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Making sense of the individual experience of those who undertake new role development in the workplace

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Structured abstract

Design/ Method/Approach

The study, based on the lived experience of developing from a healthcare assistant to an assistant practitioner, was based on the philosophical assumption of understanding an experience at a particular time. Constructivism (Denzin and Lincoln, 2008) provided the conceptual framework and phenomenology the theoretical perspective. Experiential learning, action, reflection and professional knowledge framed the literature review to inform understanding at the commencement of the study.

Eight participants were selected, through purposive sampling, from one acute NHS Trust in South East England. Their matron and mentor were interviewed for contextualisation. Interviews occurred at three stages, four months after commencing the Foundation Degree (FD) sixteen months after commencing the FD and six months after completing the FD.

Each transcript was considered before moving to the next transcript, this allowed super-ordinate themes to be considered within groups before ascertaining similarities and differences across groups. The emergent and super-ordinate themes were synthesised to inform three over-arching super-ordinate themes.

Purpose

The purpose of the study was to generate an understanding of becoming an Assistant Practitioner through a work-based learning programme so that work-based learning programmes are designed and delivered to enable practitioners to develop the knowledge, skills and attitudes to undertake new roles from within.

Findings

The following over-arching super-ordinate themes emerged from analysis of the participants transcripts from the three phases of the study:

- Recognising the transition; the transition was not linear but was complex and influenced by the individuals' behaviour, their ability to reflect and take action, and to demonstrate professional knowledge.

- Supporting the journey; the workplace culture needed to support experiential learning and provide time and space to facilitate reflection.
- Being an AP; a change in professional knowledge and behaviour resulted in enhanced confidence and self-belief and ability to be an AP.

Originality/value

This study, based on the lived experience of developing from a healthcare assistant to assistant practitioner, where participants remained in their place of work rather than undertake placements which is a requirement of regulated programmes, demonstrated that individuals need to recognise the consequences of the behaviours, engage in experiential learning, take action and demonstrate a change in professional knowledge.

Introduction

There is a drive in the United Kingdom (UK) to develop the healthcare workforce from within through the introduction of new roles and the creation of three million apprenticeships by 2020 (www.gov.uk, 2015). More recently, in August 2020, the UK government has announced £172 million to increase nurse apprentice numbers in 2020/21 academic year (www.gov.uk, 2020) With this growth in the healthcare workforce through work-based learning (WBL) there is a need to understand the lived experience of those who work and learn in health care. This has relevance for educators and practitioners alike to ensure that programmes of learning meet the needs of those who work and learn.

This paper, arising from my PhD thesis, focuses on the learners' role in their development from healthcare assistant (HCA) to assistant practitioner (AP). The study is based on the philosophical assumption of understanding an individual's experience at a particular time and space as the individual seeks understanding and meaning of certain events (Creswell, 2009). The theoretical perspective related to the lived experience is phenomenology as this study looks for meanings (Lopez and Willis, 2004) about what participants have experienced rather than what they consciously know (Flood, 2010).

Although a formal literature review was not undertaken as meaning and understanding needed to derive from the participants lived experience rather than from a set of beliefs arising from the literature which could presuppose the outcomes in terms of the experience (Van Manen,

2014) a brief review of literature pertaining to learning as a practitioner and focusing on experiential learning, action, reflection and professional knowledge was undertaken

The research strategy sought the everyday lived experience to better understand the meaning of undertaking a WBL programme in preparation to undertake a new role (Smith, Flowers and Larkin, 2009). This was achieved through conversational interviews with eight participants, their manager and mentor at three points during the programme. 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.

Study's Context

The UK needs to refocus care delivery roles and health care team skill mix to meet changing care needs (NHS, 2019). At the same time nursing has moved to an all degree profession (NMC, 2010), the current workforce is ageing and less people are entering nursing (UCAS, 2019). While Rolewicz and Palmer (2019) identified that there are 40,000 Registered Nurse (RN) vacancies the numbers of nursing assistants have more than doubled since 1997 (Buchan and Seccombe, 2011). The Assistant Practitioner (AP) role was introduced in 2007 to ensure that NHS Trusts had a workforce which had the knowledge, skills and attitudes to deliver safe, effective care and bridged the gap between health care assistant and registered professional The Core Standard for APs (Skills for Health, 2009) outline that those deemed capable of undertaking the role are recruited as a Trainee Assistant Practitioner (TAP) and while in employment complete an appropriate programme of study, for example a Foundation Degree (FD).

Unlike traditional degree programmes and the majority of vocational qualifications, the FD involves the employer playing a central role in developing and delivering the initiative (Thurgate et al., 2007). The ability to focus a programme of learning to the identified needs of the role ensures that the knowledge and skills content reflect the employers' needs rather than the traditional pre-registration nursing programme which must meet the Nursing and Midwifery Council (NMC) Standards for pre-registration nursing education (NMC, 2018).

Learning from work is not a new concept; an apprenticeship model had underpinned nurse training in the UK before it moved into Higher Education (HE). The difference with the proposed model of WBL for TAPs, is TAPs have prior HCA experience; they are likely to remain on their HCA ward and the work-based curriculum and competency assessment is informed by the role being developed. It is this

approach where the TAP remains in the same workplace while developing the knowledge, skills and attitudes to undertake a new role that needs to be understood.

Study's Aim

Due to no evidence regarding the lived experience of those who become an AP the broad aim was to gain an understanding of the TAPs personal lived experience. The guiding research question was: *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?*

A sub-aim was to understand the TAPs' experiences.

Review of the Literature

While much has been written on experiential learning, the philosophical work of Dewey (1938), Argyris 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 will be considered.

Dewey (1938) developed an educational philosophy where he argued that education and learning required active participation '*to do and learn'* (Dewey, 1938: 19). Experiences 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. 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.

Argyris 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. Argyris and Schön (1974) 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. For Schön (1983, 1987) 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.

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. 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. 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. 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.

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.

Method

The study was based on the philosophical assumption of understanding an individual's experience at a particular time and reflected the worldview that individuals seek understanding of their experiences and give meaning to certain events (Creswell, 2009). The theoretical perspective, inherent to the study's aim, is phenomenology as it aims to understand the effects of an experience for the individual.

Participants

Participants were selected from one acute NHS Trust in South East England. Sampling was purposive (Lincoln and Guba, 1985); participants were living the journey and would be able to represent this perspective, salient features and events or categories of behaviour rather than a population.

Due to the need to understand a particular phenomenon, this study was conducted on a sample of eight TAPs. This allowed a detailed case-by-case analysis so that the essence could be understood. The TAPs' matron and mentor were interviewed to provide contextualisation.

Ethical Consideration

Ethical approval was granted by the National Research Ethics Service and permission to proceed was granted by the Trust concerned.

The purpose of the study was explained including data collection, anonymity and confidentiality and there was an opportunity to ask questions. All participants received an information leaflet and a consent form, there was no obligation to take part. All data was stored in accordance with the Data Protection Act (Home Office, 2003).

Data Collection

One-to-one conversational interviews enabled the richness and depth of experiences to be captured through first-person stories (Kvale and Brinkmann, 2009). Participants gave permission for the interviews to be tape-recorded which were transcribed verbatim prior to analysis. It was acknowledged that an individual's meaning of the experience may change as new experience contributes to the subsequent construction of additional knowledge (Kvale and Brinkmann, 2009). Consequently, transcripts were not returned; rather participants received a copy of the study's findings to acknowledge that data relates to the context in which they were shared. Table 1 gives an overview of the study's stages and groups involved.

Table 1. Participants at each stage.

Stage	When	Taps	Matrons	Mentors
One	Four months after commencing the Foundation Degree	8	4	7
Two	Sixteen months after commencing the Foundation Degree	8		
Three	Six months after completing the Foundation Degree	8	4	7

Analysis

Data analysis was based on Smith et al. (2009) heuristic framework. This incorporated flexible thinking, reduction, expansion, revision and innovation; a multi-directional process moving between the part and the whole. The first stage involved listening to the tape recording to reacquaint with the participant and an understanding of the whole event. On subsequent readings specific notes were made using three discrete processes:

- Descriptive comments
- Linguistic comments
- Conceptual comments

This process of engaging with the text and exploring different aspects of meaning allowed the analysis to be pushed to an interpretative level (Smith et al., 2009).

The next step reduced the volume of detail. Notes were transformed into specific phrases which aimed to capture the essence of what was being said and what it might mean to the participant. Themes needed to reflect the participant's original words and thoughts as well as the researcher's interpretations; reflecting a synergistic process of description and interpretation which captured and reflected an understanding. This enabled the systematic identification of the main (super-ordinate) themes.

Each participant's transcript was considered before moving to the next transcript, this allowed super-ordinate themes to be considered within groups before ascertaining similarities and differences across groups. Emergent themes needed to occur across at least five participants. This procedure was undertaken for the stage two and three interviews before the emergent and super-ordinate themes were synthesised to inform three over-arching super-ordinate themes.

During the first interviews it was apparent that participants were at different stages 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.

The use of language was important, TAP 9 was very thoughtful, taking time to answer questions in a slow, deliberate fashion as they considered their change in self. 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'*. TAP 7 was unable to recognise the need for evidence-based care, the theoretical knowledge to inform practical knowledge and professional knowledge. TAP 10's language became enamoured when they made sense of the RNs *'brilliant, supportive and approachable'* which supported experiential learning. TAP 4 used language which gave meaning to personal resilience to enable achievement *'I wanted this role; I need to own my learning.'*

Moving from interview transcript to identifying emergent themes there was a need *'to consider other perspectives'* through *'putting like with like'* (Smith et al 2009). 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.

Analysis of the stage two data followed the same format as the stage one interviews. As with the first interview stage formal analyses demonstrated TAPs were at different stages in their development. 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 TAP 3 used such terms as *'way things are done round here'* to make sense of their workplace learning experience and opportunities for experiential learning. 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. In contrast TAP 7 was able to give meaning to the positive consequences of leading their learning 'found out things for myself and gained confidence', they were able to reflect and take action.

Unlike TAP 1 and TAP 7, TAP 2 used very assertive language which portrayed confidence and ownership of their personal development. 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 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.'*

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.

Formal analysis of the whole began with immersion in the original data; 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 lived experience of becoming an AP. The second step captured the more *'overarching'* (Smith et al, 2009) understanding.

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 2.

Table 2 Over-arching super-ordinate and emergent themes

Over-arching super-ordinate theme	Emergent themes
Recognising the transition	- Prior experience as 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 to TAP; - Completing the TAP development programme; - Becoming 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; - 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.

Findings

Based on the super-ordindate themes of transition from HCA to AP and being an AP this section focuses on the learners' role in developing from a HCA to AP.

The transition from HCA to TAP and from TAP to AP

Becoming an AP involved two transitions. The first was from HCA to TAP and the second occurred at the end when they became an AP. TAPs needed to disengage from the known and enter the unknown, a process TAP 10 likened to *'entering a world of chaos'* (TAP 10).

- **Prior experience as an HCA**

TAP 2 believed confidence arising from prior practical experience and knowledge (their professional knowledge) as an HCA 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'(TAP 2).

- **Starting as a TAP**

TAP 2 used the second stage interview to make sense of their feelings as the start. From their perspective a large number of changes and a perceived lack of clarity and understanding of the 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'*. There was no understanding of experiential learning or the TAPs role in this.

- **Understanding the TAP role**

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'.*   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).

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).

TAPs needed to see the role in action so that they knew what being a TAP encompassed. They needed to understand their role in developing professional knowledge through experiential learning, reflection and action.

- **Working as a TAP**

This emergent theme incorporates learning in the workplace as participants made sense of being a TAP. Interestingly, 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). They demonstrated insight into the development of professional knowledge.

- **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 and the importance of reflection and action:

'I have just completely changed the way I am thinking about people and patients I do not know how to describe it to you' (TAP 9).

TAP 2 gave meaning to how behavioural change enabled being a TAP, they are recognising the development of professional knowledge:

'I have learnt the ability to think in-depth and I am beginning to problem solve and adapt to changes. The increased knowledge allows more involvement in care'(TAP 2).

Being an assistant practitioner

As participants shared their lived experience 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 recognised the importance of professional knowledge and the importance of taking action.

 As learners made sense of becoming an AP they were conscious that they had entered a world of chaos as they disengaged from the known; 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, how they were perceived by colleagues and their engagement in experiential learning. Recognising changes in professional knowledge and passing the first module enhanced confidence and self-belief and enabled being a TAP.

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.

Discussion

For the participants in this study who undertook a programme of work-based learning while remaining in their place of work the role of self was paramount in enabling experiential learning and the development of professional knowledge.

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 an HCA. Those who had self-belief, confidence and were motivated believed they were a TAP. Like 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 findings, 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 an individual's self-belief and adaptive resources enables an individual to develop 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 as fundamental.

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; Franco and Tavares, 2013; Johnson, Cowin, Wilson and Young, 2012; ten Hoeve, Jansen and Roodbol, 2013) and socialisation (Brennan and McSherry, 2007; Duchscher, 2009; 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 (Argyris, 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.

Conclusion

TAPs must recognise that the development from HCA to AP 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).

To date findings have informed the development of apprentice programmes for Nursing Associates and Registered Nurses and contributed to the NMC's discussions regarding protected learning time within the NMC's standards for pre-registration nursing associate programmes (NMC, 2018).

References

Argyris, C., Putnam, R., and Smith, D. (1985) *Action Science.* San Francisco: Jossey-Bass

Argyris, C., and Schön, D. (1974) *Theory in practice: increasing professional effectiveness.* San Francisco: Jossey-Bass

Bandura, A. (1977) Self-efficacy: toward a unifying theory of behavioural change. *Psychological Review.* 84: 191-215

Bandura, A. (1986) *Social foundations of thought and action: a social cognitive theory.* Englewood Cliffs: Prentice-Hall

Benner, P. (1994) The tradition and skill in interpretive phenomenology in study health, illness and caring practices. In P. Benner (Ed) *Interpretive Phenomenology.* California: Sage

Bowers, C. (1984) *The promise of theory: Education and the politics of cultural change.* New York: Longman

Brennan, G., and McSherry, R. (2007) Exploring the transition and professional socialisation from health care assistant to student nurse. *Nurse Education in Practice.* 7: 206-214

Buchan, J., and Seecombe, I. (2011) *A decisive decade: the UK nursing market review 2011.* London: RCN

Cohen, H (1981) *The nurse quest for a professional identity*. Reading MA: Addison-Wesley

Creswell, J. (2009) *Research design: qualitative, quantitative, and mixed methods approaches.* Los Angeles: Sage.

Currie, G., Finn, R., and Martin, G. (2010) Role transition and the interaction of relational and social identity: new nursing roles in the English NHS. *Organisation Studies.* 31 (7): 941-961

Denzin, N.K., and Lincoln, Y. (2008) (Eds) *The landscape of qualitative research.* London: Sage

Department for Innovation, Business and Skills (2015) Government kickstarts plan to reach 3 million apprentices by 2020 https://www.gov.uk/government/news/government-kick-starts-plans-to-reach-3-million-apprenticeships (accessed 25.5.2020)

Dewey, J. (1938) *Experience and education.* New York: Collier

Duchscher, J. (2009) Transition shock: the initial stage of role adaptation for newly graduated Registered Nurses. *Journal of Advanced Nursing.* 65 (5): 1103-1113

Eraut, M. (1994) *Developing professional knowledge and competence.* Abingdon: Routledge

Fay, B. (1975) *Social theory and political practice.* London: George Allen and Unwin

Flood, A. (2010) Understanding phenomenology. *Nurse Researcher.* 17 (2) 7-15

Franco, M., and Tavares, P. (2013) The influence of professional identity on the process of nurses' training: an empirical study. *Leadership in Health Services.* 26 (2): 118-134

Goodman, J., Schlossberg, N., Anderson, M. (2006) *Counselling adults in transition: linking practice with theory.* (3rd Ed). New York: Springer Publishing Company

Gregg, M., and Magilvy, J. (2001) Professional identity of Japanese nurses: bonding into nursing. *Nursing and Health Science.* 37: 47-55

Home Office (2003) *Data Protection Act.* London: Home Office

Johnson, M., Cowin, L., Wilson, I., and Young, H. (2012) Professional identity and nursing: contemporary theoretical developments and future research challenges. *International Nursing Review.* 59: 562-569

Kvale, S., and Brinkmann, S. (2009) *Interviews: learning the craft of qualitative research interviewing* (2nd Ed) London: Sage

Lacey, C. (1977) *The socialisation of teachers.* London: Metheun

Lazarus, R., and Folkman, S. (1984) *Stress, appraisal and coping.* New York: Springer

Lincoln, Y., and Guba, E. (1985) *Naturalistic Inquiry.* Newbury Park: Sage

Lopez, K. A., and Willis, D. G. (2004) Descriptive versus interpretive phenomenology: their contribution to nursing knowledge. *Qualitative Health Research,* 14 (5), 726-735

Marsh, H. (1990) A multidimensional, hierarchical model of self-concept: theoretical and empirical justification. *Educational Psychology Review.* 2: 121-137

Martin, A., and Debus, R. (1998) Self-reports of mathematics self-concept and educational outcomes. The roles of ego-dimensions and self-consciousness. *British Journal of Educational Psychology.* 6*8:* 517-535

Martin, A., and Marsh, H. (2003) Fear of failure: friend or foe? *Australian Psychologist.* 38 (1): 31-38

Moore, L. (2005) Valuing work-based learning: working together, learning together. In K. Rounce, and B. Workman (Eds) *Work-based learning in health care: applications* and innovations. Chichester: Kingsham 113-128

Nursing and Midwifery Council (2010) *Standards for Pre-registration nursing education.* London: NMC

Nursing and Midwifery Council (2019) Health and care leaders mark 1000th nursing associate milestone https://www.nmc.org.uk/news/press-releases/health-and-care-leaders-mark-1000th-nursing-associate-milestone/ (accessed 25.5.2020)

Nursing and Midwifery Council (2020) *Emergency standards for nursing and midwifery education.* London: NMC

Rolewicz L, and Palmer, B. (2019) *The NHS workforce in numbers* https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers#1what-kinds-of-staff-make-up-the-nhs-workforce (accessed 25.10.19)

Schein, E. (2010) *Organisational Culture and Leadership.* (4th Ed). San-Francisco: Jossey-Bass

Schön, D. (1983) *The reflective practitioner: how professional think in action.* New York: Basic Books

Schön, D. (1987) *Educating the reflective practitioner.* San Francisco: Jossey-Bass

Skills for Health (2009) *Core Standards for Assistant Practitioners.* London: Skills for Health

Schunk, D. (1990) Introduction to the special section on motivation and efficacy. *Journal of Educational Psychology.* 82: 3-6

Smith, J., Flowers, P., and Larkin, M. (2009) *Interpretative phenomenological analysis: theory, method and research.* London: Sage

Steiner, S., McLaughlin, D., Hyde, R., Brown, R., and Burman, M. (2008) Role transition during RN to FNP education. *Journal of Nursing Education.* 47 (10): 441-447

ten Hoeve, Y., Jansen, G., and Roodbol, P. (2013) The nursing profession: public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing.* 70 (2): 295-309

Thurgate, C., MacGregor, J., and Brett, H. (2007) The lived experience: delivering a foundation degree in health and social care. *Journal of Further and Higher Education.* 31: (3) 215-223

UCAS (2019) *End of Cycle Report* https://www.ucas.com/file/225551/download?token=nGdxoNQn (Accessed 25.5.2020)

UK government (2020) *New funding to double nursing apprentices and help deliver 50 000 more nurses* https://www.gov.uk/government/news/new-funding-to-double-nursing-apprentices-and-help-deliver-50-000-more-nurses (Accessed 11.9.2020)

van Manen, M. (2014) *Phenomenology of practice: meaning-giving methods in phenomenology research and writing.* Walnut Creek, CA: Left Coast Press

Zimmermann, D. (1998) Identity, context and interaction. In C. Antaki and S. Widdicombe (Eds) *Identities in Talk.* London: Sage 87-106