



Embedding the assistant practitioner role within the clinical department: A qualitative study

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ABSTRACT

Aim: To evaluate the Assistant Practitioner (AP) role in terms of service delivery and gain insight into the improvements that could be made in embedding this role effectively. This evaluation was timely as the role had been established in radiography for several years and there was limited research which explored its success in practice.

Method: A qualitative approach was used to examine the perceptions of radiology managers using a regional focus group ($n = 10$) and follow up interviews ($n = 4$). These were designed to gain an understanding of the managers' views. Focus groups and interviews were audio recorded and transcribed. Data were analysed using a framework analysis approach to reveal salient issues.

Results: Three main themes representing the perceptions of the role were uncovered and these related to organisational issues, the educational perspective and the individual perspective. This paper is restricted to in depth reporting and analyses of the organisational and individual perspectives only. Analysis revealed several factors facilitated the role in practice but equally other factors inhibited its effectiveness. **Conclusions:** There is potential for the AP role to support the work of radiographers and more importantly enhance the care of patients. However, certain individual views should be addressed and the identified changes in departmental organisation attended to, if the role is to develop successfully and become firmly embedded in the radiography service structure.

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Introduction

Radiography services throughout the National Health Service (NHS) in the UK have been struggling to meet demand, given that in the early 2000's their staffing levels were at an all time low.¹ In response to this crisis, the Society and College of Radiographers (SCoR) developed a skill mix strategy, which incorporated an assistant practitioner (AP) grade alongside the radiographers. This is an emerging role in radiography and formed part of a skill mix strategy known as the four tier framework.² This system included several bands of staff. The AP grade (band 4), the newly qualified professional (band 5), those qualified with several years experience (band 6) and advanced practitioners (band 7), who assumed more sophisticated roles previously undertaken by radiologists. Since radiologists also had recruitment issues,³ extending the radiographers' role in this way helped meet demand more effectively³ and aided the radiographers' career progression. However, it drew them away from routine duties, which was a concern, given that there were demands for a longer working day.^{4,5}

Extension of the working day was expected to lead to improved rates of diagnosis and reductions to patient waiting times.⁶ Although this was a worthy premise it seem far from achievable given that little allowance had been made for the increasing number of staff approaching retirement age or for those who took part-time/job share roles. Ultimately, it meant increased pressure on the radiographic service.⁴

The skill mix strategy incorporating the APs would allow an array of duties conventionally held by radiographers to be taken on by the AP. This would streamline the profession, improve patient care and effectively save money.² There were plans to develop the knowledge and skills of current NHS support staff to populate the role. This along with some organisational re-design would make role extension possible. If the documentary evidence was to be believed, this was the way forward for all UK healthcare provision.^{7–9} Moreover the SCoR believed the introduction of APs would release the time of existing, more highly trained staff, to engage in more 'added-value' tasks and hence improve the service.¹⁰

'In other professional areas, such as nursing, it has been suggested that the introduction of AP grade staff would help to meet the ever-increasing demand on healthcare.¹¹ Nursing had role extended

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current staff, as they believed it liberated their talents and improved the delivery of care to patients.¹² However the success of the initiative in practice relied upon departmental staff cooperation.¹³ Indeed acceptance of any new process is dependent on the inherent characteristics of the clinical setting, but this can be positively influenced if staff are involved in the decision making process. They will be more encouraged if the changes in skill mix provide improved patient care rather than merely value for money.¹⁴

In general, skill mix, and the resultant changes in roles, were presented to the radiography workforce as offering opportunities to progress in their careers and gain increased job satisfaction.⁹

However some studies found quite the opposite. Hegney's¹⁵ Queensland study undertook a mixed methods approach to explore workforce issues related to skill mix. This revealed that professionals felt aggrieved at the introduction of lower bands of staff to cover service demand. They queried the effect on patient care and the subsequent effect on workforce dynamics. Ultimately, their study revealed job satisfaction decreased and staff turnover increased. A similar reluctance to accept changes to skills and new staff grades was uncovered in Wilkinson's¹⁶ UK study of support workers in general practice. They were adverse to the changes particularly when they perceived them to be purely 'cost cutting' measures.

A further study by Pratt¹⁷ found that qualified staff had concerns about support workers undertaking their duties.¹⁷ They felt their profession was being undermined when lesser qualified, unregistered staff took on aspects of their role. This highlights the need for national recognition of support workers. Currently APs are not eligible to register with the Health Professions Council (HPC) (the independent regulator for radiography in the UK), this maybe what is needed if the profession is to gain 'occupational closure'.¹⁸

Upon qualification the relationship between the AP and the student radiographer saw changes. APs claimed having set out as peers on their educational journey together, once qualified their relationship changed because the student radiographer qualified to a more responsible position. This saw a shift in the power dynamic,¹⁹ and was a source of potential friction.¹⁹ In addition there was opposition from some radiographers, who felt APs should not be able to access a full professional qualification through this route as it would be unfair to the undergraduate student radiographers.¹⁹

It is apparent that the messages emerging from the literature are mixed. The policy rhetoric highlights the benefits that the AP brings to the radiography service, whereas the research, albeit limited, suggests that the introduction of the AP role has brought some tension to the service. In light of these conflicting messages, the aim of this study was to reveal the advantages and disadvantages of the role in practice which would lead to useful recommendations into how the role can be effectively embedded in practice.

Methodology

The study adopted a qualitative approach that was exploratory and descriptive in nature. This allowed meaning and perspective of the respondents' comments to be examined.^{20,21}

Purposive sampling was used to invite radiology managers from the clinical sites affiliated to a foundation degree (FD) programme, which ran at one university in the North West of England ($n = 10$).

Ethical approval was granted by the relevant ethics committee. Confidentiality and anonymity were assured throughout. Managers were informed of the study and asked to complete a consent form if they wished to take part, all agreed.

A focus group (FG) was completed with 10 managers. Their contributions gave valuable early insight to the AP role, however, the relatively large group size and time constraints meant that opportunities to probe were limited. Therefore follow up face to

face interviews were arranged to further explore information provided by several of the managers. To confirm accuracy and avoid interviewer interpretation all interviews were audio recorded and fully transcribed and to enhance the credibility of the findings, the transcriptions were offered to the participants for validation. Conducting the interviews secondary to the FG enabled more conclusive investigation of emerging themes and 'member checking' of FG findings.²² An interview guide (Table 1), based on the aims and objectives of the study was used to direct the FG and interviews. This was semi structured in nature, allowing participants to discuss and debate the arising issues.

Data analysis

Data analysis followed a thematic approach. This process facilitated definition of the data, represented its diversity and enhanced the consistency of findings. Moreover, following these steps allowed us to provide a clear audit trail of the analytical process.

The process is illustrated in Table 2.

Emerging themes were discussed with an independent advisor to help minimise bias. Applying the thematic approach to both data sets gave consistency and transferability.²³

Findings

The findings of the study fell within three broad themes that focused on the individual, organisational and educational perspectives of the assistant practitioner (AP) role. In depth analyses and reporting were restricted to the organisational and individual aspects for this paper and their interplay is demonstrated in the category tree in Fig. 1.

Each theme was characterised by relevant data extracts and these are included in the ensuing account.

Findings and discussion

Skill mix, scope of practice and progression opportunities were highlighted within the literature review and featured heavily during the managers' discussions. They explained how increased skill mix brought limited benefits. As the AP's had a reduced scope of practice, they were restricted to carrying out simpler examinations as radiographers assumed the more challenging ones. While this helped to ease the workload, anecdotal evidence suggests radiographers felt 'short changed' at having to carry out 'all the heavy work'. This issue would be worsened if APs were allocated during 'out of hours' when the service is run on a 'skeleton staff' arrangement. Indeed there may be pressure to advance these APs into 'mini radiographers' if workload demands continue to increase.

The current AP remit requires their work to be supervised and checked by radiographers, this obviously puts added pressure onto the radiographers. In an attempt to address this, the SCOR²⁴ extended the APs role to include checking the 'technical' quality of the image. The diagnostic and pathological aspects would be

Table 1
Interview guide.

Focus group/interview questions
<ul style="list-style-type: none"> • Discuss the benefits the AP role has had within the Radiology departments. • Discuss any issues that have arisen as a direct result of employing the AP role. • What were the expectations of the AP role? – Give examples • In your opinion, will the role continue to be employed in the Radiology departments over the next five years?

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