity for discourse and verbal interaction (Zimmerman, 1998), role socialisation or modelling (Bandura, 1977).

With no clear role socialisation, TAPs were not able to espouse the values and beliefs assumed to be associated with the TAP role and subsequently did not know how to deal with the issues they confronted. Lacey (1977) and Cohen (1981) studied the transition from HCA to SN and found that past experience influenced transition and socialisation as individuals strove to adopt the values, knowledge and skills which would enable them to be accepted into the established professional group of the RN. Brennan and McSherry (2007) and Steiner et al (2004) recognised that the socialisation process involved internalising the definitions, assumptions and typifications which are taken for granted and communicated by significant others (Bowers, 1984). Although TAPs demonstrated a change in self the presence of an established group to socialise into with known values, knowledge and skills, opportunities to interact with other TAPs (ten Hoeve et al, 2013) and learn about working as a TAP (Gregg and Magilvy, 2001) would have enabled TAPs to come with an understanding of the role's values, knowledge and skills.

Schein (2010) argued that taken-for-granted assumptions are difficult to change and requires an individual to resurrect, re-examine and possibly change some of the

stable portions of their cognitive structure - double-loop learning (Argyis, Putnam and Smith, 1985). Schein (2010) perceived that such learning is intrinsically challenging as it requires the individual to re-examine basic assumptions which causes anxiety and defensiveness. To achieve this TAPs needed to develop self-awareness to give meaning to their assumptions and mentors who understood the process and were able to support their learning in the workplace.

A change in self requires an ability to cope with feelings of anxiety. TAPs' perception of stress was unique to them and as a result contributed to differing responses as they interpreted an experience with their distinctive characteristics (values, commitments, styles of perceiving and thinking), their historicity and the environment (Lazarus and Folkman, 1984). Fear arose as TAPs appraised their new environment and believed they lacked coping strategies. For this study coping relates to Lazarus and Fokman's (1984) process-oriented interpretation and encompasses the individual's historicity and:

> *'constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person'* (Lazarus and Folkman, 1984: 141).

Coping required TAPs to control the situation either through altering the environment, changing the meaning of the situation and/or managing their emotions and behaviours. Schlossberg, Waters and Goodman (1995) provide a framework for individuals to assess the transition process by considering the situation, self, support and strategies (4Ss). Table 7.4 uses Schlossberg et al framework to illustrate the factors which enabled TAPs to cope with the process of transition.

Table 7.4 Schlossberg et al (1995) 4 Ss to assess the process of transition

4 Ss (Schlossberg et al, 1995)	Enabling factors for assessing the TAPs process of transition
Situation - what is happening in order to provide context. Making sense of what triggered the transition; the timing of the transition; what aspects could be controlled; role change; duration of the transition; previous experiences with similar transitions; concurrent stress and personal assessment of the transition.	Individuals need to: • Understand and be prepared for a role change; • Acknowledge prior experience of change; • Take control.
Self - the individual and the unique characteristics that they bring to the situation. This includes their personal and demographic characteristics and their psychological resources to give meaning to the transition process.	Individuals need to: • Recognise and understand reaction to stress; • Recognise and understand resources needed to cope.
Support - types, functions and measure.	Individuals need to: • Be aware of the types of support available; • Access support.
Strategies - the way an individual copes whether they take action or not.	Individuals need to: • Understand the importance of taking action to deal with role transition.

Based on Schlossberg et al (1995) framework, TAPs and stakeholders must understand the impact of a change on the individual and the need for appropriate coping resources.

From the study's finding and the literature, the enabling factors, attributes and expected consequences of a change in self are illustrated in Table 7.5.

Table 7.5 Enabling factors, attributes and consequences of a change in self

Enabling factors	Attributes	Consequences
• Role clarity related to being a worker and learner.	• Becoming/ developing confidence in self; • Managing/working with transitions; • Using the workplace as the main resource for learning; • Transforming process.	• Self-confidence; • Self-efficacy; • Resilience; • Professional identity for new role; • Self-sufficient learner who can reflect on learning and change.

This section has considered learner enabling factors. TAPs must recognise that the process is not unidirectional, static or antecedent-consequent but incorporates them with the environment in a dynamic, mutually reciprocal, bi-directional relationship - the cause can be either the TAP or the environment. Understanding the process would enable TAPs to be aware of the resources needed and any constraints which inhibit their use in the context of the encounter. TAPs must perceive them self and the situation in a new way so that they can alter the conditions which they find repressive; they need to be empowered to own their learning (Fay, 1975) and recognise that they are coping (Lazarus and Folkman, 1984).

From a synthesis of the literature, a number of additional enabling factors, attributes and expected consequences have been added to the enabling factor, learner and are outlined in Table 7.6.

Table 7.6 Enabling factor - Learner

ENABLING FACTORS ➡	ATTRIBUTES ➡	CONSEQUENCES
• Prepared for transition; • Permission to be a TAP; • Knows and understands role; • Learning opportunities are provided; • Prior practical knowledge; • Mutual consent from self and workplace to transform and engage in transition; • Knows the knowledge, beliefs, values and assumptions of new role; • Motivated and enthusiastic; • Role clarity related to being a worker and learner.	• Learning appropriate coping strategies to make sense of the situation; • Learning to understand and recognise the concept of *'reality shock'* and how this may be portrayed through their behaviours; • Adjusting, adapting, accommodating to the new role; • Building on prior practical knowledge; • Developing self-awareness; • Being a worker and learner; • Building on prior practical knowledge; • Developing skills to problem solve and reflect in- and on-learning; • Learning to fuse theory and practice; • Learns to live and work with the knowledge, beliefs, values and assumptions of new role; • Using the workplace as the main resource for learning; • Role clarity related to being a worker and learner.	• Increased clarity and understanding of their role as a worker and learner. • Appropriate attitude; • Resilience; • Owns learning; • Enhanced self-belief; • Self-confidence; • Self-efficacy; • Professional identity for new role; • Self-sufficient learner who can reflect on learning and change.

7.2 ENABLING FACTORS OF AN EFFECTIVE JOURNEY – WORKPLACE CULTURE

This section will consider the enabling factor, workplace culture and consists of three sub-sections - knowledgeable mentor able to support work-based learning, effective workplace and workplace learning culture.

7.2.1 Knowledgeable mentor able to support work-based learning

The term and concept of a mentor, based on the NMC's (2008a) standards to support learning and assessment in practice, was consciously chosen during the validation of the Foundation Degree Health and Social Care (FD HSc) to identify qualified staff who would support and assess the TAPs' WBL. Mentors are responsible for organising and co-ordinating learning activities; supervising students and providing effective feedback, and assessing knowledge, skills and behaviour (NMC, 2008a). To understand the role, mentors must demonstrate competency in establishing effective working relationships; facilitating learning; assessment and evaluation; creating a learning environment through evidence-based practice and leadership (NMC, 2008a).

The literature on mentoring in nursing focuses predominately on supporting student nurses where mentoring is seen as a formal role enabling nursing students to gain safe and effective practical skills during practice placements (Gopee, 2011). There is a dearth of literature on mentoring either HCAs (Rennie, 2007) or TAPs (Wareing, 2012).

Despite the NMC (2008a) standards stating mentors must facilitate students learning through critical reflection, to do and be, this attribute is not explicit in the nursing literature which focuses on the mentor's role in creating learning opportunities (Myall, Levett-Jones and Lathlean, 2008); as a source of support (Myall et al, 2008); to develop craft and technical knowledge (Spouse, 2001), and to facilitate socialisation (Ousey, 2009). Based on the nursing literature, it appears that the role of the mentor is to prepare the student nurse to be competent (Benner, 2001) for practice. Wareing's (2012) phenomenological study on theories of WBL and the lived experience of the TAP and mentor found that the mentor's role was to support the TAP to learn to learn and to develop knowledge and clinical skills. In

contrast, findings from this study demonstrate that learning in the workplace is not only related to enhanced knowledge and skills but the ability to engage in double loop-learning (Schein, 2010), problem-solve, and reflect in- or on-action and learn from experience (Argyis and Schön,1974; Kolb and Kolb, 2009) through the fusion of theoretical, practical and self-regulative knowledge.

The nursing literature, including Wareing's (2012) study, relate to the content of learning through the sharing of knowledge and skills. In contrast, this study considered the process of learning, how knowledge is transformed through experience and the formation of reflection and action (Kolb and Kolb, 2009; Johns, 1998). From the TAPs' perspective, it appeared that mentors had the skills to support and assess the content of learning or the prescriptive WBL of the student nurse progamme but required skills to enable the process of learning or transformative WBL (Brown et al, 2007). Mentors needed to understand the attitudes, beliefs and assumptions appropriate to the role (Merton, 1957; Myall et al, 2008) and the process of transformational learning in the workplace.

The mentor's focus to the content of learning is likely to have occurred as many student nurses, unlike TAPs, lack a repertoire of practice-based examples - they are novices who value the rules and directions of the scientific approach (Benner, 2001; Dreyfus and Dreyfus, 2005). Although TAPs perceived a content-focused approach would have allowed them to understand learning in the workplace at the commencement of their journey, they recognised that mentors needed to understand the process of transformational learning in the workplace to enable them to be a worker and learner. Mentors must be able to support TAPs to develop skills of self-awareness, description, critical analysis, synthesis and evaluation (Atkins and Murphy, 1993), and the process of WBL and being a reflective practitioner on a practical ability rather than solely academic level (Heath, 1998). Mentors must understand the parts as well as the whole of transformative WBL (Brown et al, 2007; Workman, 2003) so that they can recognise and understand the personal consequences of letting go of a known identity; make sense of being a worker and learner; understand the need to learn how to learn and enable self-directed learning and give permission to be a new role. Mentoring those who work and learn is

challenging as mentors need to move from technical expert with a tacit understanding (Schön, 1996) to an expert who is able to support individuals to fuse theoretical, practical and self-regulative knowledge.

Manley, Titchen and Hardy (2009) concept analysis of WBL in the context of contemporary health care education and practice identified that a skilled facilitator was a pivotal attribute to effective WBL and an individual's transformation. Many of the attributes of a skilled facilitator (Manley et al, 2009) reflect the TAPs' perceptions of a knowledgeable mentor. TAPs may have used the term mentor rather than facilitator due to the known mentor role. Table 7.7 below identifies a skilled facilitator (Manley et al, 2009) and the TAPs' perceptions of a knowledgeable mentor.

Table 7.7 A skilled facilitator (Manley et al, 2009) and TAPs' perception of a knowledgeable mentor

A skilled facilitator (Manley et al, 2009)	A knowledgeable mentor
• Adopts an internal or external role; • Prepares and develops the learning and enquiry culture and learners for adult learning and WBL; • Helps people to learn opportunistically in the midst of everyday work; • Helps learners to achieve the attributes of an active learner; • Role models and articulates own craft knowledge about being an active learner, facilitating active learning; • Enables the integration of knowledge and ways of thinking; • Negotiates learning contracts and actions to achieve goal; • Optimises the use of appropriate resources;	• Mentor understands new roles; • Receives preparation for role and on-going support for mentor; • Understands the mentor's role; • Ability to support those who have more prior practical knowledge than theoretical knowledge; • Able to give those who are developing to be new roles additional responsibility; • Facilitates rather than prescribes learning.

• Uses approaches that are cognitive and creative; • Enables a working relationship built on mutual trust, high challenge and high support; • Uses a wide range of styles, processes and skills which match where learners are at and the context in which they are working; • Facilitates rigorous organisational, cultural and practice change at individual, team, organisational and community level through practice development or practitioner-research; • Preparation is essential.	

To effectively support WBL requires mentors to facilitate learning as opposed to prescribe learning. Facilitation would allow TAPs to make sense of the process of learning; to co-create new knowledge based on local need through the social construction of learning (Billett, 2002); to transform them self and deliver safe, effective care. Mentors with facilitator skills would enable TAPs to identify their learning needs, guide processes, encourage critical thinking and assess the achievement of learning goal as opposed to a mentor who provides feedback and guidance on a performance (Garbett and McCormack, 2004). Facilitation and its emphasis on reflective discourse and action would support the TAPs' transformative WBL through the fusion of theoretical, practical and self-regulative knowledge.

The literature regarding facilitation and mentoring does not consider the individual's self-efficacy, and the personal consequences of being a worker and learner. Based on the study's findings, those who support learning in the workplace need to understand the impact of becoming a worker and learner, the transition from known to unknown, coping behaviour, self-concept and self-identity, permission to be a new role and the ability to learn how to learn. This requires a

shift in the process of mentoring from one which is structured on a theoretical concept of learning, teaching and assessment (Ellerbe and Regen, 2012) to one which incorporates the facilitation of reflection and action and an understanding of the personal journey to learning, how to learn and being a new role.

In the context of new role development and learning in the workplace, mentors require different skills and knowledge to mentor TAPs who have prior practical knowledge and little theoretical knowledge. Mentors need to use different instructional strategies for each discreet level of performance (Benner, 2001; Heath, 1998; Schön, 1983 and 1996); they require the knowledge and skills to support reflection in-and on-action so individuals reflect through context of use (Billet, 2002; Dewey, 1938; Eraut, 1994) and they must understand the personal consequences of transitioning from within. Without reflective learning practical and theoretical validity are *'naively taken-for-granted and accepted or rejected without discursive consideration'* (Habermas, 1976: 16). Mentors, similar to Manley and Titchen's (2011) recommendation for transformational leaders and facilitators, require help to explore their own effectiveness and understand the concept of transformational WBL.

This sub-section has considered the enabling factor of a knowledgeable mentor able to support WBL. Based on the findings of this study and the literature, the enabling factors, attributes and expected consequences of a knowledgeable mentor who is able to support the process of WBL is outlined in Table 7.8.

Table 7.8 Enabling factor, attributes and consequences of a knowledgeable mentor able to support the process of WBL

Enabling factors	Attributes	Consequences
• Prepared for mentor role; • Competent mentor; • Understands the process of transformational learning in the workplace.	• Creates a learning environment; • Works to provide systems for organising and co-ordinating learning activities; • Assesses knowledge, skills and behaviour and provides effective feedback; • Facilitates rather than prescribes learning through critical reflection; • Supports transformational learning.	• Learners co-create new knowledge and contribute to deliver safe, effective evidence-based care

7.2.2 Enabling an effective workplace culture

TAPs recognised that shared values and beliefs - a common vision - facilitated inclusivity and collaboration (Calabrese, Cohen and Miller, 2013) and supported the development of new roles. The presence of a shared understanding, values and norms (DiMaggio, 1994) fosters an enabling culture which must be present at ward level (Clarke, 2005).

Culture, according to Schein (2010), is a set of basic assumptions which members of an organisation possess and which tend to cause them to act in certain ways. Assumptions are linked to values and beliefs and, ultimately, behaviour norms, which are tacit and distinctive to each group (Hofsteede, Nneuijen, Ohayv and Sanders, 1990). Over time, beliefs can become implicit and are described as basic assumptions; they are held subconsciously and taken-for-granted. TAPs perceived that sharing assumptions would have ensured that matrons understood the role; ward teams' were involved in developing the role; mentors had the knowledge to support those who worked and learned and RNs and HCAs valued the career

development of their own staff. The workplace culture needed to enable the vision to be achieved so that the new role was understood. Manley, Sanders, Cardiff and Webster's (2011) concept analysis of an effective healthcare culture has relevance to this study. Manley et al (2011) perceived workplace culture as:

> *'the culture that impacts directly on the delivery of care. It both influences and is influenced by the organisational and corporate cultures with which it interfaces as well as other idiocultures through staff relationships and movement'* (Manley et al, 2011: 4).

This description resonates with the APs' perception of workplace culture.

Manley et al (2011) identified five attributes necessary for an effective workplace culture. Attribute one - specific values shared in the workplace - endorse the need for a consistent set of shared values. Where shared values were present, the role developed in a timely manner. Table 7.9 considers the ten values Manley et al (2011) considered important, desirable and influential and based on the study's findings how they enabled an effective journey from HCA to AP.

Table 7.9 Ten core values necessary for an effective workplace culture in healthcare (Manley et al, 2011) and adapted for an effective journey

Manley et al (2011) Ten Core Values	Manley et al (2011) Ten Core Values adapted for an effective journey
Person-centredness Enabled by cultures of empowerment and the individual right to self-determination.	**Person-centredness** Recognise self-efficacy
Lifelong learning Positive and enabling learning culture; active learning; pervasive feedback; learn from their mistakes; commitment to learning and sharing knowledge; learn to enquire into their practice and develop effectiveness.	**Lifelong learning** Recognised as a worker and learner and provided with appropriate learning opportunities.
High support and high challenge Must be supported and encouraged to question and challenge.	**High support and high challenge** Recognised as a worker and learner and provided with high support and high challenge.

Leadership development Including the ability to enable others to be effective	**Leadership development** Able to lead their learning.
Involvement, participation and collaboration with all stakeholders including service users Staff are trusted and valued for their contribution.	**Involvement, participation and collaboration with all stakeholders including service users** Role is understood by the team.
Evidence-use and development Role-modelling of evidence-based practice linked to facilitation, expertise and leadership as well as the active use of information, evaluation and personal mastery of staff.	**Evidence-use and development** Able to fuse theory and practice and pre-empt situations.
Positive attitude to change Change is actively embraced.	**Positive attitude to change** Understands and embraces change.
Open communication Open, direct and honest communication.	**Open communication** Open, direct and honest communication for TAPs, matrons and mentors.
Teamwork Team learning and effectiveness is valued, promoted and recognised.	**Teamwork** Role needs to be understood to ensure team learning and development is recognised.
Safety (holistic) Embraces physical, psychological and social aspects for all staff, patients and users.	**Safety (holistic)** Recognise the physical, psychological and social aspects of being a worker and learner.

Similar to Manley et al (2011), TAPs perceived that a culture which espoused a shared vision of the role; recognised the individual as a worker and learner who may have physical, psychological and social consequences; facilitated the learner to lead their learning, and self-efficacy (Bandura, 1977) enabled an effective journey to AP.

Manley et al (2011) second attribute - realising and experiencing the ten values in practice through a shared vision and mission with individual and collective responsibility - is similar to the TAPs' perception that a shared and common vision

enabled an effective journey. Manley et al (2011) third attribute states that adaptability, innovation and creativity maintain workplace effectiveness. In the context of the TAPs' journey, a clear understanding of the role allowed ward staff to recognise the need for new roles and that the AP role was a creative solution to the provision of safe, effective care.

The fourth attribute - appropriate change driven by the needs of the patient/communities - advocates that change must be purposeful, enable flexibility and continuous adaptation to meet the needs of patients through the provision of safe, effective, care which is evaluated. Understanding and evaluating the AP role by matrons ensured it was adapting to changing patient needs. Manley et al (2011) fifth attribute - the presence of formal systems to continuously enable and evaluate learning, performance and shared governance - requires specific structures, processes and patterns of behaviour to implement values. Formal systems need to be present to ensure that the achievement of safe and effective care is evaluated; learning in and from practice is applied to support ongoing practice transformation and shared governance allows stakeholder participation in decision-making. A formal framework would provide structured opportunities to make sense of the TAPs' journey. To sustain the attributes of an effective workplace requires individual or organisational enabling factors (Manley et al, 2011).

According to Manley et al (2011) individual enablers are the presence of transformational leadership; skilled facilitation and role clarity which link to the APs' perception that leadership, knowledgeable mentors and understanding the role enabled being an AP. This study, unlike Manley et al (2011), found that the attribute of self and the ability to recognise the role of self in WBL enabled an effective journey from HCA to AP. Organisational enablers are flattened and transparent management; an enabling approach to leadership and decision-making; organisational readiness and a supportive human resources department (Manley et al, 2011). APs considered different organisational enablers as they made sense of transparent management, leadership and organisational readiness.

This sub-section has considered the enabling factor of an effective workplace culture. Based on the findings of this study and the literature, the enabling factors, attributes and expected consequences of an effective workplace culture are outlined in Table 7.10.

Table 7.10 Enabling factors, attributes and consequences of an effective workplace culture

Enabling factors	Attributes	Consequences
• Matrons understood the role; • Ward team were involved in developing the role; • Knowledgeable mentors able to support work-based learning; • RNs and HCAs value career development for all; • Presence of transformational leadership.	• Common vision and shared values and beliefs for new role; • Developing formal systems to evaluate role effectiveness and practice transformation; • Learner recognises role of self in WBL.	• Role innovation provides a creative solution to the provision of safe, effective care

7.2.3 A learning culture

A competent AP requires the aptitude to fuse theoretical, practical and self-regulative knowledge during the transfer of formal 'book knowledge' into an expert's informal knowledge through an ability to solve problems (Bereiter and Scardamalia, 1993). To achieve this integration necessitated APs to combine informal, incidental, experiential and communal features of learning (Broome and Tillema, 1995). Their learning was situated as the knowledge gained from performing the task (Lave and Wenger, 1991) was socially constructed and embedded in routines developed from practice (Billet, 2002; Huzzard, 2004). It is difficult to separate learning from practice and the work experience from its organisational context (Goldman, Plack, Roche, Smith and Turley, 2009). The workplace culture needed to facilitate WBL so that TAPs could recognise, acquire

and apply knowledge, skills and abilities which are specific to them, their work and the University (Garnett, 2004).

Schein (2010) identified ten domains of an enabled learning environment. Although Schein's (2010) framework arose from an organisational management perspective, it provides context to the TAPs' perspective of an effective workplace culture as illustrated in Table 7.11.

Table 7.11 Schein's (2010) ten domains of an enabled learning environment and the TAPs experience

Schein's (2010) domain	TAPs experience
It must be assumed that individuals must be proactive problem solvers and learners within their environment.	The environment guides learning and gives permission to take on new tasks.
There is a shared assumption that learning must be invested in and learning to learn is a skill which must be mastered.	The role and WBL are understood.
Learners need appropriate resources to learn and the necessary psychological support.	Appropriate resources need to be clarified including role, time and space, reflective conversations and mentors who able to support WBL. The psychological effect of letting-go of the known is understood.
Management of the environment is desirable and possible.	There is active management.
There is a shared assumption that solutions to problems derive from flexible inquiry and a pragmatic search for truth.	There is transformational leadership which facilitates understanding. It is not taken-for-granted that mentors are able to support flexible inquiry and reflection-in action.
There is a positive orientation to the future.	There is a shared vision.
Communication and information are central to organisational well-being	There is on-going support.

and must encompass everyone.	
Cultural diversity will enable environments to cope with unpredictable events.	There is recognition of the value of new roles to support safe, effective care.
Commitment to systemic thinking.	There is a commitment to systemic thinking from an organisational perspective which must be shared with workplace stakeholders.
Cultural analysis	The culture is understood to ensure a shared vision for change.

TAPs were aware that the presence of Schein's (2010) ten domains enabled a learning environment which allowed them to *'do and learn'* (Dewey, 1938: 19) through the fusion of academic knowledge and professional practice (Eraut, 1994; Schön, 1983, 1987). Manley et al (2009) concept analysis of WBL advocated that the presence of a workplace learning culture enabled a learning philosophy and the successful implementation of WBL. Similar to the TAPs' perception of an effective workplace culture, Manley et al (2009) identified the need for employer and workplace commitment to learning at and from work; an organisational culture willing to accept challenge and innovation; practitioners are facilitators of WBL; reflection, reflexivity and critical thinking are valued; creativity, risk-taking and freedom to experiment; stakeholders evaluate innovation and change; an adult learning culture, and everyone is considered expert at something. Manley et al (2009) claimed that a workplace learning culture challenges the elitism of university education. While TAPs perceived mentors questioning them as a negative experience, it enabled them to make sense of theory and practice in the context of use and they were able to transfer their book knowledge into practice.

This sub-section has considered the enabling factor of a learning culture. Based on the findings of this study and the literature, the enabling factors, attributes and expected consequences of a learning culture are illustrated in Table 7.12.

Table 7.12 Enabling factors, attributes and consequences of an effective learning culture

Enabling factors	Attributes	Consequences
• Presence of a workplace learning culture; • Workplace is committed to learning at, for and from work. • Recognition that everyone is good at something.	• Learners lead their learning and engage in work-based learning; • Learners combine informal, incidental, experiential and communal features of learning.	• Individual problem solves to transfer book knowledge into an expert's informal knowledge

This section has considered the enabling factor - workplace culture. From a synthesis of the literature, a number of additional enabling factors, attributes and expected consequences have been added and are outlined in Table 7.13.

Table 7.13 Enabling factor - Workplace culture

ENABLING FACTORS ➡	ATTRIBUTES ➡	CONSEQUENCES
• Prepared for mentor role; • Competent mentor; • Understands the process of transformational learning in the workplace. • Matrons understood the role; • Ward team were involved in developing the role; • RNs and HCAs value career development; • Presence of transformational leadership; • Presence of a workplace learning culture; • Workplace is	• Creates a learning environment; • Works to provide systems for organising and co-ordinating learning activities; • Assesses knowledge, skills and behaviour and provides effective feedback; • Facilitates rather than prescribes learning through critical reflection; • Supports transformational learning. • Common vision and shared values and beliefs for	• Learners co-create new knowledge and contribute to deliver safe, effective evidence-based care. • Role innovation provides a creative solution to the provision of safe, effective care. • Individuals problem solve to transfer book

committed to learning at, for and through work; • Recognition that everyone is good at something.	new role; • Developing formal systems to evaluate role effectiveness and practice transformation; • Learner recognises role of self in WBL; • Learners lead their learning and engage in WBL; • Learners combine informal, incidental, experiential and communal features of learning.	knowledge into an expert's informal knowledge. • Career framework for HCAs.

7.4 ENABLING FACTOR OF AN EFFECTIVE JOURNEY – ORGANISATION ENABLING FACTOR

This enabling factor - organisation necessitates the need for organisational leadership will be discussed below.

7.4.1 Organisational leadership

APs made sense of how clear leadership enabled the Trust's vision for the role to be present in the workplace. Organisationally, there was a clear vision for the AP role which needed to be clearly communicated so organisational beliefs were transformed into collective beliefs through values (Schein, 2010) and taken-for-granted assumptions made conscious (Kitson, 2001). This would allow matrons and mentors to be involved and understand the role and imminence of the change (Rafferty and Griffin, 2006). Organisation and workplace leaders needed to recognise that they were key to achieving action and cultural change (Kotter, 1990; Bate, 1994). Leaders must clarify their vision of the required change; challenge the status quo through evidence-based practice; communicate the new vision in words and deeds and motivate others to provide the leadership to implement the vision. As advocated by Rycroft-Malone (2004), leaders are the most influential in shaping a context that is ready for change and would enable an effective journey to AP.

Based on Schein's (2010) work on organisational culture, a leader who facilitates a learning culture must possess five characteristics - perception and insight which is shared to enable a common vision; motivation to challenge the culture; emotional strength; ability to change cultural assumptions through the articulation of new values and the ability to create involvement and participation. From the organisational lead's perception, matrons were involved in developing job descriptions which led to the assumption that matrons knew what they were doing. On-going involvement and support from the leader would have ensured the role was understood. The effective introduction of new roles requires a participatory approach (Schein, 2010) so that the new, creative role is able to emerge and workplace leaders are able to develop (Ewens, 2003) and flourish as they learn from their experience (Sofarelli and Brown, 1998).

Manley et al (2011) concept of an enabling workplace culture advocates that a transformational leader (Manley et al, 2011) enables an effective workplace culture by immediate supervisors (Block, 2003) (ward managers in this study) rather than more distant leaders (Stordeur, Vandenberghe and D'hoore, 2000) (the Trust lead in this study) to achieve organisational commitment. Manley et al (2011) identified that the behaviours of a transformational leader encompass acting with moral intent; using sociological, psychological and learning theories; multiple intelligences and teaching/learning skills to ensure that change is facilitated rather than managed. APs perceived the presence of these behaviours within their workplace leader enabled being an AP. They recognised that the presence of inclusive and participatory behaviours created a positive response and a culture which enabled an effective journey and achievement of the organisational goal (Greco, Laschinger and Wong, 2006). Although not considered in this study, there is a need for those leaders who introduce new roles and WBL to have the opportunity to explore their own effectiveness and make sense of how their espoused values, beliefs and assumptions contribute to an effective culture. The qualities of a transformational leader enabled an effective journey.

This section has considered the enabling factor - organisation. From a synthesis of the literature, a number of additional enabling factors, attributes and expected consequences have been added and are outlined in Table 7.14.

Table 7.14 Enabling factor - Organisation

ENABLING FACTORS ➡	ATTRIBUTES ➡	CONSEQUENCES
• Clear vision for role shared and understood by organisation; • Organisational leaders understand they are key to achieving change; • Organisational commitment to learning; • Transformational leadership.	• Taken-for-granted assumptions are made conscious; • On-going involvement and support for those implementing new roles.	• New role recognised

7.5 BENEFITS AND LIMITATIONS OF METHODOLOGY

The choice to adopt a hermeneutical phenomenological methodology was based on the values, beliefs and assumptions which I brought to this study, the fusion of my historicity and being-in-the-world and a need to understand the lived experience of the journey from HCA to AP. Heidegger's philosophical hermeneutical phenomenology allowed me to acknowledge my fore-structure of understanding as I looked for meanings of the lived experience, with 'Being'. I was not able to bracket my preconceptions (Husserl, 1931). I was aware that the journey was one of uncertainty and that prior experience would inform the way participants experienced the here and now.

The strength of using hermeneutical phenomenological methodology is this very unfolding of participants' earlier experiences. These lived experiences, captured as 'texts' in interview transcripts, provide a means of interpreting their understanding

of phenomena involved. Heidegger's hermeneutical phenomenology is concerned with ontology, with being-in-the-world, through interpretation and uncovering and the presence of multiple truths. Interpretive analysis attempts to understand the meanings of the TAPs' accounts of their experience recorded in interview transcript. Experience itself is not a perception of something outside a person but active refinement of expectations, nor is it a singular fragment of a subjective situation but it is creating intention and meaning connected with the whole life of that person (Gadamer, 1989) - using our fore-structure of understanding. A potential hazard of phenomenological methodology is to inadvertently simplify the complexity of experience by focusing primarily on the immediate lived experience of the participation, to elicit articulation, the way they had an experience, at the expense of a more complex account (Reed, 1994). Fortunately, the conversational nature of interviews conducted for this study facilitated the elicitation of data in the form of accounts of past experience, present practice and potential future goal. It must be acknowledged that the data was as thorough as the participants chose to make it, and to some extent, as I encouraged it to be. It cannot be assumed that every participant's experience of this phenomena was captured in its entirety (Philips, 1993); they provided the noesis ('the what' which we experience) and noema ('the that' which we experience). Some participant's stories of personal experiences, for example, illustrated attunement and how their past contributes to 'Being' in current practice (e.g. TAP 1 who had limited experiences as a HCA). Although there is no 'one way' of accessing the essential nature of experience, the interpretative analysis of the text of interview transcripts found patterns of meaning in the experiences described that may be of interest to those working in similar contexts.

Heideggerian philosophy uses language in ways that are not commonly understood and, if used to couch research questions and report outcomes, may limit the value and accessibility of the findings (Clarke, 2004). Here participants' responses to their lived experience of the journey to AP are used to illustrate issues that emerge from the study and develop an emerging framework for describing an effective journey from HCA to AP. Hence, implications for practice are not wrapped in mystique, but use a common language to enable understanding of findings and by implication, potential development in this field.

Phenomenological philosophy focuses on the lived experience of the individual and is a different way of generating knowledge rather than producing results that are generalisable to a wider population. The in-depth nature of interviewing to elicit the deeply embedded meanings in everyday life and language of the individual participant, to make the 'unspoken visible and audible', requires small sample sizes (Higginbottom, 2005). Sampling was purposive in selecting TAPs, their matron and mentor, and the PDN (stakeholders) from a specific acute NHS Trust in the South East of England. This purposeful selection allowed an in-depth approach to obtain meaning to the areas of understanding which were of central importance to the aims of the study (Patton, 2002). It is acknowledged that this approach to sampling has its limitations but as TAPs had the opportunity to opt-in to the study there was an element of random selection i.e. TAPs chose to partake. It may be argued that the sample consisted of those who were motivated to share their stories, rather than those who perceived they had nothing to share. What is important is that the stories that have been shared during this study were randomly selected in advance of how the outcomes would appear and that the information was comprehensive. This was more credible than selecting participants after the journey (Patton, 2002) as it aimed to reduce suspicion as why the participants were chosen. It ensured the study was credible (Guba, 1981).

The purposeful sampling facilitated rich data collection which, it could be argued, is potentially harder to analyse. Although the findings from this rich data are not generalisable (Patton, 2002), Higginbottom (2005) suggests that for some qualitative studies, 'typicality' may be considered in relation to the extension or application of findings to other populations similar to the study sample. This raises the question, how 'typical' are the APs and stakeholders who participated in this study in relation to the overall population of those who are journeying from HCA to AP? Regardless of the limitation of any claims of wider application, the findings of this study may be of interest to others who are journeying from HCA to AP or those who support the journey or commission new roles. This may be the commissioners of services or education, workforce leads, matrons, mentors or higher education institutes. In this way, findings may trigger reflection, further research or policy development which may later result in procedures which enhance the experiences

for those undertaking new roles in their place of work, those who are workers and learners.

In accounting for the trustworthiness of the study's findings, it is important to clarify what it is that I am claiming to be 'right' and, therefore, what is the 'truth'. Truth in this sense does not constitute reality as either subjective, in our heads, or objective, 'out there', but that reality both involves the researcher subjectivity in the research and objectively as apart from the subject being researched - in this case the lived experience of the participants. The use of my research diary allowed me to monitor my developing constructs and provided context to my audit trail (Yin, 1989). I had the space to give meaning to the areas of understanding, I was able to engage in a circle of understanding as I made sense of the parts and the whole (Gadamer, 1989). Being aware of my fore-structure (Heidegger, 1927/1962) allowed me to acknowledge how my understanding contributed to my interpretation. Temporality and spatiality were fundamental to understanding the context of the journey which was not linear or time bound but influenced by prior understandings. Gadamer's (1989) practical hermeneutics allowed a fusion of horizons both in terms of areas of understanding but also internal and external attributes to provide a whole. In this way the aims of the study, to understand the TAPs experience and what it meant to them and the factors in the workplace which enabled or inhibited being an AP, were achieved. As the researcher, 'my' engagement in interpretation of texts recording 'participant' experience creates an understanding of meaning reflected in my written account of analysis.

It is through my use of research strategies, for example, being transparent in giving account of my fore-structure of understanding of the phenomena studied, that I am able to evidence the trustworthiness of this study. Further examples include a coherent rationale for methodology, transparency of method including accounts from my research journal, audiotape recording of interviews to ensure dependability of data collection (Lincoln and Guba, 1985) and auditing of the independently transcribed transcripts against original audiotapes (Tuckett, 1997). For sound methodological reasons, the transcripts of the interviews were not returned to the participants for verification. This was an important consideration and was taken as I

wanted to understand the lived experience at that point in time. Undertaking subsequent interviews provided participants opportunities to revisit previous discussions. To increase the rigour of the study, the outcome of the analysis and transformation of the data, the illustrative quotes, were shared with the APs to ascertain if they believed them to be an accurate and relevant description of their journey. Only one AP responded stating it was interesting to understand the perspectives of others. Journal accounts reflecting each stage of the research process provide evidence of my self-conscious awareness of the participant in both the data collection and its writing up as an interpretation of meaning (Kahn, 2000). Hence, my reflective journal enabled monitoring of 'what is going on' in methods (Koch and Harrington, 1998).

Illustrative quotes from transcripts contributed to my understanding of my interpretation and might help readers to determine the truth and usefulness of the research findings for themselves (Kahn, 2000: 92). In this way, the burden of proof of validity is opened up to the reader (Guba and Lincoln, 1989). Another way of opening up the usefulness of findings to others is by what Steeves (2000) calls '*thinking with the data'.* He argues that the value of investigating human experience needs to be acknowledged in relation to thinking about the human condition in its largest sense. This is achieved by discussing the research findings in the context of other studies. Hence, in permeating the discussion of this study's findings with relevant literature and research, they may be useful to researchers, theorists or *'anyone with the intellectual curiosity to care about these issues'* (Steeves, 2000: 98).

A consequence of the focus of this thesis is that its scope is focused on a purposive random sample of a seven APs as they journeyed from HCA to AP. Others have written extensively on transition theory and the process of transition (Schlossberg, 2011), behaviour change and self-efficacy (Bandura, 1977), skills acquisition (Benner, 2001; Dreyfus and Dreyfus, 1986; Eraut, 1994), enabling an effective workplace culture (Manley et al, 2011), leadership (Manley et al, 2011; Schein, 2010), facilitation (Manley et al, 2011; Titchen, 2000), and learning environment and workplace learning (Billett, 2002, 2003; Dewey, 1938; Lave and Wenger, 1991;

Schein, 2010; Schön, 1983, 1987). This thesis has contributed a broader understanding about the experience of the journey, the process of learning and letting go of the known and recognition of how behaviour influences the perception of others. This thesis has clarified the role of those who become workers and learners as well as an emerging framework for describing an effective journey from HCA to AP.

7.6 SIGNIFICANCE OF THE FINDINGS IN RELATION TO THE RESEARCH QUESTION, OBJECTIVES AND EMERGING FRAMEWORK FOR DESCRIBING AN EFFECTIVE JOURNEY FROM HCA TO AP

The study was designed to answer the research question 'what are the experiences of the journey from Healthcare Assistant to Assistant Practitioner?' and in so doing understand how TAPs experienced their development and what it meant to them and identify the factors in the workplace which enabled or inhibited the TAPs to take on the AP role.

Despite the limitations referred to above, the findings presented in Chapter Six and discussed in this chapter have provided an in-depth understanding of individual perceptions and experiences. It has highlighted both the common and unique aspects of the experience but most importantly reveals that even the common aspects are experienced in a unique way. The aim of this study was to provide the lived meanings of the journey from HCA to AP by presenting the subjective, the personal and authentic experiences from the inside so that those involved in developing new roles and WBL can see the complex and sometimes untidy reality of human experience. It is hoped that, with such descriptions and understanding, they can be more responsive and sensitive to the unique difficulties of being a worker and learner, even when they themselves have not had that particular experience. This section consists of two sections. The first sub-section explores the enablers, attributes and expected consequences which resulted from my interpretation of the stories that participants shared and synthesis with the literature to develop an emerging framework for describing an effective journey from HCA to AP at this point in time. The second sub-section shares two case constructions, the stories of

AP 1 and AP9, to illustrate the presence or absence of the criteria across the concept of an effective journey from HCA to AP (Walker and Avant, 2005).

7.6.1 The attributes, enabling factors and consequences for describing an effective journey from HCA to AP

The attributes of an effective journey from HCA to AP which arose from a synthesis of the participants stories and synthesised with the literature are outlined in Table 7.15.

Table 7.15 Attributes of an effective journey from HCA to AP

Attribute	**Descriptor**
Learner engages in mindful transformative learning experiences **Learner manages transition process through adjusting, adapting and accommodating to the new role**	• Learning appropriate coping strategies to make sense of the situation; • Learning to understands and recognise the concept of *'reality shock'* and how this may be portrayed through their behaviour; • Adjusting, adapting, accommodating to role; • Building on prior practical knowledge; • Developing self-awareness; • Being a worker and learner; • Building on prior practical knowledge; • Developing skills to problem solve and reflect in- and on- learning; • Learning to fuse theory and practice; • Learns to live and work with the knowledge, beliefs, values and assumptions of new role; • Using the workplace as the main resource for learning; • Role clarity related to being a worker and learner.
Learner/mentor relationship uses the workplace as the main resource for learning	• Creates a learning environment; • Works to provide systems for organising and co-ordinating learning activities;

	• Assesses knowledge, skills and behaviour and provides effective feedback; • Facilitates rather than prescribes learning through critical reflection; • Supports transformational learning.
Workplace accommodates and learns from the development and implementation of new roles	• Common vision and shared values and beliefs for new role; • Developing formal systems to evaluate role effectiveness and practice transformation; • Learner recognises role of self in WBL; • Learners lead their learning and engage in WBL; • Learners combine informal, incidental, experiential and communal features of learning.

The clusters of attributes are:

- Learner: this cluster looks at the presence of a learner who engages in mindful transformational learning and uses the workplace as the main resource for learning. They develop self-awareness and the ability to lead their learning as they build on prior practical knowledge. The ability to problem solve and fuse theoretical, practical and self-regulative knowledge allows them to let go of the old ways of working as they adjust, adapt and accommodate to the new role. Learners live and work with the knowledge, beliefs, values and assumptions of the new role and develop self-confidence.
- Learner/Mentor: this cluster encompasses the presence of a learner/mentor relationship where the workplace is the main resource for learning. The mentor creates a learning environment and provides systems for organising and co-ordinating learning activities through facilitation rather than prescribing learning. Mentors are able to assess the knowledge, skills and behaviour of the learner in the workplace and provide effective feedback to enhance transformational learning in the workplace.
- Workplace: this cluster includes the presence of a shared vision, values and beliefs and formal systems to evaluate role effectiveness and practice transformation. A learning culture enables learners to lead their learning

and engage in work-based learning as they combine informal, incidental, experiential and communal features of learning.

The cluster of attributes provides understanding of an effective journey but they do not appear in isolation and require the presence of enabling factors as outlined in Table 7.16.

Table 7.16 The enabling factors of an effective journey from HCA to AP

Enabling Factor	Descriptor
Learner awareness of own role in learning **Learner's knowledge of self, practical knowledge, skills and attitude** **Learner is prepared for transition and new role**	• Prepared for transition; • Permission to be a TAP; • Knows and understands role; • Provide learning opportunities; • Prior practical knowledge; • Mutual consent from self and workplace to transform and engage in transition; • Knows the knowledge, beliefs, values and assumptions of new role; • Motivated and enthusiastic; • Role clarity related to being a worker and learner.
Mentor is knowledgeable about learning in the workplace and understands the process of transformational learning in the workplace	• Prepared for mentor role; • Competent mentor; • Understands the process of transformational learning in the workplace.
Workplace culture supports the development and implementation of new roles	• Matrons understood the role; • Ward team were involved in developing the role; • RNs and HCAs value career development; • Presence of transformational leadership; • Presence of a workplace learning culture; • Workplace is committed to learning at, for and through work; • Recognition that everyone is good at something.

The enabling factors of an effective journey fall into three areas:

- Learner: there is a need for the learner to be prepared for the transition and consent to transform. They need to be motivated and enthusiastic and recognise that they are experiencing reality shock as they let go of the known. To enable an effective transition requires the learner to have prior practical knowledge and an understanding of the new role so that they are able to maintain the knowledge, beliefs, values and assumption of the role. They need to understand the rules, clarity and structure related to being a worker and learner.
- Mentor: there is a need for mentors to be prepared for their role and have an understanding of transformational learning in the workplace. Mentors need to understand WBL, be competent and create a learning environment.
- Workplace: the ward team needs to understand and contribute to the development of the new role and transformational leadership needs to be present. Matrons need to understand the new role and involve the ward team in its development so that career development from within is supported. The workplace needs to be committed to learning at, for and through work and provide a learning culture.

The enabling factors have been identified as influential if the attributes identified previously are to be achieved. When these enabling factors and attributes of an effective journey are present, there a number of expected consequences and outcomes as illustrated in Table 7.17.

Table 7.17 The expected consequences of an effective journey from HCA to AP

Consequences	Descriptor
LEARNER **Self-efficacy and professional identity for new role** **Self-sufficient learner who can reflect on learning and change**	• Increased clarity and understanding of their role as a worker and learner. • Appropriate attitude; • Resilience; • Owns learning; • Enhanced self-belief; • Self-confidence; • Self-efficacy;

	• Professional identity for new role; • Self-sufficient learner who can reflect on learning and change.
WORKPLACE **Learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care**	• Individuals problem solve to transfer book knowledge into an expert's informal knowledge.
ORGANISATION **Ongoing support for role innovation and career framework for HCAs**	• Role innovation provides a creative solution to the provision of safe, effective care; • Career framework for HCAs; • New role recognised.

The expected consequences of an effective journey are:

- Learner: Self-efficacy and professional identity for new role as individuals are able to demonstrate the appropriate attitude, self-confidence and resilience for the new role. They are self-sufficient learners who are able to reflect on change and put their learning into action.
- Workplace: Learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care: Learners are able to problem solve and learn from experiences as they fuse theoretical, practical and self-regulative knowledge.
- Organisation: ongoing support for role innovation provides a creative solution to the provision of safe, effective evidence-based care and a career framework for HCAs.

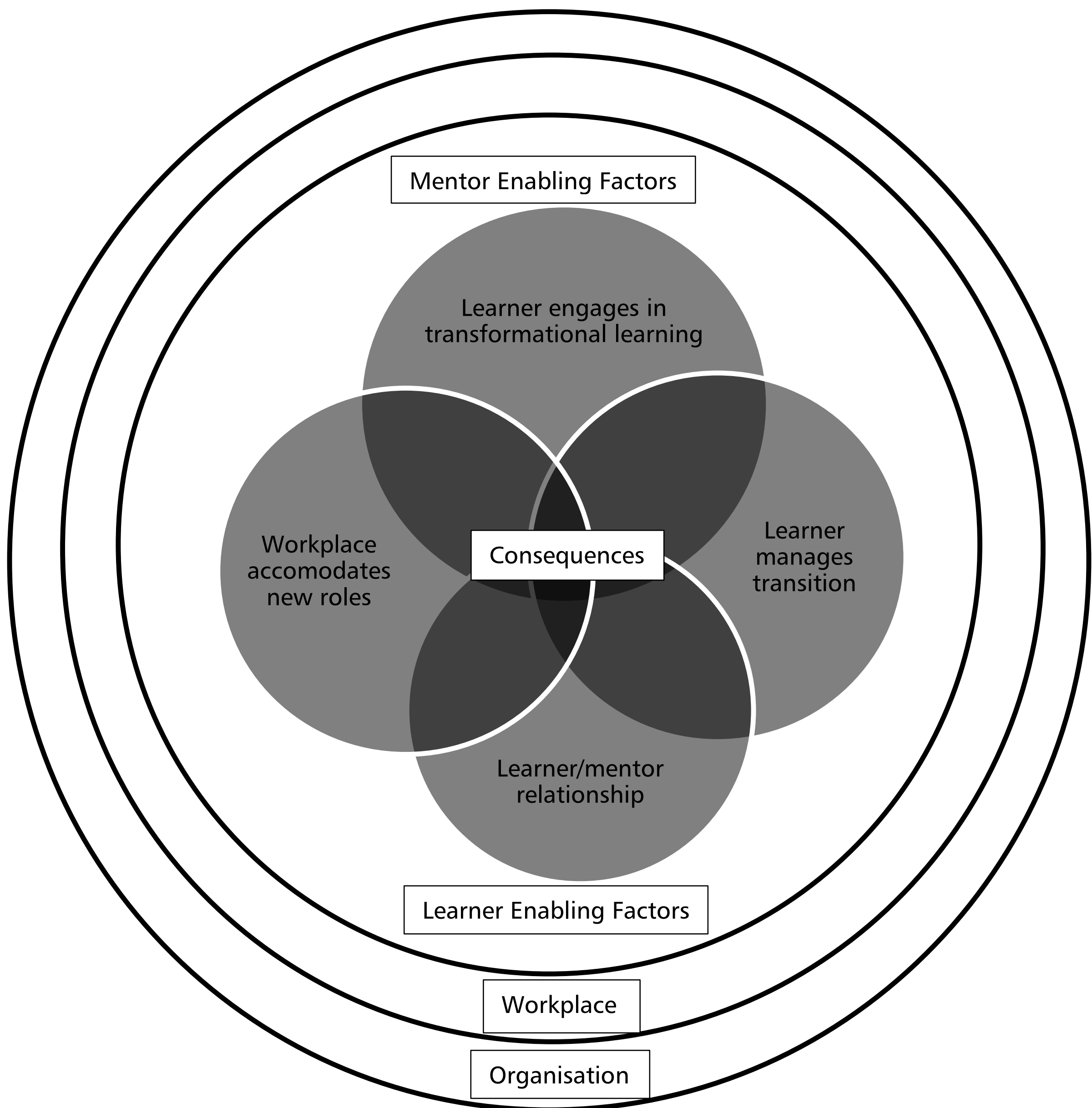
The emerging framework for describing an effective journey from HCA to AP which arose when the participants' accounts of an effective journey were synthesised with the literature is illustrated in Table 7.18.

Table 7.18 Emerging framework for describing an effective journey from HCA to AP

ENABLING FACTORS	ATTRIBUTES	CONSEQUENCES
Learner awareness of own role in learning (EL) Learner's knowledge of self, practical knowledge, skills and attitude (EL) Learner is prepared for transition and new role (EL) Mentor is knowledgeable about learning in the workplace and understands the process of transformational learning in the workplace (EM) Workplace culture supports the development and implementation of new role (EW)	Learner engages in mindful transformative learning experience (AL) Learner manages transition process through adjusting, adapting and accommodating to new role (AL) Learner/mentor relationship uses the workplace as the main resource for learning (ALM) Workplace accommodates and learns from the development and implementation of new roles (AW)	**LEARNER** Self-sufficient learner who can reflect on learning and change (CL) Self-efficacy and professional identity for new role (CL) **WORKPLACE** Learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care (CW) **ORGANISATIONS** Ongoing support for role innovation and career framework for HCAs (CO)

Figure 7.1 provides a diagrammatic overview of an effective journey from HCA to AP.

Figure 7.1 Diagrammatic overview of an effective journey from HCA to AP



The next sub-section will consider two case constructions (AP 1 and AP 9) to illustrate the presence or absence of the criteria across the concept of an effective journey from HCA to AP (Walker and Avant, 2005) as outlined in Table 7.18.

7.6.2 AP 1 and AP 9's journey from HCA to AP

Using AP 1 and AP 9's stories this sub-section will demonstrate how the presence of the attributes, enabling factors and proposed consequences identified in Table 7.18

enabled an effective journey from HCA to AP. Figure 7.2 illustrates AP 1 and AP 9's journey. Please note the following abbreviations are used:

- Enabling Learner (EL)
- Enabling Mentor (EM)
- Enabling Workplace (EW)
- Attributes Learner (AL)
- Attributes Learner/Mentor (ALM)
- Attributes Workplace (AW)
- Consequences Learner (CL)
- Consequences Workplace (CL)
- Consequences Organisations (CO)

Figure 7.2 AP 1 and AP 9's journey from HCA to AP

- **AP1**

AP 1 became a HCA following a relative's experience of hospitalisation. They had six months HCA experience (EL) on a different ward when they became a TAP which was difficult as everything was new. They recognised that they had no understanding of what they were doing, it was a 'steep' learning curve and they missed having a role model (EL).

Although new to caring, they had a degree which enabled them to cope with the academic requirements. Their concern was a lack of practical experience meant they had difficulty fusing theory and practice (AL).

AP 1 made sense of how a lack of understanding of the role in the workplace and by the TAPs meant that there was confusion (EW). TAPs and mentors did not know what they were doing (EM). From AP 1's perspective there was the need for a ward meeting to enable a shared vision and clear understanding of the role (AW, AO).

They recognised that WBL needs time and space (AW) to enable them to make sense of their experiences and not be perceived as a HCA who delivers task-focused care. AP 1 believed more structure would have enhanced WBL and clarified roles

(EL, EW) and expectations of requirements especially in relation to self-directed learning within a defined timeline. They were aware that mentors needed preparation (EM) and support to mentor those who were works and learners.

AP 1 made sense of how moving wards close to becoming an AP allowed them to 'flourish' (CL). The presence of a supportive, enthusiastic mentor enabled them to fuse theory and practice (AM, AL), they were able to develop their strengths (AL), the role was understood (CO), the culture was accepting of everyone (CW) and there was a learning environment (CW). It enabled them to 'own the role'. These factors had not been present on their prior ward.

They perceived that the organisation needed to have someone overseeing the development to support the implementation and effectiveness of new roles (AW).

- **AP 9**

AP 9 had ten years HCA experience on the ward where they were a TAP (EL). Despite recognising that they did not like change and required routine, they perceived the time was right to become a TAP. They wanted to learn and prove them self. This motivation was demonstrated through their actions as they actively prepared them self for being a TAP (AL, EL).

They made sense, during the first interview, of looking at things differently, thinking differently and prioritising care (CL). AP 9 believed that prior practical experience enabled them to fuse theory and practice and change their thinking (AL). They were able to recognise this change as they considered the patient as a person rather than a task.

WBL made them feel safe as it brought together theory and practice in a meaningful way. Learning enhanced their self-confidence and they did not doubt them self (CL). They were able to find the answer and clarify their learning with their mentor. This support from their mentor was pivotal in allowing them to learn in the workplace (AM). They recognised that this approach to learning needed time and space (AW).

AP 9 perceived the confusion regarding the role arose as it was not understood. There is a need to understand WBL so that there is a shared vision which is understood rather than assumed (EW). They perceived they worked and thought differently but it felt like they were doing the same job. They recognised that there were unsaid expectations about the role which caused tensions on the ward. AP 9 understood that they needed their manager's acceptance and permission to be a new role (EL). When this was granted, there were clear expectations and they changed overnight and transformed (CL, CO).

The journey of AP 1 and AP 9 demonstrates the common and unique aspects of their experience and how the presence of attributes and enabling factors enabled the proposed consequences an effective journey from HCA to AP. Their stories highlight that, despite the presence of differing enabling factors, they were able to fulfil the new role with a professional identity. AP 1 recognised that they had little practical experience, a lack of understanding of the role, their mentor was not prepared and the workplace did not oversee the development of the role. AP 9, on the other hand, had ten years practical experience, they actively prepared them self for the transition and the new role, they were aware they needed their manager's permission to be a new role and the workplace required a shared vision. Despite these differences both AP 1 and 9 considered the attributes of an effective journey. From their perspective as a learner, they made sense of their workplace as a learning resource and the ability to fuse theoretical, practical and self-regulative knowledge. They both recognised that their mentor allowed them to engage in transformational learning. AP 1 outlined the need for a shared vision and support for those developing new roles.

AP 1 and AP 9 provide additional insights into the characteristics of an effective journey. They both made sense of the attribute mindful transformative learning experiences and the role of the workplace as a learning resource. They recognised that the role of their mentor was pivotal in facilitating their transformational learning and from the perspective of the workplace there needed to be a shared vision, value and beliefs. Both APs felt that the organisation needed to continue to

be involved through the journey to provide on-going support and evaluation of the new roles.

Although there were differences in terms of prior practical knowledge and mentor and workplace contexts, both APs recognised, and demonstrated, being self-sufficient learners who were able to reflect on learning and change self-efficacy and being a new role with a professional identity. They were able to co-create new knowledge with their mentor and contribute to deliver safe, effective evidence-based care. The AP role provided creative solutions to the provision of care and a career framework for them. These two journeys demonstrate that a change in self does not occur at a defined point with a defined number of enabling factors. What is important is the presence of enabling factors and attributes to allow the proposed consequences of an effective journey from HCA to AP.

7.7 SUMMARY

As a research methodology phenomenology entails a questioning of assumptions, an attempt to go back to before the conceptual schemas and theoretical explanations, to return to the thing themselves. The aim of this study was to understand the journey from HCA to AP which revealed it in a new light, one which made it stand out from the background, enabling it to be understood in a new way. Several studies have examined the transition from HCA to SN, SN to graduate nurse, or RN to FNP and one phenomenological study has been undertaken on theories of WBL and the lived experience of the TAP and their mentor. None have used a phenomenological approach to investigate the lived experience of those who journeyed from HCA to AP while remaining in the workplace. A phenomenological approach was adopted as means of getting behind the journey to reveal the experience as it is when it is lived through.

Whilst much is already known about the process of transition, self-efficacy, identity, skills acquisition, effective workplace culture, mentoring and facilitation, transformational leadership, and learning environment, the knowledge arising from this study offers fresh descriptions and understanding of those who undertake role

development while remaining in their place of work. It provides insights into the proposed personal, workplace and organisation consequences of transitioning to a new role and the attributes and enabling factors of an effective journey which cannot be considered in isolation - they influence each other.

There are implications from these findings for those who learn in the workplace. There is a need to understand the personal consequences of working and learning - the process of learning and transformational learning, the role of mentor as assessor of skills and facilitator of self-regulative knowledge, the importance of transformational leadership to ensure a shared vision and mission and a culture which embraces learning, new roles and career development for HCAs.

CHAPTER EIGHT - CONCLUSION AND RECOMMENDATIONS

INTRODUCTION

Whilst the participants' accounts of their experience of the journey from Healthcare Assistant (HCA) to Assistant Practitioner (AP) have been described and an emerging framework for describing an effective journey has derived this final chapter makes conclusion and recommendations for workforce policy, health care providers, higher education and further research in relation to this topic area.

This study has focused on the personal lived experience of the journey encountered from HCA to AP. The methodology of choice has been hermeneutic phenomenology involving a process of investigation and description of the phenomenon as experienced in life which leads to an understanding and meaning of that lived experience (Osborne, 1994). Understanding and meaning did not occur in isolation but involved a hermeneutic circle of understanding. My historicity gave meaning to my fore-structure of understanding as I commenced the study and participants' experiences gave me insights of those who lived the journey which provided further meaning and interpretation to my pre-understanding. I came to understand the whole through the parts and the parts through the whole. Wright (2000) described understanding in this sense as an experience we undergo, an event which brings self-understanding. This understanding can never result in absolute knowledge, firstly because of the influence of my own historicity outlined in my fore-structure and secondly because it can only be partial in that I have been interested in the particular experiences of those who shared their stories. The findings of the study are my interpretation of experiences shared at interview and describe and explain what is 'going on' rather than the definitive answers about what to do (Koch and Harrington, 1998). As ideas that emerged from data were reconfirmed in the new data, an evolving theoretical understanding came into being by comparison with existing theory (Morse, Barrett, Mayan, Olson and Spiers, 2002) and contributed to the emerging framework for describing an effective journey from HCA to AP.

Findings have shown that an effective journey from HCA to AP is complex and non-linear and is evident when the attributes, or the factors illustrating an effective journey, are present. The clusters of attributes which characterise an effective journey are:

- Learner engages in mindful transformative learning experiences;
- Learner manages transition process through adjusting, adapting and accommodating to the new role;
- Learner and mentor relationship uses the workplace as the main resource for learning;
- Workplace culture accommodates and learns from the development and implementation of new roles.

While the cluster of attributes characterise an effective journey they are witnessed in the presence of individual and workplace-enabling factors:

- Learner awareness of their own role in learning;
- Learner's knowledge of self, practical knowledge, skills and attitude;
- Learner is prepared for transition and the new role;
- Mentor is knowledgeable about learning in the workplace and understands the process of transformational learning in the workplace;
- Workplace culture supports the development and implementation of the new role.

When enabling factors and the attributes of an effective journey are present it is proposed that there are consequences and outcomes for the learner, workplace and organisation:

- Learner: self-sufficient learner who can reflect on learning and change;
- Learner: self-efficacy and professional identity for new role;
- Workplace: learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care;
- Organisation: ongoing support for role innovation and a career framework for HCAs.

This chapter consists of two sections; the first section will make conclusions based on the proposed consequences of an effective journey from HCA to AP. These arose when an exploration of the views of an effective journey were synthesised with the literature, and the concepts, sub-concepts and research at this point in time. The second section will make recommendations for workforce policy, organisation and workplace practice, education and further research in relation to this topic area.

8.1 CONCLUSION

The impetus for this study was two-fold: there was a broad need to understand the context of the lived experience of those undertaking WBL programmes. The second driver was the need to understand if APs were fit for purpose on completing the FD and met the needs of national policy initiatives driving NHS workforce development. The national and local context has changed little from when this study commenced in January 2011. The NHS continues to be challenged to make cost savings (£22 billion by 2020) and organisations need to adapt their workforce to meet financial pressures and changing care needs (Addicott, Maguire, Honeyman and Jabbal, 2015). To address current workforce and care needs the Government has proposed the introduction of a new role, the nursing associate (DOH, 2015). Working alongside Registered Nurses (RNs) and HCAs the nursing associate will bridge the gap between HCAs who have a care certificate and RNs. Trained in the workplace through apprenticeships and Foundation Degrees the new role will focus on patient care. As with the participants in this study nursing associates will learn at, for and through work.

The study's methodology was informed by hermeneutical phenomenology which allowed the personal lived experience of those who journeyed from HCA to AP to be understood. Following analysis of the data an emerging framework for describing an effective journey from HCA to AP arose which was synthesised with the literature to inform the emerging framework for describing an effective journey. The emerging framework provides an understanding of the enabling factors, attributes and proposed consequences of an effective journey for those who are involved in the journey.

Participants' stories demonstrated that while the journey from HCA to AP was non-linear, complex and unique the presence of enabling factors and attributes considered in Chapter Seven contributed to individual, workplace and organisation consequences and outcomes. Individual consequences of an effective journey are a self-sufficient learner who can reflect on learning and change, and self-efficacy and professional identity for new role. The consequence for the workplace is that learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care. For the organisation the consequence is ongoing support for role innovation and a career framework for HCAs.

This section consists of three sub-sections which consider the expected consequences and outcomes of an effective journey from HCA to AP for the individual, workplace and organisation.

8.1.1 Individual consequences of an effective journey

The individual consequence of an effective journey from HCA to AP is a self-sufficient learner who can reflect on learning and change. This change in self is achieved as individuals develop appropriate coping strategies to cope with the concept of *'reality shock'* and the chaos and unknown of becoming a worker and learner.

As active learners they are able to lead their learning in the workplace; question and take action, and make sense of their learning. They are able to act and think differently. This is in contrast to the allocated, task-focused care that they delivered as a HCA. They have learnt to fuse theoretical, practical and self-regulative knowledge. For the individual the consequence of this transformational learning and demonstrable change in self is improved self-efficacy and professional identity for the new role. They have increased self-confidence and self-belief.

It is proposed that the consequences and outcomes considered above were defined by the presence of the characteristics and enabling factors of an effective journey

from HCA to AP. Duchscher's (2009, 2015) work on the transition from student nurse to graduate RN provided a conceptual framework. The different context of Duchscher's (2009, 2015) work meant that she did not consider the transition to worker and learner which is the focus in this study and the difference between my study and Duchscher's work. Other US studies (Heitz et al, 2004; Steiner et al, 2008) focused on the transition from RN to family nurse practitioner but, like Duchscher (2009, 2015), they did not consider the transition to worker and learner.

Learning theorists (Billet, 2002; Cranton, 2006; Dewey, 1938; Dirkx et al, 2006; Eraut, 1994; Gonzi et al, 1993; Mezirow, 2000; Schön, 1983; Taylor and Cranton, 2013) identified the process of learning in the workplace. Understanding and engaging in the many aspects of WBL enabled individuals to lead their own learning, to engage in WBL, and fuse theoretical, practical and self-regulative knowledge.

Bandura's (1977) research on self-efficacy provided context to the study. Individuals demonstrated a change in self despite a lack of vicarious experience. This situation arose because of the newness of the role. They learnt to cope with the process of transition and identity construction and deconstruction through adjusting, adapting and accommodating to the new role.

As well as the individual consequence of an effective journey the expected consequence for the workplace is that learner and mentor co-create new knowledge and contribute to deliver safe, effective evidence-based care.

8.1.2 Workplace consequence of an effective journey

For the workplace the consequence of an effective journey is that learner and mentor co-create new knowledge to deliver safe, effective evidence-based care. The workplace is the main resource for learning for the mentor and learner as the learner fuses theoretical, practical and self-regulative knowledge and engages in critical reflection with their mentor.

The consequence arose when the enabling factor of a knowledgeable mentor who understands learning in the workplace and the process of transformational learning in the workplace was present. This ensured that the learner/mentor relationship recognised that the workplace was the main resource for learning. Mentors need to be knowledgeable and skilled facilitators who are able to create a learning environment and provide systems for organising and co-ordinating learning activities. They need to be able to assess learner's knowledge, skills and behaviour and provide effective feedback.

As identified in Garbett and McCormack's (2004) study the consequence of mentors who are skilled facilitators is transformational learning as learners transform them self, think critically, engage in reflective discourse and action and transformative WBL through the fusion of theoretical, practical and self-regulative knowledge. HCAs are able to transition to an AP with professional identity in their new role and self-efficacy.

The third expected consequence of an effective journey relates to the organisation and ongoing support for role innovation and a career framework for HCAs.

8.1.3 Organisation consequence of an effective journey

The Trust had introduced the AP role to support the RN and enhance patient care while providing career progression for HCAs. The consequence and outcomes of an effective journey for the organisation – support for role innovation and a career framework for HCAs demonstrates that this was achieved.

The new role was understood and provided a creative solution to care provision and a career framework for HCAs when the workplace culture supports, accommodates and learns from the development and implementation of new roles.

To achieve an effective culture where everyone can flourish requires organisations to have a learning readiness and the presence of the attributes and enabling factors identified by Manley et al (2011) for workplaces. This includes shared values; shared vision and mission with individual and collective responsibility; adaptability, innovation and creativity; purposeful change driven by patient need which is evaluated, and the presence of formal systems to enable and evaluate learning. To sustain the attributes requires individual enablers, transformational leadership; skilled facilitation, and role clarity as well as organisational enablers, flattened and transparent management; an enabling approach to leadership and decision-making, and an organisational readiness.

This section has considered the individual, workplace and organisation consequences which arose from understanding the individual lived experience of the journey from HCA to AP, the attributes and enabling factors. The consequences cannot be viewed in isolation but it is proposed require the attributes and enabling factors of an effective journey to be in place.

8.2 RECOMMENDATIONS

This section consists of four sub-sections and discusses the recommendations arising from this study for workforce policy, health care providers, higher education and further research for this topic area.

8.2.1 Recommendations for workforce policy

Workforce policy needs to:

- Recommend a career framework for the non-registered workforce that outlines role clarity and educational requirements to enable effective career progression from health care assistant to registered nurse.
- Endorse the value of the workplace as the main resource for learning and facilitating the implementation of innovative new roles.

- Endorse the role of the mentor as a facilitator of learning rather than prescriber of learning who is able to co-create new knowledge with the learner.

8.2.2 Recommendations for health care providers

Health care providers need to:

- Actively enable a workplace culture which supports, accommodates and learns from the development and implementation of new roles through attending to leadership and facilitation development.
- Model and support a learning culture so that staff can learn at, for and through work.
- Understand and action the process of transformational learning in the workplace and enable learners to manage their transition to a new role through adjusting, adapting and accommodating.
- Quality assure mentors are knowledgeable and use the workplace as the main resource for learning to co-create new knowledge with the learner and contribute to safe, effective evidence-based care.

8.2.3 Recommendations for higher education providers

Higher education providers need to:

- Work in partnership with providers and mentors to ensure a common understanding of WBL and innovative new roles.
- Ensure activities guide strategic direction, research and innovation raising.
- Provide customised programmes which lead to creditable mentors.

8.2.4 Recommendations for future research

Future research needs to:

- Explore the relative weighting and relationships of the attributes, enabling factors and proposed consequences of an effective journey from HCA to AP.

- Evaluate the applicability of the emerging framework to ascertain if it is transferable to other new roles which involve remaining in their workplace while learning.
- Utilise a critical paradigm so that participant and researcher can work together to inquire into and co-create the journey, change practice and evaluate this change to provide additional understanding an effective journey from HCA to AP.

8.3 SUMMARY

The journey from HCA to AP is complex; therefore, central to understanding this complexity is the requirement that the entire experience be considered from the individual's perspective. Drawing on their experiences can hopefully make a significant contribution to the planning and delivery of WBL for those who work and learn.

This study has determined many different aspects of the experience of learning in the workplace. Its unique contribution is in the depth and breadth of the findings revealing what appear to be the true essence of the experience. This experience has informed an emerging framework of the attributes, enabling factors and expected consequences. It identifies the common characteristics through which an effective journey is recognised:

- Learner engages in mindful transformative learning experiences;
- Learner manages transition process through adjusting, adapting and accommodating to the new role;
- Learner and mentor relationship uses the workplace as the main resource for learning;
- Workplace culture accommodates and learns from the development and implementation of new roles.

At the same time the uniqueness of individual experiences are acknowledged.

Phenomenological enquiry entails attentiveness to individual experience and the ability to shed fresh light on the shared human condition through careful analysis and writing. The writing of this study has not been merely a process of externalising knowledge; it has been a journey of reflective enquiry and discovery. The end product of this phenomenological dissertation is still one step from completion. It is in the understanding and consequent actions of the reader that the study finally impacts on workforce policy, health care providers and higher education. It is hoped that this study will inspire, challenge and change the understanding of those who learn and facilitate learning in the workplace.

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APPENDIX 1 - Overview of the NHS Career Framework, Quality and Credit Framework and Agenda for Change

NHS Career Framework	Quality and Credit Framework	Agenda for Change – Nursing profiles
Career Framework Level 1 Entry level requiring basic general knowledge undertaking limited number of tasks under direct supervision. **Indicative title – Cadet**	**Entry level** Functional skills at entry level	
Career Framework Level 2 Basic factual knowledge of a field of work. May carry out duties according to established protocols and procedures. **Indicative title – Support worker**	**Level 1** BTEC awards, certificates and diplomas at level 1 Functional skills level 1	**Agenda for Change – Band 2** Undertakes personal care duties and records patient information. **Indicative title – Clinical support worker**
Career Framework Level 3 Knowledge of facts, principles, process and general concepts in field of work. Guidance and supervision available when needed. Contributes to service development. **Indicative title – Senior healthcare assistant/technician**	**Level 2** BTEC awards, certificates and diplomas at level 2. Functional skills level 2	**Agenda for Change – Band 3** Undertakes a range of delegated clinical health duties. Records patient information. **Indicative title – Clinical support worker higher level**
Career Framework Level 4 Factual and theoretical knowledge in broad contexts within field of work. Work is guided by procedures and protocols. Contributes to service development and may have responsibility for	**Level 3** BTEC awards, certificates and diplomas at level 3. BTEC and OCR national	**Agenda for Change – Band 4** Implements care packages under the supervision of registered clinical practitioners. Carries out nursing care e.g. clinical observations. May supervise/ assess clinical support workers.

supervision of some staff. **Indicative title – Assistant practitioner**		May participate in case conferences and case review meetings. **Indicative title – Nurse associate practitioner/ nursery nurse**
Career Framework Level 5 Comprehensive, specialised and theoretical knowledge in a field of work and awareness of the boundaries of that knowledge. May have responsibility for supervision of staff and contribute to service development. **Indicative title - Practitioner**	**Level 4** BTEC professional diplomas, certificates and awards **FHEQ** Certificates of higher education	**Agenda for Change – Band 5** Assess patients; plans, develops or implements programmes of care; provides advice; maintains associated records. Carries out nursing procedures. May provide clinical supervision to others. May provide health promotion information, advice. **Indicative title – Registered nurse**
Career Framework Level 6 Critical understanding of detailed theoretical and practical knowledge. Some responsibility for team performance and service development. **Indicative title – Specialist/ senior practitioner**	**Level 5** BTEC professional diplomas, certificates and awards Higher National Diploma Higher National Certificate **FHEQ** Diploma of higher education Foundation Degrees	**Agenda for Change – Band 6** Assesses patients, plans, implements and monitors care; provides advice. This may be in a specialist area or using specialist nursing skills. Provides supervision and/or clinical supervision to others. **Indicative title – Nurse specialist/ Nurse team leader**
Career Framework Level 7 Critical awareness of knowledge in their field. Responsible for developing and changing practice/service in a complex and unpredictable environment.	**Level 6** BTEC advanced diplomas, certificates and awards **FHEQ** Bachelor degrees Graduate certificates and diplomas	**Agenda for Change – Band 7** Assesses patients, plans, implements care in a variety of settings. Provides highly specialised advice; maintains associated records. Lead specialist in defined area of nursing

Indicative title – Advanced practitioner		care. Provides specialist education/ training to other staff, students and/or patients. Undertakes research and leads clinical audits in specialist area. **Indicative title – Advanced nurse**
Career Framework Level 8 Highly specialised knowledge, some is at the forefront of their field. Leaders with considerable responsibility, service development; research and analysing complex processes. **Indicative title - Consultant**	**Level 7** Advanced professional awards, certificates and diplomas **FHEQ** Master's degrees Postgraduate certificate and diplomas	**Agenda for Change – Band 7** Provides leadership and management for nursing specialist and associated staff. Assesses patients, plans, implements care, provides specialised advice; maintains associated records. May liaise with other agencies in planning programmes of care and/or health and education programmes. May hold budget. **Indicative title – Nurse team manager**
Career Framework Level 9 Knowledge at the forefront of their field. Responsible for development and delivery of a service to a population, at the highest level of the organisation. **Indicative title - Director**	**Level 8** Award, certificate and diploma in strategic direction **FHEQ** Doctorate	**Agenda for Change – Band 8** Manages and provides leadership for managers and specialist nurses and other staff. Ensures patient involvement in development of service. Provides specialist education and training to other staff. Maintains compliance with, and develops, policies, procedures and guidelines. **Indicative title – Modern matron**

APPENDIX 2 - Participant information sheet

Claire Thurgate
Portfolio Director – Foundation Degrees
Canterbury Christ Church University
North Holmes Road
Canterbury
Kent CT1 1QU

Dear Participant

RE: Experiences in delivering the assistant practitioner role

I am undertaking my doctorate at Canterbury Christ Church University and would like to invite you to take part in the research study. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Therefore, please take time to read the following information sheet carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

If you agree to take part in the study please could you sign the enclosed consent form and return it to me in the stamped addressed envelope or give it to your pathway lead.

Thank you for reading this.

Yours sincerely

Claire Thurgate

Portfolio Director – Foundation Degrees

Canterbury
Christ Church
University

TRAINEE ASSISTANT PRACTITIONER INFORMATION SHEET

Study
Experiences in delivering the assistant practitioner role

The purpose of the study?
The move to an all graduate nursing profession by 2013, an ageing workforce and the need to develop a flexible health care workforce are contributors to the development of the Assistant Practitioner role. At a national level, education programmes have been developed based on local needs where the Assistant Practitioner attends University for academic learning and develops clinical skills in the workplace. The aim of this study, therefore, is to understand your experiences as a trainee Assistant Practitioner.

This research study will follow a cohort of trainee Assistant Practitioners through their two year training and follow up six months after completion. This will allow their experiences to be considered in their entirety and ascertain if the role has been embedded in the workplace. Six monthly interviews and a reflective diary, maintained through the training programme, will be used to address the research question.

Why have I been chosen?
All trainee assistant practitioners working in ward areas from the local acute hospital trust have been chosen to take part in this study.

Do I have to take part?
Taking part in the study is voluntary. If you do agree to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?
If you agree to take part in the study you will be asked to share your reflective diary with me for the duration of your training programme. You will alo be asked to attend four semi-structured interviews during your training programme and one six months after. These interviews will occur at a location convenient to you and should take no more than one hour to complete. The interviews will be tape recorded, if you agree, and the tapes will be destroyed once I have analysed the data.

What are the possible disadvantages and risks of taking part?
The possible disadvantage in taking part in the study will be the time to complete the reflective diary and to undertake the interviews.

What are the possible benefits of taking part?
There are no direct benefits of taking part in the study but you will have the opportunity to give meaning to your experience and record your development.

The wider benefits of the study are an understanding of the assistant practitioner's experiences so that training programmes are developed to meet the needs of trainee assistant practitioners and the development of an evaluative framework for the assistant practitioner role.

Will what I say in this study be kept confidential?
If you agree to take part in this study all information which is collected about you will be kept strictly confidential. Any information relating to you will have all personal details (name, address, ward area) removed so that your identity will be protected. Direct quotes from interviews may be used but in a way where anonymity will be assured.

What will happen to the results of the research study?
The results of the study will be used for my PhD thesis. They will alo be published in peer reviewed journal and presented at conferences. Please be assured you will not be identifiable in any of the published material.

Who is organising and funding the research?
I am undertaking this study as a student at Canterbury Christ Church University. The study is internally funded and the researcher is not receiving any money for including and looking after you within the study.

Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Proportionate Review Sub-committee of the National Research Ethics Service Committee North West – Greater Manchester West Research Ethics Committee.

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against Canterbury Christ Church University but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).

Contact for further information
If you require any further information please contact me: Claire Thurgate
Canterbury Christ Church University, North Holmes Road, Canterbury, Kent CT1 1QU.
claire.thurgate@canterbury.ac.uk or 01227 863629
Thank you for taking the time to read this information leaflet.

Canterbury Christ Church University

PARTICIPATION STATEMENT

This participant statement is included in all Faculty of Health and Social Care documentation and is available for all students.

The Faculty Research Ethics Committee considers that research is an important part of the life of the University and encourages students to participate if they can. The FREC alo holds the view that students should not feel under any pressure to participate in research if they do not want to. To this end students should seek the support of their pathway lead or programme director if they feel undue pressure is being applied.

Students should not feel under any pressure to participate in this study. Participating, or not, will have no effect on the student/lecturer relationship and will not affect grades or any aspect of the student's University life. The same is true of withdrawal from participating in research studies. Should a student feel under unwarranted pressure at any time they should seek the support of their personal tutor, cohort or pathway lead.

APPENDIX 3 – Matron and mentor covering letter and information sheet

Claire Thurgate
Portfolio Director – Foundation Degrees
Canterbury Christ Church University
North Holmes Road
Canterbury
Kent CT1 1QU

Dear Participant

RE: Experiences in delivering the assistant practitioner role

I am undertaking my doctorate at Canterbury Christ Church University and would like to invite you to take part in the research study. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Therefore, please take time to read the following information sheet carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

If you agree to take part in the study please could you sign the enclosed consent form and return it to me in the stamped addressed envelope.

Thank you for reading this.

Yours sincerely

Claire Thurgate

Portfolio Director – Foundation Degrees

Canterbury Christ Church University

MANAGER INFORMATION SHEET

Study
Experiences in delivering the assistant practitioner role

The purpose of the study?
The move to an all graduate nursing profession by 2013, an ageing workforce and the need to develop a flexible health care workforce are contributors to the development of the Assistant Practitioner role. At a national level, education programmes have been developed based on local needs where the Assistant Practitioner attends University for academic learning and develops clinical skills in the workplace. The aim of this study, therefore, is to understand the experiences of delivering the Assistant Practitioner role.

This research study will follow a cohort of Trainee Assistant Practitioners and their managers through their two year training and follow up six months after completion. This will allow their experiences to be considered in their entirety and ascertain if the role has been embedded in the workplace. Interviews will be used to address the research question.

Why have I been chosen?
You have been chosen to take part in this study as you are a manager of a trainee assistant practitioner who has volunteered to take part in this study.

Do I have to take part?
Taking part in the study is voluntary. If you do agree to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?
If you agree to take part in the study you will be asked to attend four one-to-one interviews, at the commencement of the Assistant Practitioners' training programme, after the first year, on completion and six months after completion. These interviews will occur at a location convenient to you and should take no more than one hour to complete. The interviews will be tape recorded, if you agree, and the tapes will be destroyed once I have analysed the data.

What are the possible disadvantages and risks of taking part?
The possible disadvantage in taking part in the study will be the time to undertake the interviews.

What are the possible benefits of taking part?
There are no direct benefits of taking part in the study but you will have the opportunity to understand your experiences in delivering the assistant practitioner role.

The wider benefits of the study are an understanding of the assistant practitioner's experiences so that training programmes are developed to meet the needs of trainee assistant practitioners and the development of an evaluative framework for the assistant practitioner role.

Will what I say in this study be kept confidential?
If you agree to take part in this study all information which is collected about you will be kept strictly confidential. Any information relating to you will have all personal details (name, address, ward area) removed so that your identity will be protected. Direct quotes from interviews may be used but in a way where anonymity will be assured.

What will happen to the results of the research study?
The results of the study will be used for my PhD thesis. They will alo be published in peer reviewed journal and presented at conferences. Please be assured you will not be identifiable in any of the published material.

Who is organising and funding the research?
I am undertaking this study as a student at Canterbury Christ Church University. The study is internally funded. The researcher is not receiving any money for including and looking after you within the study.

Who has reviewed the study?
All research in the NHS is looked at by independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Proportionate Review Sub-committee of the National Research Ethics Service Committee North West – Greater Manchester West Research Ethics Committee.

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against Canterbury Christ Church University but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).

Contact for further information
If you require any further information please contact me:
Claire Thurgate
Canterbury Christ Church University, North Holmes Road, Canterbury, Kent CT1 1QU.
claire.thurgate@canterbury.ac.uk or 01227 783639

Thank you for taking the time to read this information leaflet.

Claire Thurgate
Portfolio Director – Foundation Degrees
Canterbury Christ Church University
North Holmes Road
Canterbury
Kent CT1 1QU

Dear Participant

RE: Experiences in delivering the assistant practitioner role

I am undertaking my doctorate at Canterbury Christ Church University and would like to invite you to take part in the research study. Before you decide to take part it is important for you to understand why the research is being done and what it will involve. Therefore, please take time to read the following information sheet carefully and discuss it with others if you wish. Please contact me if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

If you agree to take part in the study please could you sign the enclosed consent form and return it to me in the stamped addressed envelope.

Thank you for reading this.

Yours sincerely

Claire Thurgate

Portfolio Director – Foundation Degrees

Canterbury Christ Church University

MENTOR INFORMATION SHEET

Study
Experiences in delivering the assistant practitioner role

The purpose of the study?
The move to an all graduate nursing profession by 2013, an ageing workforce and the need to develop a flexible health care workforce are contributors to the development of the Assistant Practitioner role. At a national level, education programmes have been developed based on local needs where the Assistant Practitioner attends University for academic learning and develops clinical skills in the workplace. The aim of this study, therefore, is to understand the experiences of delivering the Assistant Practitioner role.

This research study will follow a cohort of Trainee Assistant Practitioners and their mentor through their two year training. This will allow their experiences to be considered in their entirety and ascertain if the role has been embedded in the workplace. Interviews will be used to address the research question.

Why have I been chosen?
You have been chosen to take part in this study as you are a mentor of a trainee assistant practitioner who has volunteered to take part in the study.

Do I have to take part?
Taking part in the study is voluntary. If you do agree to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me if I take part?
If you agree to take part in the study you will be asked to attend three one-to-one interviews during the assistant practitioners training programme, at the commencement, after the first year and on completion. These interviews will occur at a location convenient to you and should take no more than one hour to complete. The interviews will be tape recorded, if you agree, and the tapes will be destroyed once I have analysed the data.

What are the possible disadvantages and risks of taking part?
The possible disadvantage in taking part in the study will be the time to undertake the interviews.

What are the possible benefits of taking part?
There are no direct benefits of taking part in the study but you will have the opportunity to understand your experiences in delivering the assistant practitioner role.

The wider benefits of the study are an understanding of the assistant practitioner's experiences so that training programmes are developed to meet the needs of trainee assistant practitioners and the development of an evaluative framework for the assistant practitioner role.

Will what I say in this study be kept confidential?
If you agree to take part in this study all information which is collected about you will be kept strictly confidential. Any information relating to you will have all personal details (name, address, ward area) removed so that your identity will be protected. Direct quotes from interviews may be used but in a way where anonymity will be assured.

What will happen to the results of the research study?
The results of the study will be used for my PhD thesis. They will alo be published in peer reviewed journal and presented at conferences. Please be assured you will not be identifiable in any of the published material.

Who is organising and funding the research?
I am undertaking this study as a student at Canterbury Christ Church University. The study is internally funded and the researcher is not receiving any money for including and looking after you within the study.

Who has reviewed the study?
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If you require any further information please contact me:

Claire Thurgate
Canterbury Christ Church University, North Holmes Road, Canterbury, Kent CT1 1QU.
claire.thurgate@canterbury.ac.uk or 01227 783639

Thank you for taking the time to read this information leaflet.

APPENDIX 4 - Consent

CONSENT FORM

Study Number: **Participant Identification Number for this study:**

Title of Project: Experiences in delivering the assistant practitioner role

Name of Researcher: Claire Thurgate

Please initial box

1. I confirm that I have read and understand the information sheet dated 25th October 2011 (version 2) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. ☐

3. I understand that any data I have provided for this study will be published only in an anonymised form and that I will not be identified within it. ☐

4. I understand that relevant data collected during the study, may be looked at by individual's from Canterbury Christ Church University, from regulatory bodies or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individual to have access to this data. ☐

5. I agree to direct quotes being used but in a way where they will be anonymised. ☐

6. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent (if not the researcher)	Date	Signature
Researcher	Date	Signature

APPENDIX 5 – Topic guide

Topic guide – Trainee Assistant Practitioner

At commencement of the Training programme

Can you tell me a little about your career – how long have you been in the Trust and what did you do before you became a Trainee AP?

- Knowledge and skills are you bringing to the trainee AP role?

Can you tell me about your experiences as a trainee Assistant Practitioner to date?

- How do you link theory and practice?
- How are you assessed in the workplace?
- How are you supported in the workplace?

Is there anything else which you would like to add?

During the Training programme (Sixteen months)

Can you tell me about your experiences as a trainee Assistant Practitioner to date?

- How do you link theory and practice?
- How are you assessed in the workplace?
- How are you supported in the workplace?

Is there anything else which you would like to add?

After six months as an AP

How were you supported on completion of your training programme?

Are you working as an Assistant Practitioner?

- What role do you have in the clinical team
- Are you using your new knowledge and skills?

What has the reaction been to the role in your workplace?

- Does your clinical team understand your AP role?

How do you envisage your role may progress?

Is there anything else which you would like to add about your experiences that would improve the AP Training programme for future cohorts?

APPENDIX 6 – Descriptive Exploratory Comments from the First Interview Stage

		Descriptive exploratory comments
	Acute medical, so this is sort of medical, how does it feel, you've had a lot of change? Yeah, I mean I, I found it a little bit difficult at first to come over here 'cause absolutely everything was different, different routines, slightly different shift times, not significantly, I'd never worked long days before, I used to do a lot of nights, now I do a lot of long days. Uh, I've only had 2 nights in the last 6 months which is quite...weird (laughs)	Difficult changing wards, everything is different
	And what about the experience side of it? Um, to be honest I was coming in to something that I had absolutely no idea what I was doing, it's been a very very steep learning curve –	No idea what they are doing, a steep learning curve
	In what ways? Want to share any Um, yeah I mean, I just knew, sort of just things like, BiPAP, CPAP, um you know sort of new, new systems and you know new equipment that we didn't have necessarily down on the other ward, when we did have anything like that we	Knew old role, people available to train if new equipment

	always had someone come and show us exactly what to do with it, but it was so, rare, and now we're you know sort of dealing primarily with respiratory conditions whereas before we had such a variety, um, so it took a little bit of getting used to	
	And what do you think, as somebody a. that is pretty new to the caring environment, has, has the course been at, at the right time for you, or do you think you needed more experience? think it's been at the right time, I'm fairly quick learner	FD is at the right time. Fairly quick learner.
	Yeah Um, I mean obviously any experience is good, cause it can carry you through but I am learning a lot from the course, I've, I'm already a graduate, I've got a degree so university's nothing new to me	Graduate – experienced university learning
	ight, I wonder if the university bit had been new as well No	
	Would there have been a lot of challenges there	

	Um, I don't know, I mean I've always been quite academic so	Always been academic
	Yeah I, I don't think I would have necessarily found it too much of a challenge	FD not too much of a challenge
	Right, so you've got that base, you've already got an academic base Yeah, so	
	For you, the newness is almost the caring aspect It is, it is, so I'm kind of the opposite	
	Yeah which is great people who have been on the course have got a vast amount of experience in the care industry whereas I haven't, I'm coming at it from a different angle, so I've got the university experience, the academic experience, but not a great deal of experience on the ward	No real care experience. Has university experience but no real experience on the wards
	So you getting what you need, cause you're very different to, to other people Yeah, I, I think to a large extent yes, but of course you know I'm lacking some of the basics in the care, um, although you	Lacking some of the basics in care but learning quickly.

	know I've been picking all up very quickly, um I think it's just being, having the experience to link this to that to the other	
	Yes That's what I'm lacking	

APPENDIX 6A –Descriptive and Linguistic Exploratory Comments from the First Interview Stage

(Linguistic comments in italics)

		Descriptive and linguistic exploratory comments
	Acute medical, so this is sort of medical, how does it feel, you've had a lot of change? Yeah, I mean I, I found it a little bit difficult at first to come over here 'cause absolutely everything was different, different routines, slightly different shift times, not significantly, I'd never worked long days before, I used to do a lot of nights, now I do a lot of long days. Uh, I've only had 2 nights in the last 6 months which is quite...weird	Difficult changing wards, everything is different *Pause and laughs*
	And what about the experience side of it? Um, to be honest I was coming in to something that I had absolutely no idea what I was doing, it's been a very very steep learning curve	No idea what they are doing, a steep learning curve *Um – thinking – reflection* *Very, very – reinforcing learning*
	In what ways? Want to share any Um, yeah I mean, I just knew, sort of just things like, BiPAP, CPAP, um you know sort of new, new systems and you know new equipment that we didn't have necessarily down on the other ward,	Knew old role, people available to train if new equipment *Um – thinking – reflecting* *Knew, just sort of – not sure where learning has come from*

	when we did have anything like that we always had someone come and show us exactly what to do with it, but it was so, rare, and now we're you know sort of dealing primarily with respiratory conditions whereas before we had such a variety, um, so it took a little bit of getting used to –	
	And what do you think, as somebody a. that is pretty new to the caring environment, has, has the course been at, at the right time for you, or do you think you needed more experience? think it's been at the right time, I'm fairly quick learner	FD is at the right time. Fairly quick learner.
	Yeah Um, I mean obviously any experience is good, cause it can carry you through but I am learning a lot from the course, I've, I'm already a graduate, I've got a degree so university's nothing new to me	Graduate – experienced university learning *Um – thinking, reflecting*
	Right, I wonder if the university bit had been new as well No	
	Would there have been a lot of challenges there	

	Um, I don't know, I mean I've always been quite academic so	Always been academic *Um – thinking, reflecting*
	Yeah I, I don't think I would have necessarily found it too much of a challenge	FD not too much of a challenge *I, I repeat lack of confidence with owning statement*
	Right, so you've got that base, you've already got an academic base Yeah, so	
	For you, the newness is almost the caring aspect It is, it is, so I'm kind of the opposite	*It is, it is – reinforcing the difference*
	Yeah which is great people who have been on the course have got a vast amount of experience in the care industry whereas I haven't, I'm coming at it from a different angle, so I've got the university experience, the academic experience, but not a great deal of experience on the ward	No real care experience. Has university experience but no real experience on the wards *Experience repeated – reinforcing the importance of prior experience*
	So you getting what you need, cause you're very different to, to other people Yeah, I, I think to a large extent yes, but of course you know I'm lacking some of	Lacking some of the basics in care but learning quickly.

	the basics in the care, um, although you know I've been picking all up very quickly, um I think it's just being, having the experience to link this to that to the other	*Um – thinking, reflection, reinforces message*
	Yes That's what I'm lacking	*Lacking – used again, reinforces concerns at lack of care experience*

APPENDIX 6B – Descriptive, Linguistic and Conceptual Exploratory Comments from the First Interview Stage

(Conceptual comments underlined)

		Descriptive, linguistic and conceptual exploratory comments
	Acute medical, so this is sort of medical, how does it feel, you've had a lot of change? Yeah, I mean I, I found it a little bit difficult at first to come over here 'cause absolutely everything was different, different routines, slightly different shift times, not significantly, I'd never worked long days before, I used to do a lot of nights, now I do a lot of long days. Uh, I've only had 2 nights in the last 6 months which is quite...weird	Difficult changing wards, everything is different Should TAPs stay or their ward or move at the commencement of the FD? Need to be aware of an effective learning environment and where would this be achieved. *Pause and laughs*
	And what about the experience side of it? Um, to be honest I was coming in to something that I had absolutely no idea what I was doing, it's been a very very steep learning curve	No idea what they are doing, a steep learning curve *Um – thinking – reflection* *Very, very – reinforcing learning* No idea of TAP role – how can TAPs recognise what the TAP role will entail
	In what ways? Want to share any Um, yeah I mean, I just knew, sort of just things like, BiPAP, CPAP, um you know sort of new, new systems and you know new equipment that we didn't have	Knew old role, people available to train if new equipment *Um – thinking – reflecting* *Knew, just sort of – not sure where learning has come from*

	necessarily down on the other ward, when we did have anything like that we always had someone come and show us exactly what to do with it, but it was so, rare, and now we're you know sort of dealing primarily with respiratory conditions whereas before we had such a variety, um, so it took a little bit of getting used to –	Is it better for the TAP to be generic or specialist
	And what do you think, as somebody a. that is pretty new to the caring environment, has, has the course been at, at the right time for you, or do you think you needed more experience? think it's been at the right time, I'm fairly quick learner	FD is at the right time. Fairly quick learner. How much prior experience does a TAP need. Does it depend on the person – how do you know. Assessing their underlying knowledge, skills and attitudes – what should the assessment process consist of?
	Yeah Um, I mean obviously any experience is good, cause it can carry you through but I am learning a lot from the course, I've, I'm already a graduate, I've got a degree so university's nothing new to me	Graduate – experienced university learning *Um – thinking, reflecting* What sort of experience, can one form of experience out weigh another?
	Right, I wonder if the university bit had been new as well No	
	Would there have been a lot of challenges	

	there Um, I don't know, I mean I've always been quite academic so	Always been academic *Um – thinking, reflecting*
	Yeah I, I don't think I would have necessarily found it too much of a challenge	FD not too much of a challenge *I, I repeat lack of confidence with owning statement*
	Right, so you've got that base, you've already got an academic base Yeah, so	
	For you, the newness is almost the caring aspect It is, it is, so I'm kind of the opposite	*It is, it is – reinforcing the difference*
	Yeah which is great people who have been on the course have got a vast amount of experience in the care industry whereas I haven't, I'm coming at it from a different angle, so I've got the university experience, the academic experience, but not a great deal of experience on the ward	No real care experience. Has university experience but no real experience on the wards *Experience repeated – reinforcing the importance of prior experience* Should the course be tailored to meet someone who has less care experience or does there need to be a clear baseline. Need to make sure people are not set up to fail
	So you getting what you need, cause	

	you're very different to, to other people Yeah, I, I think to a large extent yes, but of course you know I'm lacking some of the basics in the care, um, although you know I've been picking all up very quickly, um I think it's just being, having the experience to link this to that to the other	 Lacking some of the basics in care but learning quickly. *Um – thinking, reflection, reinforces message*
	Yes That's what I'm lacking	 *Lacking – used again, reinforces concerns at lack of care experience*

APPENDIX 6C – Areas of Understanding from the First Interview Stage

Areas of Understanding		Descriptive, linguistic and conceptual exploratory comments
Resilience – out of comfort zone	*Acute medical, so this is sort of medical, how does it feel, you've had a lot of change?* Yeah, I mean I, I found it a little bit difficult at first to come over here 'cause absolutely everything was different, different routines, slightly different shift times, not significantly, I'd never worked long days before, I used to do a lot of nights, now I do a lot of long days. Uh, I've only had 2 nights in the last 6 months which is quite...weird	Difficult changing wards, everything is different Should TAPs stay or their ward or move at the commencement of the FD? Need to be aware of an effective learning environment and where would this be achieved. *Pause and laughs*
No understanding of TAP role Resilience – out of comfort zone	*And what about the experience side of it?* Um, to be honest I was coming in to something that I had absolutely no idea what I was doing, it's been a very very steep learning curve	No idea what they are doing, a steep learning curve *Um – thinking – reflection* *Very, very – reinforcing learning* No idea of TAP role – how can TAPs recognise what the TAP role will entail
Resilience – out of comfort zone	*In what ways? Want to share any* Um, yeah I mean, I just knew, sort of just things like, BiPAP, CPAP, um you know sort of new, new systems and you know new equipment that we didn't have necessarily down on the other ward,	Knew old role, people available to train if new equipment *Um – thinking – reflecting* *Knew, just sort of – not sure where learning has come from*

	when we did have anything like that we always had someone come and show us exactly what to do with it, but it was so, rare, and now we're you know sort of dealing primarily with respiratory conditions whereas before we had such a variety, um, so it took a little bit of getting used to –	Is it better for the TAP to be generic or specialist
Attributes to succeed	*And what do you think, as somebody a. that is pretty new to the caring environment, has, has the course been at, at the right time for you, or do you think you needed more experience?* think it's been at the right time, I'm fairly quick learner	FD is at the right time. Fairly quick learner. How much prior experience does a TAP need. Does it depend on the person – how do you know. Assessing their underlying knowledge, skills and attitudes – what should the assessment process consist of?
Prior experience - practical	*Yeah* Um, I mean obviously any experience is good, cause it can carry you through but I am learning a lot from the course, I've, I'm already a graduate, I've got a degree so university's nothing new to me	Graduate – experienced university learning *Um – thinking, reflecting* What sort of experience, can one form of experience out weigh another?
	Right, I wonder if the university bit had been new as well No	
	Would there have been a lot of challenges	

	there Um, I don't know, I mean I've always been quite academic so	Always been academic *Um – thinking, reflecting*
Prior experience – academic	*Yeah* I, I don't think I would have necessarily found it too much of a challenge	FD not too much of a challenge *I, I repeat lack of confidence with owning statement*
	Right, so you've got that base, you've already got an academic base Yeah, so	
Prior experience – practical	*For you, the newness is almost the caring aspect* It is, it is, so I'm kind of the opposite	*It is, it is – reinforcing the difference*
Prior experience varies	*Yeah which is great* people who have been on the course have got a vast amount of experience in the care industry whereas I haven't, I'm coming at it from a different angle, so I've got the university experience, the academic experience, but not a great deal of experience on the ward	No real care experience. Has university experience but no real experience on the wards *Experience repeated – reinforcing the importance of prior experience* Should the course be tailored to meet someone who has less care experience or does there need to be a clear baseline. Need to make sure people are not set up to fail
	So you getting what you need, cause	

Fusing theory and practice	*you're very different to, to other people* Yeah, I, I think to a large extent yes, but of course you know I'm lacking some of the basics in the care, um, although you know I've been picking all up very quickly, um I think it's just being, having the experience to link this to that to the other	Lacking some of the basics in care but learning quickly. *Um – thinking, reflection, reinforces message*
Lack practical experience	*Yes* That's what I'm lacking	*Lacking – used again, reinforces concerns at lack of care experience*

APPENDIX 7 – Areas of Understanding and Emergent Themes from above interview transcript

	Line	Area of Understanding	Emergent theme
1	18	Impact changing ward	Out of comfort zone
1	18	Lots of changes	Out of comfort zone
1	18	Well-being, coping, achieving	Resilience
1	20	Lack knowledge, understanding TAP role	Preparation for role TAP
1	20	Steep learning	Out of comfort zone
1	21	Lots new learning	Out of comfort zone
1	21	Lots of changes	Out of comfort zone
1	22	Quick learner	Survival Resilience
1	23	Prior experience How much? What sort?	Life experience
1	26	Prior academic experience	Life experience
1	29	New to caring Not expected – expected to have caring experience	Life experience Caring experience
1	30	Expectations that people on the course will have caring experience	Programme needs to meet knowledge and skill requirements for individual with a range of caring experience Coming from different starting points

APPENDIX 8 – Individual Journey's from Health Care Assistant to being an Assistant Practitioner

The study's three over-arching super-ordinate themes arose from a consensus of the TAPs journey to being an AP however, each journey was unique. The following extracts from my reflective notes provides an insight into the journey of AP 1 and AP 9.

- **AP 1's journey**

My reflective notes – TAP 1: the first interview – February 2012

TAP1's journey differed from those TAPs I have interviewed to date. They had worked in the private sector and chose a career in care following a relative's illness. Their experience as a health care assistant was limited and I wonder how much this contributed to the areas of understanding which they made sense of. Or was it that their perceptions were challenging my pre-conceptions?

TAP 1considered that a lack of understanding of the role was causing them problems; the role was not known. Other TAPs had made sense of this area of understanding and how it impacted on their journey. However, HCAs appear to have accepted the role sooner than RNs and TAP 1 appeared to appreciate that they treated them like TAPs. This appeared important to TAP 1 and I wonder if this is because of their newness to health care.

Although they have moved ward and were unknown on their TAP ward it was interesting that TAP 1 felt that they were being a HCA. I wonder if this perception arose as they are behaving like an HCA because they do not understand the TAP role and how a TAP should behave.

The need for structure was important to TAP 1 and I feel they need this to support their learning. It may be a link to their lack of experience as a HCA and a need to build the foundations. Other TAPs have made sense of a need to understand the foundations before being a TAP and this lack of clinical skills and practical knowledge may have resulted in the suggestion that there needs to be the teaching of practical skills. Once more this challenged my pre-conceptions. I had assumed that TAPs were practice rich but as TAP 1 brought to my attention many of these skills have been taught by other HCAs who may not understand the correct procedure.

I found TAP 1's suggestion that there needed to be someone overseeing the development and implementation of the role intriguing. There was a Trust lead, practice development nurse and work-based facilitator to support the journey which I assumed where leading and embedding this new role, perhaps my assumptions are not valid.

Supernumerary status was important to TAP 1 but how it was being implemented seemed to be unclear. I understand the areas of concern which TAP 1 considers in terms of outcomes for being supernumerary and time for learning. I wonder if it had been taken-for-granted that mentors and ward staff would understand the concept of being supernumerary. In reality I do not think this is the case, there needed to be support and clarity of being supernumerary, maybe there is more than one model to the model which supports student nurses.

My reflective notes – TAP 1: the second interview – February 2013

There is a change in TAP 1's language and focus. They were concrete in their first interview as they focused on mentors not understanding the role and the lack of structures/process – the problems arose from others, it was not them. The second interview was more abstract, they recognised that they have a role in leading their learning and while they did not want to they need to ask

questions. They recognise changes in self as they began to fuse theoretical and practical knowledge, their identity is changing.

It is encouraging to note that they have recognised a change in self, that their new knowledge has enabled them to understand why they are doing what they are doing. They are moving away from task-focused care. They are beginning to work independently.

Supernumerary was a main theme during the first interview but it appears that TAPs are no longer supernumerary and it does not appear to be such an issue. TAP 1 is evolving/developing without being supernumerary, they have acknowledged that their learning needs to be self-directed but it appears that mentors need to be active in this process. They need to provide opportunities for TAPs to reflect in- or on-action (although I note that the concept of reflection was not referred to by TAP 1) and they need to be approachable so that TAPs can ask questions of them.

It is interesting that they have been sent on an assertiveness training course by the workplace. I believe this may be due to their prior professional experience outside of the NHS culture and the fact that they already have a degree.

TAP 1 has progressed over the last year, they are more conscious of learning in the workplace although it appears that there have been challenges with mentor allocation which could has impacted on their learning experiences.

My reflective notes – AP 1: the third interview – August 2014

AP 1 is a different person; they are enthused and enamoured and ooze more energy than they have in their previous interviews. Their negativity has been

replaced by positivity. I did not realise how much their TAP ward was impacting on their journey it had inhibited their development.

It appears that the context of the learning is paramount to enable learning in the workplace to occur. The ward needs to understand and accept the new role, there needs to be buy-in; support and the ability to ask and be asked questions enabled them to fuse theory and practice, and being allowed, or given permission, to be an AP was vital. They are clearly flourishing.

I was interested to note that despite understanding the importance of questions to support the fusion of theoretical, practical and self-regulative knowledge AP 1 did not recognise that they were reflecting. This is something I had not expected, reflection as a concept had been taught in class and reflections are required with each workplace evidence tool so why do they not perceive they are reflecting. Is this because their mentors have not explicitly discussed reflective practice, or questioned their actions?

AP 1's journey has differed from others and provided me with new insights, particularly in terms of an enabling culture which allows individual to flourish. I am becoming aware that the interpretation of an individual's behaviour by ward staff is important for example as a TAP they felt deflated as they were not enabled to delegate, this resulted in a lack of confidence and further deflation. In contrast when they were enabled to flourish their confidence and energy re-emerged and they behaved as an AP.

- **AP 9's Journey**

My reflective notes – TAP 9: the first interview

TAP 9 was conscious of how their prior experience both personally and professionally influenced how they approached being a TAP. They knew they did not like change or coming out of their comfort zone, it caused much stress and anxiety. They had their own strategies to deal with the situation; they took control of the situation. Interestingly TAP 9, unlike other TAPs I have met, prepared them self for the FD.

TAP 9 shared how comments from their mother had affected their learning and self-belief; they had been told they would not achieve anything. Despite this something developed/changed and they believed they could do the FD. It is unclear what the change was, it could have been that they felt comfortable on the ward and were gaining confidence by taking on additional roles. They were in their comfort zone.

They reflected honestly on their experience to date; nothing had prepared them but they realised that after four months they were thinking differently. They were conscious that they had moved from task-focused care. They were thinking differently because they knew the ward they just had to change their thinking. Interestingly they were aware that they saw changes in a patient's condition a lot quicker.

TAP 9 was aware of their role in leading their learning, they would try and find the answers to their queries and clarify with their mentor. They valued learning in the workplace as it allowed them to fuse theory with practice which did not occur with classroom learning. They did not say if their mentor understood their role or if they provided learning opportunities.

My reflective notes – TAP 9: the second interview – February 2013

TAP 9 made sense of their move from their HCA/TAP ward and although they were entering the unknown once more and they perceived that it was a wrench they did not make sense of the tears that they associated with the unknown during the first interview. Their confidence had grown; they were beginning to believe in them self. They recognised that learning enhanced their confidence; there was no referral to their mother's perception that they will not achieve anything.

They clearly recognise their role in leading their learning, they are conscious that they are fusing theory and practice and thinking differently; they are reflecting. Despite this there has been no support from their mentor, they do not work with their mentor and are unable to ask questions which they did as they commenced their journey. They perceived that RNs still do not understand the role and feel threatened by the knowledge base that the TAPs were developing. As a result they feel that they are not being used as a TAP, they would like to have their own bay so that they can use their new skills.

The language used and the slow purposeful speech demonstrates that they are in control, that they are making sense of the situation and that they are more confident in their ability.

My reflective notes – AP 9: the third interview – August 2014

AP 9 continues to make sense of their journey. They have changed and developed and are being an AP who is able to fuse theory and practice and reflect in- and on-action. They are thinking differently.

What is interesting is their need for permission to be a TAP, I had taken it for granted that TAPs would develop but it appears that they need permission to

develop. This situation may have occurred because they have been use to task-focused care or it may have resulted because of the confusion regarding the role and the ward manager's lack of direction. However, this demonstrates the importance of sharing concerns because it was this that managed to ensure a clear vision and aim was achieved. The impact of this for AP 9 was demonstrated through their language which reflected a more relaxed nature.

APPENDIX 9 – Transition Shock Model © (Duchscher 2009)

APPENDIX 9A – Transition Conceptual Framework (Duchscher 2009)