Keywords

Degree nurse apprenticeships, support mechanisms, qualitative, curriculum

Head [2-deck = approx. 70 characters]

Evaluation of the experiences of registered nurse degree apprentices midway through their four-year programme: a qualitative research study

In this article… [3 points explaining what the reader will *learn* from your article]

- We explored the experiences of nursing apprentices and their ward managers and practice education facilitators midway through the four-year apprenticeship programme.
- Four themes emerged: communication, support mechanisms, benefits and challenges of the apprenticeship programme, areas of good practice identified
- The nursing apprentices reported that they felt well supported, felt more respected, and highlighted the importance of receiving financial remuneration.

Key points [3-5 key points of the article]

- Many apprentices said the apprenticeship was their only possible route to study nursing

- Robust communication strategies were vital for its success

- Apprentices felt supported and improved in confidence during their apprenticeship

- Some expressed challenges with their study life balance

- Apprentices benefited from being paid and identifying as members of an organisation

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Abstract [50-100 words. No citations or abbreviations]

The introduction of the degree-level nursing apprenticeship provides an alternative route to professional registration. The aims of this study were: a) obtain a greater understanding of the experiences of nursing apprentices midway through their four-year programme; b) explore with ward managers and practice education facilitators the challenges and benefits of the programme; c) identify examples of good practice. 19 participants (7 apprentice student nurses, 8 ward managers, and 4 practice education facilitators) completed semi-structured interviews. Results suggested apprentices felt well supported, and respected as members of an organisation, receiving financial remuneration was important, and their confidence grew over their course.

Citation

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Quickfact (if appropriate)

Pull quote (if appropriate)

Background

The introduction of the degree-level nursing apprenticeship provides an alternative route to professional registration for aspiring nurses. It combines university study and workplace learning and is completed over a four-year period with the employer committing to support protected study time.

Aims

The aims of this study were to a) obtain a greater understanding of the experiences of nursing apprentices midway through their four-year programme b) explore with ward managers and practice education facilitators the challenges and benefits of developing and supporting the programme c) identify examples of good practice to enhance the body of evidence regarding apprenticeships.

Method

This study was informed by a phenomenological qualitative approach within one case study site. 19 participants (7 apprentice student nurses, 8 ward managers, and 4 practice education facilitators) completed semi-structured interviews.

Results

Four themes were identified: communication, support mechanisms, benefits and challenges of the apprenticeship programme, areas of good practice identified. The results provided insight into the experience of the apprentices' midway through their programme, they said they felt well supported, but initially struggled with dual roles of apprentice and staff member. Identifying as a member of an organisation made them feel more respected, receiving financial remuneration was important and their confidence grew as they settled into their course.

Introduction

Completing a degree in nursing provides graduates with excellent employment prospects; Swain (2020) identified that 94 percent of nursing graduates are working as a registrant post six months after graduation. The most common route available to become a registered nurse is through a three-year undergraduate programme, where students receive a bursary to support their studies. However, this route may not be suitable, or possible, for some potential nursing students due to financial constraints. Therefore, having an alternative apprenticeship route provides opportunities to students who may not have previously considered completing a nursing degree. Apprenticeships in nursing in England were first introduced by the department of health in September 2017 and have since been implemented across the profession (RCN 2019).

The NHS is one of the biggest apprenticeship levy payers in the United Kingdom (UK) and has worked as part of many trailblazer groups to develop new apprenticeship standards across many roles and levels of qualification (RCN, 2019).

The introduction of the degree-level nursing apprenticeship in 2017 provides an alternative flexible, work-based approach to professional registration, combining university study and workplace learning to develop new knowledge, skills and behaviours while completing an undergraduate degree (NMC, 2017). These programmes are offered as level six degree apprenticeships where students obtain a bachelor's degree and gained registration with the NMC on completion. The course featured in this research is completed over a four-year period with the employer committing to support protected study time and 'on and off the job learning'. Apprenticeships must ensure the skills, knowledge and behaviours needed for the professional role are developed and the infrastructure in health care settings must facilitate this (RCN 2019).

There is a need and a place for an apprenticeship route into degree level nursing if delivered appropriately (RCN 2019). Apprenticeships can support NHS core values of equality, diversity and inclusion, and may lead to support staff reflecting the population it serves (NHS Constitution 2013). Skills for Health (2014), a non-profit organisation in the UK committed to the development of an improved and sustainable healthcare workforce, have facilitated the development of a number of apprenticeship standards for use in the health and social care sector, these standards are being implemented at higher educational institutes across the UK. The delivery of the apprenticeships is regulated by the Office for Standards in Education, Children's Services and Skills, in addition to any profession specific regulatory body, which included the Nursing and Midwifery Council (NMC) in this study.

Introducing apprentices into workforce planning has been identified as being attractive to both employers and nursing students. This is because 72% of organisations reported improved productivity through engaging apprentices, leading to lower overall training and recruitment costs (HEE 2014). Nurse apprenticeships are also seen as attractive to nursing students as they offer payment of tuition fees and a paid salary for the duration of the course (Donohue 2018).

The development of nursing apprenticeship programmes was embraced by healthcare organisations and this evaluation occurred in one of the first organisations to

implement the four-year apprenticeship programme to help promote the widening participation and talent for care agendas (HEE 2017). Working in partnership with a local university, the programme was developed. 160 applications were received from both internal and external candidates, over 60 were shortlisted who met the criteria required and interviewed, and from this a cohort of fifteen was selected to commence the course in June 2018. However, four have withdrawn from the programme for personal reasons and there are currently eleven completing it.

This evaluation explored the experiences of the student apprentices completing the programme and practice education facilitators and ward managers supporting them through the programme within an acute setting, since its launch in 2018.

Aims and Objectives

• To obtain a greater understanding of the experiences of nursing apprentices midway through their four-year apprenticeship programme.

• To explore the challenges and benefits of developing and supporting the nursing apprenticeship programme.

• To identify examples of good practice which will enhance the body of evidence regarding apprenticeships in clinical practice.

Methods

A phenomenological qualitative approach was used to conduct this evaluation to ascertain in-depth insight into participant's beliefs, experiences, and attitudes (Bryman 2015). Semi-structured interviews were used to collect the data as this is a more naturalistic research approach that allows a guided conversation to take place, which is affected by the interests and thoughts of the interviewee (Richie and Spencer 2002). The interviews were conducted either face to face or via a virtual platform, they were recorded, transcribed, and sent back to the participants for ratification before including them in the data analysis. A schedule of nine questions was used as prompts for these interviews based on the objectives of the study.

A purposive sample of twenty-five were invited to participate. This included eleven student nurse apprentices (SN), ten ward managers (WM) and four practice education facilitators (PEF) based in an acute setting, 19 participated, which included seven apprentices, eight ward managers and four practice education facilitators. As stated by Merriam (2009) the number of interviews needed for a qualitative study to reach data saturation is an unquantifiable number. However, our sample population was reasonably homogeneous meaning a smaller sample will include all the internal diversity that is needed (Bryman 2015, Ritchie and Lewis 2003). Furthermore, the interview questions were structured to facilitate asking multiple participants the same questions, in order to achieve data saturation (Merriam 2009). Albeit, different groups of healthcare workers were interviewed in this study, data saturation was reached following 14 interviews as the information received in the following five was very similar to what had already been collected.

It should be noted that the lead researcher was an academic from a local university and so was not influenced by the outcomes of the study, and to reduce

bias all the students were interviewed by this lead researcher. To further reduce bias, when analysing the data, the researchers looked at the interview transcripts separately and drew their own themes which they then conferred with the other researchers and the main themes were drawn collectively.

Data Analysis

Data analysis was undertaken using the framework developed by the National Centre for Social Research (Ritchie and Spencer, 2002), designed specifically for qualitative applied research projects.

Ethical considerations

Ethical approval was received from the local University Ethics Committee.

Results

All transcripts from the interviews were transcribed by the research team, and to help reduce bias they were returned to the participants to ensure that they were a true record of the interview discussions.

Familiarisation with, and immersion in, the data was achieved through repeated listening to the recordings and reading of the transcribed interviews. The researchers then created a list of key ideas and recurrent themes. Deconstruction of the data was undertaken and a thematic framework was established by going back to the aims of the study whilst looking at the emergent issues from the participants and identifying any analytical themes. This was completed by defining and identifying concepts and theories, mapping the range and nature of phenomena and polarities, finding associations, and identifying underlying motivations and patterns

The following three themes emerged from this process:
- Communication
- Support mechanisms
- Benefits and challenges of the apprenticeship programme
- Areas of good practice identified

These themes are broken down into smaller subthemes.

Communication

Communication of apprentices' role
Communication is frequently a challenge especially when introducing new roles or services to large organisations (DH 2010). It was reported by most participants of this study as being difficult especially at the beginning of the apprenticeship programme.

One of the apprentices said that: "*It caused a lot of confusion at first, some staff just didn't understand our role, we had to keep reminding them what we did and who we were*" (SN5[1]).

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[1] Identification code key: SN = student nurse; WM = ward manager; PEF = practice education facilitators.

One of the practice education facilitators said: *"I think going back for a year ago we knew that the apprenticeships were coming through but we kind of assumed that they were the same as all the other students on any pathway"* (PEF3).

Challenges were also identified by some of the ward managers however they felt these were resolved within the first few months of the course.

One said: "*I think it probably took us a couple of months just to realise that people did not understand the job role and then it soon fitted into place"* (WM 7).

Uniform

Apprentices also reported how wearing the same uniform as other students caused confusion and challenges with communication. Having the same uniform as other students meant that staff did not recognise that they were any different from the traditional degree students or appreciate what skills/experience they had.

One apprentice said: "*Small things like the uniforms; it would be beneficial to have variations, some differences based on the band that you are in, maybe use epaulettes that are used by some in the hospital"* (SN1).

Some ward managers expressed different views.

"I think they should wear the student uniform because I think that they get more of the student experience on their home wards as well" (WM 2).

Support Mechanisms

Most of the apprentice nurse respondents suggested they were very well supported either from their home wards, their practice education facilitators/education team or their academic leaders.

One said: "*I suppose we have more of a support system, not just having the university support but we can always go to our home ward or the education team, there are more options for us"* (SN2)

Others described how challenging it was for them especially at the beginning of the course but commented on how their confidence grew throughout.

"I really struggled in the beginning If it had not been for all the support I got from the education team I'm not sure I'd still be here, they were great" (SN4).

Ward managers described different support mechanisms depending on whether the apprentice was an existing member of staff with experience when joining the course or had been recruited onto the apprenticeship programme with limited or no healthcare experience.

One suggested: *"Because it was so brand new it was just a case of teaming them up with someone who was really experienced, who knew what they were doing"* (WM 8).

It was also highlighted by the ward managers that it could be challenging to identify where their own apprentice was in terms of their learning.

One said: "*You don't get a lot of feedback from their student time" (WM 7)*.

But they had a good understanding of the progress of other apprentice nurses who came to their areas for placement.

"*With the students that come to us you tend to sit down with them, have a chat but you just assume that somebody else is doing that with our member of staff*" (WM 5).

Benefits and challenges of the apprenticeship programme

Benefits of the programme
All the respondents mention some benefits with the apprenticeship curriculum. Many suggested that being paid and learning on the job was really important to them.

The apprentices said:

"*The fact that we get paid helps to alleviate external pressures, you have less money worries*" (SN1).

Other participants noted that further benefits of the curriculum structure were that they were able to work in a clinical setting and organise their studies around this.

"*I really like that I am always within a clinical setting. That really works for me because, I think with the traditional route you have the six weeks on placement and then six weeks in the classroom*" (SN2).

Challenges of the programme

The practice education facilitators and ward managers also outlined some of the challenges with the structure of the curriculum they encountered such as:

"*I think their placements have been a challenge. I know that there will be block placements for subsequent groups. I think the difficulty they have had is not being in one place for a long time which has caused some problems with getting their competencies signed off. Block placements would have helped them achieve this easier*" (PEF2).

Differences observed between the apprentice students and the traditional degree students.

Most of the respondents observed a difference between the traditional degree student nurses and the apprenticeship nurses. They suggested that the apprentice students seemed to align themselves and belonged more with the organisation than traditional students.

The practice education facilitators comments include:

"I think they have that level of extra expertise. There is an expectation about their title which carries a lot of responsibility, they have really lived up to the expectation" (PEF2).

"Clinical practice areas treat them differently than the other students as they are employees, I think it is easier for them to integrate into the teams" (PEF3).

Areas of good practice identified

The PEFs and ward managers identified some areas of good practice that they recognised during the delivery of the apprenticeship programme which they believed would be beneficial to carry on for future students.

Continuation of support mechanisms
"From my point of view, meeting them weekly, I can pick things up early and if they have got some negative feedback, I can nip it in the bud and get it sorted then rather than wait for it to affect the next apprentice nurse coming through, lets support you and help you" (PEF1).

Sharing of available resources
Some of the PEFs suggested that the apprentices take much more responsibility for their own training and have added awareness of what is available to them. They gave examples of how they used the organisations newsletter to seek out extra learning opportunities.

One PEF said: *"The apprentices own their own learning, they take responsibility, own their own training, they have added awareness, they look at the 'green sheet' (which is our newsletter) there is often extra learning opportunities for them to access within it and they just get on with it. We ensure that all students are aware of this now by including it in our induction programmes"* (PEF 4).

Discussion

Nursing apprenticeships within healthcare have been part of the workforce plan since the introduction of the apprenticeship levy in April 2017 (Swain, 2020), and as organisations contribute to the apprentice levy on a monthly basis, this has encouraged many to utilise and promote the apprenticeship pathways as a way of developing staff. In nursing, some healthcare assistants are able to progress their careers through apprenticeship programmes (Baker 2018, Glasper, 2014a; Glasper, 2014b) and the Department of Health and Social Care incentivised the training of up to 2,000 nurse apprenticeship students per year to help facilitate this (RCN, 2020).

The four-year adult nursing apprenticeship standard was approved by the Institute for Apprenticeships in 2016, allowing for a different pathway into nursing. The traditional supply routes alone, were not providing the numbers of registered staff organisations required, so many adopted a 'grow your own' (work-

based learning) approach and prioritised developing its existing staff (Swain, 2020).

One of the first themes that emerged from the analysis of the participants responses was communication; that is communication around the role and the influence of the uniform on communication issues. It is recognised that clear communication of what apprentices can expect while on clinical placement is essential to ease placement anxiety (George et al 2020), however, communication was reported as a challenge, particularly at the beginning of the programme. The apprentices said ward staff were unsure about their role and they had to keep repeating themselves. However, as the apprentice nursing role developed over time staff became more familiar with it. The participants suggested that subsequent cohorts of apprentice nurses will find communication easier because of the increased understanding of the role by those who will be supporting them. Nevertheless, to ease some of the communication challenges from the onset some participants recommended a change of uniforms for apprentices which would distinguish them from other student nursing pathways.

It is suggested that pride in your uniform, combined with a strong self-image and professional identity, can lead to enhanced confidence and better performance in clinical practice (Shaw and Timmons 2010). However, prior to the implementation of this programme considerable discussion took place both internally (at senior nursing team leaders' meetings) and externally (at regional Director of Nursing and Health Education leads meetings) about the uniform and it was agreed that apprentices would wear a student uniform in line with the 'traditional' student uniform regardless of whether they were on placement or in their 'home' ward. This decision was endorsed from previous feedback from students as they suggested that changing uniforms caused confusion for teams, and that learning opportunities were missed as they were overlooked in a non-student uniform. It has been previously discussed that differentiating the level of experience and roles on nursing uniforms is of importance in the health care setting (Shaw and Timmons 2010). However, the PEF's interviewed in this study said that within their organisation if a change to apprentice nursing uniforms were to be considered, it would need to be implemented for all nursing students regardless of their route of study.

Another theme that emerged from the analysis was related to support mechanisms. The NHS People Plan (Department of Health 2020) emphasises the need for everybody to acknowledge the impact of working in stressful environments and suggests that a coordinated approach needs to be implemented to improve the support for individuals' health and well-being. The findings suggest that this approach was evident throughout the apprenticeship placements, as they received support from several sources, including staff, practice education facilitators, and academic staff. The apprentices also mentioned they felt they had more opportunities to develop better clinical experience than those on a traditional pathway which enhanced their confidence. This was endorsed by the ward managers and the PEF's, who suggested that the attitudes and confidence of this cohort of apprentices was different.

A further theme that emerged from the analysis was around the benefits and challenges of the apprenticeship programme. Participants noted many benefits of the programme. In particular, most apprentices in this study said that this apprenticeship

route was the only possible way for them to become a registered nurse because of the financial benefits. Some said that this apprenticeship could promote equality, diversity and inclusion by giving an opportunity of higher education for people with a disadvantaged background who might otherwise not study higher education. These comments support the suggestion by Health Education England that apprenticeship programmes contribute to promoting the widening participation and talent for care agendas (HEE 2017).

The UK government has been a big advocate of apprenticeship programmes; suggesting that apprenticeships allow more people to achieve higher skills through clear ladders of progression and help with a sustainable growth of qualified workers while improving social mobility (DBIS 2020). A previous study with pharmacy technicians found that an apprenticeship programme did provide career progression and employment mobility (Turbin et al 2014) and a study conducted by Taylor and Flaherty (2020) did find evidence of social mobility. Consequently, university degree apprenticeship programmes should be a financially viable option for universities (Rosser 2017). However, the financial liability of apprenticeship programmes falls mainly on employers, unlike the traditional university degree, and perhaps needs to be considered in the future viability of these programmes (Jones-Berry 2017).
Although nursing apprenticeship programmes will not supply the registered workforce needed to stop the healthcare shortage alone, they could increase the number of students that qualify, by providing a suitable alternative to the traditional route without the economic burden for the student.

Despite participants consistently describing the value of having an alternative pathway and suggesting that this programme provided a different, more rounded approach to professional development, most apprentices also said they often struggled with fitting academic learning into their schedules. Furthermore, they said it was difficult to achieve a work-life balance as they had so much course work to complete, which meant they often completed their assignments during their annual leave or days off. These challenges with work life balance for nurses are not surprising as a longitudinal study conducted by Bagley et al (2018) found that nurses can feel highly stressed by the ways in which work impinges on their enjoyment of home life or vice versa. However, most apprentices acknowledged that the benefits of studying via this route outweighed the challenges they experienced.

Nevertheless, despite these challenges with the curriculum and communication at the beginning of their programme the apprentices reported many overall benefits of it which included greater integration within clinical teams, increased ownership of practice learning, and enhanced support mechanisms.

A final theme that emerged from the data analysis was the identification of areas of good practice. PEFs and ward mangers noted how the apprentices were much more proactive at seeking out learning opportunities suggesting this was because they understood the mechanisms of the organisation better than traditional students. They described how the apprentices participated in learning opportunities advertised via their newsletter and this prompted them to ensure that all students were aware of the newsletter by including it in their induction programmes.

PEFs and ward managers suggested that the improved support given either virtually or face to face to the apprentices had an impact on their learning (Gazza 2017). They said this is an area of good practice they hope to take forward by introducing informal weekly meetings with all students so that any challenges they may be having could be resolved early in their placements.

There was a 27% dropout rate of the nursing apprentices on this course. This high rate of attrition was due to personal reasons, for example one student found it hard moving to a new county and being away from their family. As the attrition rate was due to personal circumstances outside of the course, we do not expect this to affect the results of the study.

There are some future recommendations on how the apprenticeship programme could be improved. These include considering the introduction of block placements so that the apprentices achieve their desire to avail of every possible learning opportunity in each specialised area of practice. Work-life balance was noted by many as challenging, in collaboration with the apprentices explore how this could be managed differently.

Conclusion

This qualitative study has given important insights midway into the four-year apprenticeship programme. It explored the experiences of the degree nursing apprentices undertaking the pathway, practice education facilitators supporting the apprentices and ward managers who managed the process. Challenges with communication at the beginning of the programme, managing work-life-balance due to the curriculum structure, identity of role, benefits of being paid to study, ownership of learning, maturity of apprentices, were all reported by participants as being important.

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