Exploring Assistant Practitioners’ perceptions of their role in acute hospital wards*

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The assistant role

- Always been an assistant
- What they do is contested
- Last decade:
  - increasing numbers
  - increasing scope of practice
Drivers for workforce change

- Workforce restructuring
- Employment policies
- Workforce preparation
- HR management, pay & rewards
- Regulatory frameworks
- Patient populations
- Commissioning of services
- Financial/Cost pressures
An Assistant Practitioner (AP) is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work domains that have previously only been within the remit of registered professionals. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve.’

Skills for Health 2009

<table>
<thead>
<tr>
<th>BAND 9</th>
<th>More Senior Staff</th>
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<tbody>
<tr>
<td>BAND 8</td>
<td>Consultant Practitioners</td>
</tr>
<tr>
<td>BAND 7</td>
<td>Advanced Practitioners</td>
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<tr>
<td>BAND 6</td>
<td>Senior/ Specialist Practitioners</td>
</tr>
<tr>
<td>BAND 5</td>
<td>Registered Practitioners</td>
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<tr>
<td><strong>BAND 4</strong></td>
<td>Assistant/ Associate Practitioners</td>
</tr>
<tr>
<td>BAND 3</td>
<td>Senior Health Care Assistant/ Technician</td>
</tr>
<tr>
<td>BAND 2</td>
<td>Health Care Assistant/ Support Workers</td>
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<tr>
<td>BAND 1</td>
<td>Initial entry level jobs</td>
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Research approach & methods

Stage 1: In-depth study
- 3 Acute Trusts
- 13 wards
- 22 job descriptions
- 270 questionnaires
- 105 interviews
- 7 focus groups (n=31)
- 361 patient obs (722 hrs)
- 326 hrs activity obs

Stage 2: National study
- 40 Acute Trusts
- 1090 questionnaires
- Response rate 35% (n=381)

Stage 3: Synthesise & contextualise
- FINDINGS
  - (Stage 1 & 2)
    - located in CONTEXT
      - (literature & policy)

Mapping AP role
National survey aims

To explore APs’ perceptions of their role in acute hospital wards

- Who are APs?
- What do they do?
- How are they prepared?
- How do they experience the role?
Who are APs?

- Majority female (88.8%)
- Mean age of 44 years (95% CI, 43-45 years)
- Many had prior experience as assistant in hospital (69.1%)
- Mean length of employment in NHS 12.1 years

<table>
<thead>
<tr>
<th>Total time employed in NHS</th>
<th>Number (%)</th>
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<tbody>
<tr>
<td>≤ 1 year</td>
<td>3 (0.9%)</td>
</tr>
<tr>
<td>&gt; 1 year but ≤ 2 years</td>
<td>1 (0.3%)</td>
</tr>
<tr>
<td>&gt; 2 years but ≤ 5 years</td>
<td>28 (8.5%)</td>
</tr>
<tr>
<td>&gt; 5 years but ≤ 10 years</td>
<td>110 (33.2%)</td>
</tr>
<tr>
<td>&gt; 10 years but ≤ 15 years</td>
<td>66 (19.9%)</td>
</tr>
<tr>
<td>&gt; 15 years but ≤ 20 years</td>
<td>38 (11.5%)</td>
</tr>
<tr>
<td>&gt; 20 years but ≤ 25 years</td>
<td>26 (7.9%)</td>
</tr>
<tr>
<td>&gt; 25 years but ≤ 30 years</td>
<td>15 (4.5%)</td>
</tr>
<tr>
<td>&gt; 30 years</td>
<td>5 (1.5%)</td>
</tr>
<tr>
<td>No response</td>
<td>39 (11.8%)</td>
</tr>
<tr>
<td>Total</td>
<td>331 (100%)</td>
</tr>
</tbody>
</table>
How are they prepared?

- 91.5% have a qualification for their AP post
  - 39% foundation degree
  - 43.2% NVQ (32.9% level 3; 10.3% level 2)
  - small number ‘other’ qualifications

- Over half (55%) guaranteed an AP position
  - 31.1% applied for a position upon completion
  - 12.7% still training; 1.2% no response

*When I first qualified as an Assistant Practitioner… I was not offered a Band 4 role. I was offered my previous role as an HCA Band 3; with the reason the ward did not have enough funding.* (AP 206)
What do they do? (1)

- Majority employed in medical or surgical wards (49.1%)
- Majority support work of RNs
  - 76.1% solely support work of RNs
  - 22.1% supporting work of RNs + another (e.g. therapist)
- Role perceived to be introduced to
  - fill a skills gap (80%)
  - better meet patient needs (79%)
  - substitute for a RN (44%)

I feel that the [AP] position is long overdue. Since the EN was discontinued there has been a gap in carers who want to focus on patient care... The AP role has filled that gap. (AP 181)
Important role in direct care

- 97% provide direct care to patients
- 65% assessing and planning care
- 61% written report; 57% verbal report; 30% communicate with MDT
- 72% continuity of care to patients
- 59% discuss care with patients (51% with relatives)
- 39% responsibility for care of a group of patients on a shift
- 6% medicine administration

I work on [medical admissions unit] and work in different areas of the ward. We have an area called short stay and I found it hard to look after the patients because I am unable to do the drugs and I feel I am putting pressure on the RNs. (AP 17)
What do they do? (3)

- Supervision/support of direct care by:
  - other assistants (64%)
  - newly registered/appointed nurses (38%)
  - student nurses (42%)

On my present ward I feel valued for my role and am often approached by senior staff asking for advice, or for help, with tasks they are unsure of. We have a large number of recently qualified staff on the ward and they appreciate any help I can give them. (AP 26)

I feel [the AP role] will become an increasingly important role over the next 5-10 years. Not only as a support role but as a role model to set practice standards that can be followed by other support nurses. (AP 132)
How do they experience the role?

- Majority clear about role responsibilities (84%)
- Perceived that their role was not well understood
  - 47% think nurses understand the AP role
  - role fluctuates depending on nurse on duty (56%)
  - role fluctuates depending on shift/numbers staff (78%)

It is quite difficult to say where I actually do fit into the ward team; this depends mainly on who else makes up the team on a day-to-day basis. I have been allocated jobs, roles, to perform only to be told I cannot carry them out, which is very frustrating. (AP 195)

What a waste of time, money, having skills to be treated like a healthcare assistant. It's a joke!! (AP 300)
A progression route for assistant staff (86%)

A career pathway for assistants who did not want (84%), or were not able (69%), to undertake professional training

Some form of registration/ regulation important (87%)
- 60% felt that all assistants should be registered

Registration/regulation was viewed as:
- providing protection for patients (82%) and APs themselves (87%)
- increasing APs sense of responsibility for their own actions (89%)
- increasing RN confidence (87%) and other HCP confidence (88%)
- enabling APs to expand their practice (89%)

The most important thing to stress on this form is that registration is vital… Everyone seems afraid to take this role anywhere, and the future for APs in this trust looks bleak… The only way forward is registration. (AP 163)
Under half of APs reported having a mentor (45%)

Only half (50%) reported on CPD being available for them

The ‘ceiling effect’ (21% considering leaving)

I find APs don't get put on as much training as staff nurses and feel this is unfair as I constantly get people saying 'you are just as valued as a RN', but then don't get given the same opportunities. (AP 194)

A year down the line barriers have arisen in certain areas of my role, which has been increasingly frustrating!! Since my appraisal at the end of last year I have decided to put in to do my nursing training, as there is no further career developments available in the present post. (AP 355)
Described AP workforce in acute care for first time (who they are, what they do, how they are prepared for their role and their experiences of the role)

APs (in the main): aged over 40 years; female and demonstrate considerable length of service with the NHS

Varied preparation, lack of standardisation of pay band

Role aims to fill a skills gap, not perceived as a substitute for RN

Contribution to care delivery (assessment and planning, written and verbal communication, continuity of patient care)

Medicine administration not a feature of AP work

Fluctuation in work activities, lack of understanding about the role

Career for assistants

Registration/ regulation important

‘Ceiling’ effect of the role
Policy & practice implications

National level
- clarification of broad aims of AP roles
- guidance on regulation & registration
- standardisation of training & preparation

Local level
- leaders to ensure role clarity
- policies for AP recruitment
- support for APs to work to their ‘level’
- support for AP development & progression

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