Supporting those who work and learn: a phenomenological research study

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Effectiveness of the journey to new roles while working and learning: a phenomenological study

ABSTRACT

Aim:

Method:

Results:

Conclusion:

1.0 BACKGROUND

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). £22 billion worth of efficiency savings are required by 2020 (NHS, 2014) to meet financial challenges and future demographic and technical changes (Addicott, Macguire, Honeyman and Jabbal, 2015) while improvements in quality and outcomes are necessary.

At the same time as the National Health Service (NHS) is being challenged to improve quality and outcomes' (DOH, 2008; DOH, 2010), nursing is moving to an all degree profession (NMC, 2010), the current workforce is ageing (Buchan and Seecombe, 2011; Centre for Workforce Intelligence, 2012) and there are less school leavers entering nursing (Buchan and Seccombe, 2011). While the predicted number of Registered Nurses (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). Imison, Buchan and Xaviers (2009) proposed 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 Assistant Practitioner (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.

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). Core Standards for Assistant Practitioners (Skills for Health, 2009) 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).

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

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

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 United Kingdom (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 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).

Learning from work, for the non-registered workforce, is not a new concept; an apprenticeship model had underpinned nurse training in the UK before it moved into HE. The difference with the proposed

model of WBL for TAPs, as opposed to pre-registration nurse training, is TAPs have prior experience of working in the Trust as a HCA and are likely to 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 being developed 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 needs to be understood. 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 Designing and validating a FD to meet the Trust's workforce development needs

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. 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. To ensure safe practice and to link theory to practice, job descriptions were developed which incorporated a competency assessment tool.

To ensure the programme met the philosophy of a FD in fusing academic and vocational learning Workplace Evidence Tools (WPETs) were introduced as part of the module assessment. The WPET provided flexibility to meet the competency requirements of new and diverse roles and allowed the employer to identify the competency required, linked to the AP job description and the Trust's competency framework for AP's. The FD 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 TAP would be deemed competent in the workplace by an NMC registered mentor. The Trust employed an organisation-wide Practice Development Nurse (PDN) who would oversee the TAP's learning programme to ensure that it linked to the competencies required role, mentors received appropriate and timely support, and would work with TAPs to enable them to link 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.

AIM

The broad aim of the study was 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). This will allow educationalists and workforce leads to develop WBL programmes and new roles which consider not just the accumulation of knowledge and skills but the associated change in attitude required to work at a higher level.

METHOD

The study was based on the philosophical assumption of understanding an individual's experience at a particular time and space and reflected my world view that individuals seek understanding of their experiences and give meaning to certain events (Creswell, 2009). There were multiple realities as each participant shared their journey and the methodology needed to be appropriate. Constuctivism (Lincoln and Guba, 1985; Denzin and Lincoln, 2008) allowed me to construct understandings of the

experience (relativism) which related to their perspectives and experiences (transactional epistemology) as they journeyed from HCA to AP. This paradigm provided the conceptual framework by which the nature of reality (ontology), the theory of knowledge that informed the research (epistemology) and the knowledge were gained (methodology) (Tuli, 2010). Not only was the constructivist paradigm congruent with my values, beliefs and assumptions it allowed preconceptions to be challenged, refined or discontinued (Heidegger, 1927/1962). The theoretical perspective which is inherent to constructivism and ultimately the study's aim which was 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.

There are fundamental philosophical differences between Husserl's (1970) descriptive phenomenology which is committed to an epistemological approach and Heidegger's (1027/1962) interpretative phenomenology which advocates an ontological approach. Although Husserl and Heidegger's work may differ philosophically and epistemologically, they subscribed to the same goal, exploring the lived experience. Hermeneutics is the theory of interpretation and is a separate body of thought from phenomenology. 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). Hermeneutical phenomenology was the theoretical perspective to underpin the study as it allowed the TAPs lived experience to be understood; it allowed the experience to be contextualised in time and space while capturing the unique experience of each TAP.

Phenomenology is a philosophy, not a methodology. 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). The methodology for this study was 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).

PARTICIPANTS

ETHICAL CONSIDERATION

DATA COLLECTION

ANALYSIS

RIGOUR (OR EARLIER?)

FINDINGS

DISCUSSION

LIMITATIONS

FUTURE RESEARCH

CONCLUSION

REFERENCES

NHS (2014) Five year forward view.