



# Delegating and supervising unregistered professionals: The student nurse experience

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## SUMMARY

**Background:** Changing models of healthcare have resulted in the need for registered nurses to be competent in delegating and supervising the unregistered health care assistant. However research evidence suggests nurse education does not prepare students for the practicalities of this role.

**Objectives:** This paper reports on undergraduate student nurses' level of preparation when working with health care assistants (HCA). It is part of a large scale project, undertaken between 2005 and 2011, which explored pre-registration student nurses' perceptions of the role of the HCA and how this affects their clinical learning.

**Design:** A sequential transformative mixed method research design was adopted.

**Setting:** One higher educational institution in the United Kingdom.

**Participants:** Forty-five pre-registration nursing students took part in phase one and 662 participated in phase two.

**Methods:** Phase one used focus groups ( $n = 32$ ) and interviews ( $n = 13$ ) and phase two used a semi-structured questionnaire.

**Results:** Whilst most students reported that they were familiar with the role of the health care assistant, findings showed that nurse training did not initially prepare students for the realities of clinical practice, however as students progressed they became more aware of such issues. For some such skills were learnt on the job and they identified a number of barriers they faced when delegating tasks such as fear of causing conflict. Overall the lack of initial preparation was perceived by participants to be a hindrance to meeting the goals of clinical learning and to understanding the dynamics within the nursing hierarchy.

**Conclusions:** Students in this study highlighted gaps in their educational programme and clinical experiences regarding their preparation for a delegatory and/or supervisory role. Given the importance of such skills, it is imperative that universities provide pre-registration student nurses with the education necessary to develop delegation strategies and to adapt to their evolving professional role.

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## Introduction

In today's global health care system greater utilisation of the assistant worker is a common feature. Internationally, however there is no definitive title used to refer to this role. Predominately in the United States the title unlicensed assistive personnel is adopted, whilst in the United Kingdom (UK), it is referred to as a health care assistant. Yet regardless of the title used the role is to work under the supervision of a registered professional to assist in the delivery of patient care. Consequently this requires nurses to be competent in the functions of delegation and supervision whilst simultaneously monitoring and delivering care.

The goal of nurse education is to equip new registrants with the knowledge and skills they need to practice safely and effectively (World Health Organisation, 2009; Nursing and Midwifery Council

(NMC), 2010). In the UK, first level entry nursing students study either a degree or diploma (referred to a pre-registration programme) which comprises 50% theory and 50% practice. One of the standards for pre-registration nurse training states that they must be able to "delegate duties to others, as appropriate, ensuring that they are supervised and monitored" (NMC, 2004 p5), however, national and international evidence suggests that there is a lack of academic preparation for this role (Conger, 1999; Casey et al., 2004; Beebe, 2010; Powell, 2011) and that during clinical placement students rarely practice delegation (Feldman and Greenberg, 2005), yet ironically once employed they must be ready to perform such skills.

Implementation is not straightforward, as delegation is also dependent upon identifying the right task, circumstance and person. Yet defining the exact role of the HCA in the UK is problematic as the tasks they undertake vary across clinical areas. In addition, although they are commonly referred to as health care assistant (HCA), they do not have a definitive title, are not subject to any educational baseline or trained to any national standard. At present they are unregulated, except in Scotland where a voluntary system

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exists (The Scottish Government, 2010; Webb, 2011). The responsibility for HCAs' education and role composition rests with each NHS trust and individual managers, which has led to widespread variations across clinical settings. This has led to HCAs being responsible for the fundamentals of patient care (Unison, 2010) and are increasingly being reported as undertaking specialist and technical nursing activities (Spilsbury and Meyer, 2005; Kessler et al., 2010; Hasson and McKenna, 2011).

Nevertheless, it is the registered nurse who retains professional accountability for delegation and supervision of their performance, alongside delivering their own clinical nursing responsibilities (Norris and Rundall, 2001). However, unless one knows what to delegate and the qualifications and abilities of the person to whom they are delegating, practice may be simply due to the discretion of individuals (McKenna and Hasson, 2008). Ineffective supervision (Boyes, 1995; Spilsbury and Meyer, 2005) and poor delegation has resulted in reports of poor patient outcomes (Kopishke, 2002; Anderson et al., 2006; Kalisch, 2006; Kalisch et al., 2009). For example recent reports suggest and registered nurses poor delegation has resulted in missed or omitted nursing care being delivered such as turning, ambulating, feeding, toileting and mouth care (Bittner and Gravlin, 2009; Gravlin and Bittner, 2010). It is therefore crucial for students and nurses to be knowledgeable, competent and confident in performing these skills (Standing and Anthony, 2008). However, much research into delegation and supervision of assistants has focused on the registered nurses' experience (Standing and Anthony, 2008; Berkow et al., 2009; Potter et al., 2010; Saccomano and Pinto-Zipp, 2011), with scant attention given to that of the student nurse.

This paper describes two phases of a large three staged mixed method study which investigated the influence of the HCA role on pre-registration students' clinical learning. Data was collected part time over a six year period from 2005 to 2010. However for the purpose of this paper it will focus on reporting pre-registration nursing students' perceived level of preparation towards supervising and delegating duties to the HCA and explore how this affected their clinical placement experience.

## Background/Literature

Delegation is not a new phenomenon in nursing; rather it can be traced back to Florence Nightingale (Henderson et al., 2006). Nonetheless, throughout nursing history it has been emphasised and deemphasised at different periods (Kelly-Heidenthal, 2003). Since the early 1990s the shift from primary to multi-level nursing has seen the emergent role of the HCA and hence a growing recognition of the importance of delegation. Whilst the NMC or the Royal College of Nursing (RCN) does not offer a definition of delegation (RCN, 2006; NMC, 2008; Gillen and Graffin, 2010), they both provide guidance which emphasises the importance of the process. For example, they identify factors that need to be considered before delegation occurs such as, the individual's education, skill acquisition and experience to undertake the task, the nature of the task and the requirements of the patient. An awareness to the requirements of what can be delegated and to whom it can safely be assigned, as well as understanding the criminal, civil, employment and professional frameworks, guiding the process is central to the act of delegation.

The process of delegation is not straightforward for a number of reasons. Firstly, there is no legal definition of nursing in the UK (Cipriano, 2010); therefore the tasks that can be delegated are open to interpretation. Secondly, for delegation to be undertaken safely there must be an understanding of the competencies possessed and what the roles constitute (National Council of State Boards of Nurses, 1995; NMC, 2008). With regard to HCAs, research studies have illustrated examples of delegation occurring in an unsystematic manner resulting in inconsistencies in the use of skills across care settings (Nazarko, 1999; Saiani and Franceschini, 2000; Spilsbury and Meyer,

2005). Thirdly, research suggests that the perceptions and definitions of delegation are ill-defined and confusing (Anderson et al., 2006; Knibb et al., 2006; Standing and Anthony, 2008).

In the UK and elsewhere, guides for registered practitioners and HCAs on supervision, accountability and delegation have been issued (American Nurses Association (ANA), 1997; CSP, RCSLT, BDA, RCN, 2006; Nursing Standard Essential Guide, 2008; Australian Nursing Federation, 2011). At present, no educational guidance exists in the UK to advise pre-registration student nurses on issues relating to supervision, accountability and role boundaries in clinical practice with regard the HCA. The ANA (1992, 1997) recommended that all baccalaureate nursing education programmes should include information of the utilisation of unlicensed assistive personnel with respect to supervision, roles and relationships, interpersonal skills, delegation and liability issues. Nonetheless, national and international evidence has suggested that practising nurses and new graduates lack academic preparation for this element of their role (Reeve, 1994; Henry et al., 1994; Salmond, 1995; Macleod-Clark et al., 1997; Thomas and Hume, 1998; Conger, 1999; Canadian Nurses Association, 2005; Henderson et al., 2006; The American Association of Nurse Attorneys, 2007; Saccomano and Pinto-Zipp, 2011). Hence they are inadequately prepared for supervisory and delegation functions (Blegen et al., 1992; Parsons, 1998; Anthony et al., 2001; Stokes and Warden, 2004; Cipriano, 2010). This is unsurprising given reports that limited time is spent on such topics in pre-registration training (Alcorn and Topping, 2009); a paucity of resources for teaching and inadequate practice opportunities exist (Henderson et al., 2006; Beebe, 2010). Indeed variation in clinical placements may result in experiences that foster the development of delegation skills occurring informally and incidentally with little or no planned formal opportunities in practice occurring. Powell (2011) has claimed that this results in a curriculum gap in knowledge and competencies at undergraduate level. However these views are not universally shared, as in a large scale survey of US academic leaders nearly 90% believed that nursing students were competent to provide safe and effective care, which is in contrast to a survey of US nurse executives, directors and nurse managers (n = 3,265) which revealed that only 10% were satisfied with new graduate nurses delegation capability (Berkow et al., 2009). Whilst limited, research exploring the views of newly qualified nurses also suggest that they find it difficult to delegate (Dwyer et al., 2003) leading to some experiencing stress and anxiety associated with their managerial role (Maben and Macleod-Clark, 1998; Whitehead, 2001).

This has implications for practice; for example, evidence has suggested that such skills are obtained through trial and error or on-the-job training (Thomas and Hume, 1998; Anthony et al., 2001). Furthermore, confusion and misunderstandings have resulted in nurses believing they are only responsible for the implicit delegation and not the tasks which are deemed as part of the assistants' role (Standing et al., 2001). In addition, research has highlighted difficulties with delegation; a perceived lack of authority and wanting to avoid conflict has led to nurses choosing to complete the task themselves rather than having to delegate (Dwyer et al., 2003; VanCura and Gunchick, 1997; Kalisch, 2006; Kleinman and Saccomano, 2006; Potter et al., 2010). Consequently, this has led to assistants not being utilised effectively (Spilsbury et al., 2011), whilst nurses workloads increase (Takase et al., 2006).

Whilst it is acknowledged that the ability to delegate is essential skill for all nurses (Ruff, 2011) it is a complex skill requiring both academic and clinical instruction and practice (Thomas and Hume, 1998). However, little has been written about the preparation and experience of pre-registration student nurses with regard to the HCA role. This paper focuses on delegation by the student nurse to the HCA. It represents findings of a larger mixed methods study which explored how the interactions and perceptions of HCAs relate to and impact on pre-registration students' clinical learning experience.

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