The AaRK project

(Academic award and Recontextualising/Re-using Knowledge)

Improving the patient experience and productivity in clinical micro systems: a mixed methods study of nurse – Healthcare support worker delegation

Professor Helen Allan and Dr Carin Magnusson

Project team:

University of Surrey:

Khim Horton, and Kathy Curtis

University of Salford: *Martin Johnson & Elaine Ball*

Institute of Education: *Karen Evans*

Background

- Recent introduction of all graduate entry to nursing in England
- Key workforce and economic pressures: Increased delegation of care to healthcare assistants
- Implications of delegation for patient safety
- Nursing and Midwifery Council (NMC) state that Registered Nurses are accountable for the care delegated to others

Background

- Delegation "requires sophisticated clinical judgement and final accountability for patient care" (Weydt, 2010)

- Delegation and patent safety closely linked and poor delegation is a "fertile ground for error" (Anthony and Vidal, 2010)

Theoretical framework

- Microsystems are small functional front-line units, the essential *building blocks* of an organisation. (Nelson et al, 2002)

- Clinical microsystems research argues successful organisations focus on the *smallest replicable units* (SRUs). (Quinn, 1992)

- At Ward level the SRU is the nurse-healthcare support worker *dyad*.

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Project Aims

Phase one: To understand how newly qualified nurses (NQNs) learn to delegate and supervise care on the wards when working with and supervising healthcare assistants

Phase two: pilot and evaluate an evidence-based tool to support NQNs in delegation

Project design & methods

Design

- Ethnographic case studies
- Mixed methods

Participant Observations

- 'Shadowing' of newly qualified nurses on hospital wards
- 2-5 hours of observations each

Interviews

- Nurses
- Healthcare Assistants
- Clinical managers

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Summary of Phase One data collected (November 2011 to May 2012)

Data collection method	Total
Observation of nurses (twice/nurse)	33 nurses 66 obs. (200 hours)
Nurse Interviews	28
Healthcare Assistants Interviews	10
Ward Manager Interviews	12
TOTAL	**116**

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Why is improved understanding important?

The knowledge from this study will contribute to ensuring the **safe and professional delegation** of care

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Findings

1) Organisational learning contexts

Observation notes:

NQN tells me she is nervous when lights are off in bay at night because she can't see the patients. She would like to have the light on by every bed. But luckily the patient with a trachea which needs clearing is by window and light is on, good. She explains to me that 'this patient could die if she does not look after her properly – big responsibility!'. She also talks about something that happened last year where a young person died in her sleep during the night when it was dark. I asked if they knew why patient died. Nurse say she never heard about the cause of death. (A/OBS/NRS/1)

2) Delegation in context

Care priorities and *care outcomes*: ensuring safe and good quality care

- Prioritising according to early warning scores
- Determining which patient(s) were in most pain
- Making 'tick-lists'
- By watching others
- Medication round and completing documentation

2) Delegation in context

Care priorities and *care outcomes*: ensuring safe and good quality care

I would ask the person first and say 'what are you doing', 'are you sure that that's right?', and if she says 'yeah I'm sure this is right', and I'd say 'listen, this is not right', 'you can't do it', you know – correct myself, and said 'who told you to do it this way', you know and said 'would you like to go for training or do you want to go speak to somebody or', said 'just listen, this is wrong, you can't do it' (AINTNRS2)

3) Learning processes

Knowledge development in action: Learning from negative experience and mistakes

well, it makes me feel I can't nurse, because I feel like they know that I don't have any experience, so they're taking advantage of that and they're saying "Oh no, I'm just going to do this first" when actually, in my head, like I'm actually responsible for them and if I want this job that's more important doing first. (CINTNRS2)

3) Learning processes

Knowledge development *in action*: Learning from negative experience and mistakes

I think you learn from your own mistakes and other people's mistakes as well because you know, there's a lot of 'this could go wrong, this could go wrong' but when like you're actually faced with it yourself you sort of realise it and it's the little things that happen like that cause like a bigger error and then that's it you have to take a step back then and think 'god, what else could go wrong? (AINTNRS14)

Summary findings from Phase One: Areas where newly qualified nurses need support

1. Developing *Confidence*
2. Understanding *Role boundaries*
3. Accessing *Knowledge*
4. Developing *Communication* skills
5. Setting *Care Priorities*
6. *Care Outcomes*

Phase 2: Developing, implementing and evaluating an intervention

- Supporting reflection
- Evidence-based
- Simple, useful and meaningful
- Focus on delegating, organising and supervising care only
- **Pocket-sized** so that NQNs can access it easily – minimal paperwork, no writing, just reflecting, talking and learning!
- Informed by evidence base

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Reflective and Supportive Conversation Triggers

KNOWLEDGE	How does what you have learnt about delegation, including the NMC code, fit with reality?
CONFIDENCE	Describe a situation where you had sufficient confidence in your knowledge to organise and supervise care given by healthcare assistants?
	Describe a situation where you lacked confidence in your knowledge to organise and supervise care given by healthcare assistants?
ROLE-BOUNDARIES	Describe how you make sure that you understand what the roles and responsibilities are of members in your team (HCAs, student nurses, yourself).
	How do you set expectations in relation to different roles and responsibilities in the team at the beginning of a shift?
COMMUNICATION	Have there been situations where communication between you and HCAs has been a challenge to delegation? Give examples?
CARE PRIORITIES	How do you identify and communicate priorities of care in your area to the team that you work with?
CARE OUTCOMES	How do you ensure that what you have delegated to HCAs has been completed to your expectation?

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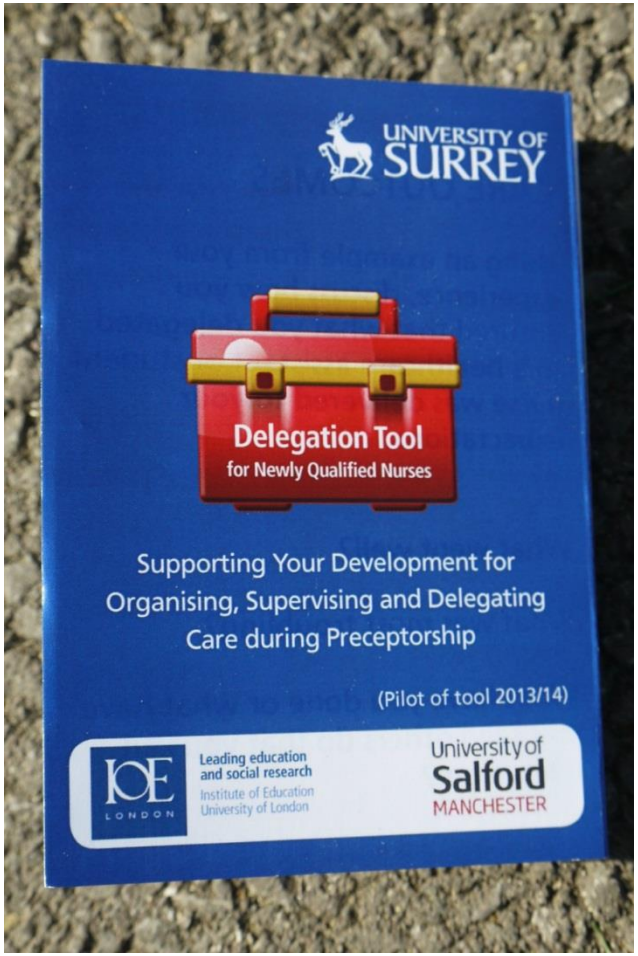
The intervention:

- 1 month after starting post: A supportive discussion between 'preceptorship' lead and NQN about expectations of NQN status and using the delegation tool
- 2nd month: second 20-30 minute discussion using the tool
- 3rd month: progress discussion with a focus on learning from experiences and where to access further support



Early findings from evaluation: those who used the tool

These NQNs demonstrated:

- **Learning through reflection**: they found that it helped in the early discussions and then they relied on it less and less *'it helped in the first meeting when I was worried about delegation*' and later on during preceptorship it was *'kind of instilled in me now'*
- That the **cognitive skills of reflection aid the recontextualisation** of knowledge: *'its been good helping me stick to my guns when I've been delegating'* and *'its been great in helping me build up my confidence'*

NQN interviews: those who did not use the tool

The NQNs identified:

- **Primary focus is completing preceptorship documentation**: *'if it had been linked to the preceptorship programme'*
- **Lack of support for reflective conversations**: *'there's been no one to go through it with'* and *'I've not had many one-to-ones'*
- **Lack of time**: *'I just got so busy doing other things that it just went out of the window'* and *'there's not much time to reflect on my practice because the ward is so busy' and 'no time to sit down and talk'*
- **Defence against negative emotions?**: not wanting/supported to reflect

Conclusion

We know very little about how delegation and supervision are embedded in clinical microsystems or nurse learning systems.

They could be the key to greater understanding of patient safety and improving standards of care.

We need to investigate further how to make the NHS (and other health care services) learning organisations (Melia 2000).