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Assessing nursing assistants' competency in palliative care: An evaluation tool

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ABSTRACT

Nursing assistants are the largest aged care workforce providing direct care to older people in residential aged care facilities (RACF) in Australia and internationally. A palliative approach is a large component of this direct care that necessitates nursing assistants possess requisite knowledge, skills and attitudes. While training needs have been identified to enhance their practices, preservice education is variable, educational interventions have been adhoc and professional development found to be inadequate to the demands of the workplace. In addition, evaluation of nursing assistants' knowledge, skills and attitudes has lacked an instrument specifically tailored to nursing assistants' level of education and role responsibilities when providing a palliative approach. This paper reports on Phase 3 of a research study to develop such an instrument capable of assessing nursing assistants' knowledge of, skills in, and attitudes within a palliative approach. This phase assesses the usability and performance capabilities of the new instrument on a purposive sample of nursing assistants in two RACFs using the survey method. Results showed that the instrument was able to discriminate between groups of nursing assistants based on experience in role. Usability results indicated that the instrument is user friendly and time efficient.

1. Background

The bulk of care delivered to older people in residential aged care facilities (RACFs) in Australia is provided by nursing assistants. This category of workforce also known as assistants in nursing (AIN), personal care workers (PCA) or Care Support Employees (CSA) is not dissimilar to Certified Nursing Assistants (CNA) in the United States (Van Riesenbeck et al., 2015) or Health Care Assistants (HCA) in the UK (De Witt Jansen et al., 2017), or similar nomenclature in Europe and Canada (Kada et al., 2017; Beck et al., 2012; Leclerc et al., 2014).

A palliative approach is the term reflecting national Guidelines that were developed to enhance the quality of life and care of older people with palliative care needs living in residential aged care facilities (Commonwealth of Australia, 2006). A palliative approach is the goal of care of many older people in this setting who have a high burden of chronic disease and comorbidity. Ideally applied early in the disease trajectory, a palliative approach helps with managing symptoms as they arise and aims to clarify goals of care early because many older people with palliative care needs who are not dying of cancer experience a trajectory of frailty and gradual decline in function (Australian Department of Health and Ageing, 2006). The prevalence of dementia and other communication difficulties in this setting makes the administration of palliative care difficult (Australia Institute of Health and Welfare, 2018). Furthermore, 34% of all registered Australian death in 2015 occurred in this setting (Australian Institute of Health and Welfare, 2016b). In the face of such challenges, the importance of a knowledgeable and competent RACF workforce able to respond to the complexity of needs of older people and to deliver high quality care is paramount.

Registered nurses (RN) assume overall responsibility for the care, well-being and safety of residents (Australian College of Nursing, 2016). However, RNs are considerably fewer than nursing assistants in number (15% of the workforce) and their 24-h presence in RACFs is no longer mandated in New South Wales, in line with the rest of the country (Parliament of New South Wales, 2016). The disparity in number of RNs limits the active supervision and support of nursing assistants.

The majority of nursing assistants undertake training at the certificate level through Technical and Further Education (TAFE) colleges or through training provided by Registered Training Organisations (RTO). Preservice education is recommended before entry into the aged care industry, however it is not mandated that nursing assistants entering RACFs have completed this preservice education (Martyn, 2016). The majority are also unlikely to have received any education or training in palliative care (Mavromaras et al., 2017, Department of Employment, 2016; Frey et al., 2016; Martyn, 2016). Of the nursing assistants

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(n = 108,126) surveyed in the Australian National Aged Care Workforce Commonwealth of Australia, 2006, nearly 70% held the industry-recognised certificate (Certificate 3 in Aged Care[1]) although only 7.4% reported a specialised qualification in palliative care and 72% identified palliative care as a priority area for training (Mavromaras et al., 2017). With projected growth in the aged care sector forecast, palliative care was identified as one of most valuable areas for training (Deloitte Access Economics PTY Ltd, 2016).

Deficits in knowledge and skills limiting nursing assistants in their provision of a palliative approach include the ability to provide emotional and supportive care (Beck et al., 2012, 2014a, 2014b), difficulty in discussing death and dying and engaging with bereaved relatives (Marshall et al., 2011; Handley et al., 2014) and a lack of preparedness for the death of residents (Van Riesenbeck et al., 2015). Nursing assistants, in particular, have been shown to have the lowest level of palliative care knowledge within the aged care workforce (Ford and Mcinerney, 2011; Thompson et al., 2011, Unroe et al., 2015).

Yet, nursing assistants through their daily care activities develop knowledge of the older person's needs, identify subtle changes in status and are also uniquely positioned to identify pain, arguably an essential skill when assessing cognitively impaired older people (Mcclement et al., 2010; Liu, 2014, De Witt Jansen et al., 2017; Holloway and Mcconigley, 2009). For Australian nursing assistants, assessment of pain is undoubtedly becoming more important with the changes in resident-staff ratios and fewer numbers of registered nurses in RACFs in a supervisory role (Mavromaras et al., 2017). With nursing assistants' knowledge of the older person, their capacity to identify pain and symptom issues to escalate to RNs as necessary, it is particularly important to the quality of care and outcomes for residents approaching end of life, and their families, that nursing assistants have relevant knowledge and a broad skill set for a palliative approach.

Several measurement tools are available to evaluate aspects of palliative care competency in the aged care workforce (Pfister et al., 2013; Long et al., 2012; Thompson et al., 2011; Phillips et al., 2011; Leclerc et al., 2014; Nochomovitz et al., 2010). While these have been used to evaluate palliative care competency in nursing assistants, a validated instrument designed and developed for nursing assistants' level of education and scope of practice is not available (Frey et al., 2011; Karacsony et al., 2015). Instead, the Palliative Care Quiz for Nurses (PCQN) (Ross et al., 1996) has been the most widely used knowledge test for nursing assistants in Australian RACFs (Karacsony et al., 2015). While it is an efficient tool to administer, the suitability of this instrument to assess nursing assistants' knowledge of a palliative approach is limited (Karacsony et al., 2015, Ford and Mcinerney, 2011). One reason for this is because the study population for the PCQN (Ross et al., 1996) did not include nursing assistants working in RACFs. To address this gap, a new instrument designed to evaluate the knowledge, skills and attitudes of nursing assistants within a palliative approach has been developed. This paper reports the results of the third phase of a four-phase research study to develop such an instrument. The aim of Phase 3 was twofold: to test the overall usability of the instrument in both online and paper format with a sample of nursing assistants, and to assess the performance of the instrument in discriminating knowledge, skills and attitudes between three groups of nursing assistants based on years of experience in role.

[1] Superseded in 2015 by the Certificate in Individual SupportEthics approval and consent to participate. This research study was approved by the Western Sydney Human Research Ethics Committee reference number H9963. Informed consent was obtained for all phases of this research which contributes to the first author's doctoral work. Completion of the questionnaires in Phase 3 indicated consent.

2. Methods

2.1. Setting and sample

Pretesting the new instrument in Phase 3 was conducted sequentially at two sites within the outer suburbs of metropolitan Sydney. Site A was the larger of the two sites and part of a community-based, not-for-profit organisation. Site B was a private, for profit organisation. In Australia, aged care facilities have a large representation of private organisations and smaller representation of community-based organisations (Australian Institute of Health and Welfare, 2016a). Recruiting from both sites A and B allowed the study to reflect these ratios.

The sample selected for Phase 3 was a purposive sample of nursing assistants (n = 61). Potential eligible participants at each site were invited to take part in the study by the educator at Site A and the Director of Nursing at site B. The pilot sample was intended to comprise equal numbers of participants in three groups at the two sites. The participating nursing assistants were allocated to one of three groups based on their years of experience in the role. Group 1 were staff with less than two years' experience in the role; Group 2 were staff with between two and five years' experience in the role; and Group 3 were staff with more than five years' experience in the role. Based on these criteria, all nursing assistants from the participating sites were eligible to participate.

The sample size of 61 was in keeping with recommendations for preliminary instrument development; these indicate a preliminary study be at least one-tenth the size of the proposed larger-scale study with a minimum sample of 30 participants and approximately twelve participants per group when there are two to three groups (Pett et al., 2003; Johanson and Brooks, 2010). Following the criteria for the larger study in Phase 4, both sites A and B comprised low-care and high-care places to ensure the nursing assistants would be exposed to residents whose care would likely warrant a palliative approach.

2.2. Data collection

2.2.1. Instrument

The new instrument in its final format and being pretested in Phase 3 comprised three separate questionnaires: PANA_Knowledge Questionnaire, PANA_Skills Questionnaire and the PANA_Attitudes Questionnaire. PANA is an acronym for a palliative approach for nursing assistants. The items included in the instrument were generated from qualitative interviews (n = 25) with a purposive sample of nursing assistants from three RACFs in Phase 1 of the project and from four groups of experts in a content validation process in Phase 2. Ethical considerations related to this phase of the study included the provision of information explaining the purpose of the study and the voluntary nature of participation. The first page of the survey required participants to acknowledge that they understood this before they proceeded to the questions. A list of counselling support services was provided as part of the information package delivered to the facilities in Phases 1, 3 and 4. The sensitive topic of dying and death posed a level of emotional risk which would make providing information and resources on available bereavement and counselling services beneficial (NHMRC, 2007).

The order of the questionnaires in the instrument was:

1. PANA_Knowledge Questionnaire

In 28 questions, knowledge items were formulated as a mix of easy, moderately difficult and difficult items with True, False, Don't Know response options. Each correct score was assigned a score of 1 and each incorrect or 'don't know' response was assigned a score of 0.

2. PANA_Skills Questionnaire

Across 38 items, participants were asked to select an option that