



Direct care activities for assistants in nursing in inpatient mental health settings in Australia : A modified Delphi study



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Abstract This paper describes a modified Delphi approach to developing a set of direct care activities for assistants in nursing (AIN) working in mental health settings within a metropolitan local health district (LHD). Although AIN have been employed in a range of health care settings in recent years, they have not routinely been placed in the mental health context. A modified Delphi method was utilised as it has a proven history of application in the health sector, particularly in circumstances where new guidelines, policies or practice frameworks were required. A set of direct care activities for working in mental health settings was developed from an initial set of baseline descriptors and then two rounds of consensus conferencing with a panel of experts. This paper will detail that process and discuss the resulting implications for the consensus reached on the set of direct care activities.

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Introduction

Australia is experiencing an ageing population, increasing prevalence of chronic disease and an ageing healthcare

professional workforce. The projected registered nurse shortfall in Australia is alarming, with estimates of over 100,000 deficits by 2025 (Health Workforce Australia, 2012). These changes have also been seen globally when the World Health Organisation estimated a shortage of 4.3 million nurses, midwives, doctors and support workers in 2006 (World Health Organization, 2006). These issues have led to the need for healthcare services to reorganise how direct patient care services are delivered (Australian Health Workforce Advisory Committee, 2006). The introduction of the role of the assistant in nursing

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(AIN) into a broader range of clinical specialties is one attempt to address this growing demand for healthcare workers.

AIN in Australia are broadly defined as clinical support staff that assist health care professionals in the provision of nursing care to patients in acute care settings (Australian Nursing and Midwifery Council, 2007). In New South Wales (NSW), the AIN has been defined as a worker who assists registered nurses to provide fundamental patient care, and who are not licensed to practice as a registered or enrolled nurse (New South Wales Health, 2010a). In NSW the minimum educational standard for an AIN working in an acute care environment is typically a 12 month technical and further education level course, of approximately seven hours of study per week (TAFE NSW, 2013). Alternatively, a student currently enrolled in a nursing degree programme who has completed a minimum of 1 year study can practice in an AIN role. AIN are regarded as individually accountable for their own actions and accountable to the registered nurse and their employer for their delegated duties (New South Wales Health, 2010a). A registered nurse is responsible for determining whether certain aspects of care should be carried out by an AIN, and is responsible for ensuring that AIN are competent in providing that care (New South Wales Health, 2010a).

Internationally, the AIN role has been utilised within a number of clinical specialties, such as: the aged care sector (Nancarrow, 2012), rehabilitation (Wood, Schuur, & Amsters, 2011), haemodialysis services (Chow, Miguel, LiDonni, & Isbister, 2010) and other acute care settings (Small, Atleno Okungu, & Joseph, 2012). Although evaluations of the effectiveness of the role are limited, a North American study, where AIN had completed an educational programme on how to prevent functional loss in elderly patients, demonstrated a reduced length of stay in medical unit patients (Weitzel & Robinson, 2004). A study in the United Kingdom also described benefits, where the employment of AIN allowed more time for qualified nurses to attend to critical care patients (McGuire, Richardson, & Coghill, 2007). In contrast to this authors such as Twigg, Duffield, Thompson, and Rapley (2010) cite numerous studies that link the reduction of registered nurse ratios, and specifically the substitution of registered nurses with assistant roles, to negative patient outcomes. Twigg et al. (p. 315, 2010) further state that "Current thinking about new models of care that maximise the use of less skilled workers to assist in patient care is not congruent with the evidence to hand." More recently Twigg, Geelhoed, Bremner, and Duffield (2013) identify employment of AIN type roles to address workforce shortages. The authors however caution that such roles are sometimes used to provide what would otherwise be identified as essential aspects of nursing care. It is hypothesised that alteration of skill mix in this way has the potential to have a negative impact on patient care and safety. The caveat here is that no research addressing these issues has yet been conducted in the mental health context in Australia.

Mental health settings are as yet an uncommon place for AIN to be employed. Cleary, Horsfall, and Happell (2012, p. 72) state, 'The employment of undergraduate nursing

students in mental health settings is currently occurring, but not in a systematic or planned fashion'. Warne and McAndrew (2004) looked at the introduction of mental health assistants into the mental health workforce in the UK, although no set of direct care activities was described. The authors did however describe tension between the need to sustain and expand the mental health workforce, against the perceived decline of the unique role of the mental health nurse (Warne & McAndrew, 2004). Cleary, Horsfall, O'Hara-Aarons, Mannix, Jackson and Hunt, (2012b) argue that despite the notion that the mental health workforce might benefit from introducing more AIN, no outcomes are yet available as to the positive impact of this. In an attempt to address this, a study by Cleary, Harsfall, O'Hara-Aarons, et al. (2012) sought informed opinion about the role of the AIN working in mental health and provides a valuable insight into registered nurse perceptions of the role. A qualitative analysis of structured interviews with fifty mental health nurses identified communication skills, using their initiative, and a willingness to learn, as the most prominent qualities and skills required for successful AIN integration within mental health units. The study also highlighted that the most common expectations of an AIN involved physical observation of patients and technical tasks (Cleary, Harsfall, O'Hara-Aarons, et al., 2012). These aspects of patient care were consistent with the expectations of both AIN and RNs. However there were areas such as interacting with patients, writing up patient notes and gauging the mental state of patients that represented conflicting views between what AIN thought they were capable of and the expectations of RNs (Cleary, Harsfall, O'Hara-Aarons, et al., 2012). This to some extent confirms a lack of clarity regarding the role of the AIN in the mental health setting and reaffirms the purpose of the work described in this paper.

For the purposes of this study the authors have decided to describe the functions of the AIN as 'direct care activities'. The literature on AIN is yet to come to consensus on the term used to describe the work of the AIN. Currently there are a range of terms being used to describe their work practices, for example: qualities, functions, role description, competencies, clinical skills, scope of the AIN role and scope of practice (Algoos & Peters, 2012; Chow et al., 2010; Nancarrow, 2012; New South Wales Health, 2010a). The term 'scope of practice' generally refers to a broader set of practice principles for licensed practitioners and such was not used, as the AIN is not licensed to practice as an registered or enrolled nurse, at the study site (New South Wales Health, 2010a). Considering the local nature of this study the term 'direct care activity' is used as it reflects the description of the behaviours that the AIN may perform and is consistent with the state wide guidelines that the study site is influenced by (New South Wales Health, 2010a, p. 25).

Whilst there have been attempts to define the role and set of direct care activities for AINs in the generalist setting, there is a lack of literature which describes AIN care activities within inpatient mental health settings. This paper describes outcomes of a formal process to develop a set of direct care activities for AIN working in inpatient mental health settings.

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