Delegation as a Newly Qualified Nurse: Early findings from an intervention study

Presentation by Professor Helen Allan and Dr Kathy Curtis

Project team:
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Background to project

- 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

Delegation “requires sophisticated clinical judgement and final accountability for patient care” (Weydt, 2010)
The AaRK project
(Academic award and Recontextualising/Re-using Knowledge)

**Aim**

**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 of an evidence-based tool to support NQNs in delegation

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

<table>
<thead>
<tr>
<th>Data collection method</th>
<th>Total</th>
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<tbody>
<tr>
<td>Observation of nurses (twice/nurse)</td>
<td>33 nurses 66 obs. (200 hours)</td>
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<tr>
<td>Nurse Interviews</td>
<td>28</td>
</tr>
<tr>
<td>Healthcare Assistants Interviews</td>
<td>10</td>
</tr>
<tr>
<td>Ward Manager Interviews</td>
<td>12</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>116</strong></td>
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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; it describes the competencies that newly qualified nurses need and explores an evidence-based intervention to support those competencies.
Findings from Phase One: Areas where newly qualified nurses need targeted support

1. Developing *Confidence*
2. Understanding *Role boundaries*
3. Accessing *Knowledge*
4. Developing *Communication skills*
5. Setting *Care Priorities*
6. Care Outcomes
The intervention: Key requirements of a tool to support reflective and supportive delegation conversations

- 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
The Tool: Reflective and Supportive Conversation Triggers

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>How does what you have learnt about delegation, including the NMC code, fit with reality?</th>
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<tbody>
<tr>
<td>CONFIDENCE</td>
<td>Describe a situation where you had sufficient confidence in your knowledge to organise and supervise care given by healthcare assistants?</td>
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<tr>
<td></td>
<td>Describe a situation where you lacked confidence in your knowledge to organise and supervise care given by healthcare assistants?</td>
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<tr>
<td>ROLE-BOUNDARIES</td>
<td>Describe how you make sure that you understand what the roles and responsibilities are of members in your team (HCAs, student nurses, yourself).</td>
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<tr>
<td>COMMUNICATION</td>
<td>How do you set expectations in relation to different roles and responsibilities in the team at the beginning of a shift?</td>
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<tr>
<td>CARE PRIORITIES</td>
<td>Have there been situations where communication between you and HCAs has been a challenge to delegation? Give examples?</td>
</tr>
<tr>
<td>CARE OUTCOMES</td>
<td>How do you identify and communicate priorities of care in your area to the team that you work with?</td>
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<td></td>
<td>How do you ensure that what you have delegated to HCAs has been completed to your expectation?</td>
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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
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Early findings from NQN interviews 3 months after introducing the tool:

45 NQN participants were recruited to phase two and interview data collection is still underway.

Early findings:

• 2 NQNs have been interviewed who used the tool – data indicates a very positive experience on several levels
• 11 have been interviewed who did not use the tool – data indicates significant challenges for NQNs to access supportive discussion to enable them to recontextualise knowledge during preceptorship; engage in reflection; and manage expectations on them during their transition into qualified nurse status
NQN interviews: 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’
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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....(if) you had to write something down because you would be discussing it, I think that might have helped’

• **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 he window’ and ‘there’s no 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/not supported to reflect
Final comments and next stages:

• On-going data collection and analysis, publication of findings

• Meaningful support within preceptorship requires further exploration and development as it is not meeting the needs of all NQNs (the challenges resonate with quality and provision of clinical supervision)

• Poor understanding among NQNs of the value and impact of reflection for learning and improving patient care

• Potential to link to defence against emotions

• Embedding ‘reflective triggers’ within preceptorship programmes may increase the opportunities for NQNs to learn from experience and better enable recontextualisation of knowledge, such as that required for safe and effective delegation
This presentation has not been designed as a theoretical paper but as an opportunity to share the early findings from an evidence-based intervention aimed at supporting NQNs in their appropriate and safe use of delegation.

**Papers arising from the AaRK project so far.....**

- Work based learning for newly qualified nurses in the UK: Visible and invisible.
- People, liminal spaces and experience: understanding recontextualisation for newly qualified nurses
- Newly qualified nurses and the delegation of care: a literature study

**Any Questions?**