



USE OF NURSING DELEGATION IN IMPROVING PATIENT CARE EFFICIENCY

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Abstract

The healthcare industry is now encountering several difficulties, such as the aging of populations, the rising occurrence of chronic illnesses, and a shortage of registered nurses. The practice of using unregistered support workers is widespread in several nations as a means to enhance the service capacity of nursing teams. Non-registered support workers are assigned the responsibility of administering medicine, which is seen as a complicated undertaking that has inherent hazards. Given the projected worldwide rise of patients need assistance with medicine in community settings, this is a significant subject. This study examines the data about the transfer of medicine administration responsibilities from registered nurses to non-registered support workers in community settings. The goal is to get a better understanding of the elements that affect the delegation process and its effects on service provision and patient care. The review adhered to the fundamental concepts of Critical Interpretative Synthesis and was organized according to the recommendations outlined in Preferred Reporting Items for Systematic Reviews and Meta-analysis. Systematic searches were performed in the MEDLINE, CINAHL, Embase, and ProQuest-British Nursing Index databases. The introduction of delegating drug administration was affected by regulatory issues, communication, stakeholder participation, and service advocates. The process of delegating drug administration is complex and impacted by several interconnected elements. Clear and consistent regulatory and governance structures and processes are necessary in order to mitigate the heightened risk associated with pharmaceutical delivery. Medication administration delegation is more acceptable when it is supported by a framework that includes suitable policies, skills, training, and supervising procedures. Additional study is necessary to investigate the implementation process, clinical results, and medication mistakes related to the delegation of medication administration.

Keywords: Delegation obstacles, Community nursing, Delegation facilitators, Healthcare aide, Nurse delegation, Nursing aide, Registered nurse



1. Introduction

The global healthcare profession is encountering a multitude of issues due to rising populations, extended life expectancies, and an increasing burden of chronic illnesses (Bates et al., 2016). An appropriately sized and skilled healthcare personnel is essential for achieving any population health objective. Nevertheless, several nations encounter challenges in the education and preservation of their healthcare personnel (Buchan et al., 2019). According to the World Health Organization (WHO), there is now a lack of 7.2 million healthcare workers worldwide. This gap is expected to increase to 12.9 million by the year 2030. Among the healthcare workforce, there is a deficit of 5.9 million nurses.

The utilization of unregistered healthcare personnel, including healthcare assistants, nursing assistants, assistant practitioners, and pharmaceutical technicians, is widespread in many nations as a means to augment the capability of nursing teams (Blay and Roche, 2020). The phrase 'non-registered support worker' is used in this study to include the several titles that fall within this category. Between 2014 and 2018, there was an 11% rise in non-registered support workers in the UK, making up around 24% of the NHS healthcare workforce, which amounts to 106,500 individuals. Out of these, approximately 16,968 are employed in community health services. However, this fails to include those hired by local government or commercial organizations who may provide treatment for NHS patients but are not part of the NHS. Within community settings, this encompasses many types of care such as homecare, residential homes, assisted living facilities, and nursing homes (Kessler et al., 2010; Bosley and Dale, 2008).

Unregistered support workers lack a certificate recognized by a professional organization and are not subject to formal regulation by a statutory agency (Kessler et al., 2010). Therefore, it is customary for registered nurses to assign nursing duties to non-registered support workers (Gillan and Graffin, 2010). For this study, we will be using the definition of delegation provided by the Nursing and Midwifery Council (NMC) in 2018. According to the NMC, delegation is the act of transferring the power to do a given job in a defined context to a competent person. The registered nurse maintains legal accountability for the delegated nursing care, as specified in many international standards. The importance of clear roles and responsibilities, strong inter-professional and team relationships, and high-quality supervision has been recognized as crucial factors in nurse to non-registered support worker delegation (Munn et al., 2013; Blay and Roche, 2020; Campbell et al., 2020; Hopkins et al., 2012; Bifarin and Stonehouse, 2017).

There is conflicting evidence regarding whether non-registered support workers provide care that is of the same quality as registered nurses (Griffiths et al., 2019; Hopkins et al., 2012). Some studies have reported instances where care was not provided when it should have been (Bittner and Gravlin, 2009; Kalisch, 2006), as well as potential errors or risks to patient care in various settings (Potter et al., 2010; Kalisch, 2011; RCN, 2017). Although the delegation of tasks from nurses to non-registered support workers has been examined in acute care settings, there is a reported absence of evidence for its use in community settings (Blay and Roche, 2020; Munn

et al., 2013; Hewko et al., 2015). It is crucial to examine delegation in the community context, where unregistered support workers may perform various tasks with limited interaction with registered nurses (Blay and Roche, 2020; Bosley and Dale, 2008). Additionally, job stability in this setting may be lower compared to other environments (Hewko et al., 2015).

The activities performed by non-registered support workers have been classified primarily as direct care, which includes routine tasks related to personal hygiene and mobilization (Blay and Roche, 2020). However, some of these workers are also responsible for administering medication, a task that is usually delegated to registered nurses (Kesler, Spilsbury, Heron 2014; Dickens et al., 2008). Additionally, non-registered support workers are now performing tasks that were previously limited to registered nurses, such as electrocardiograms, cannulation, and sutures (Blay and Roche, 2020; Spilsbury et al., 2013). The process of preparing and administering medicine is seen as an intricate and advanced activity (Blay and Roche, 2020), which carries potential dangers to healthcare and incurs expenditures (Assiri et al., 2018). Medication administration, or the process of giving medicine, may be argued to need knowledge and competence in order to evaluate and give it safely (Blay and Roche, 2020). The occurrence of medication mistakes in community settings may vary significantly and include errors in prescription (varying from 5% to 94%), administering (44%), and monitoring (73%) (Assiri et al., 2018). The safe assignment of medication administration to unregistered support workers is a significant subject, considering the projected worldwide rise in patients with chronic illnesses who will need help with medication in community settings (Mangin et al., 2018). Given the circumstances, it is appropriate to examine the study findings on the transfer of medicine administration responsibilities from registered nurses to non-registered support workers in community settings.

2. Critical Interpretative

Synthesis necessitates continuous self-awareness and continual critical perspective (Dixon-wood et al., 2006). After doing an initial analysis, the authors (CS, KS) revisited the papers to validate the results and gather additional data that is pertinent to the developing themes. This process of reflection and iteration continued until no more themes were identified, and all relevant data was collected. The findings were further deliberated and reached a consensus with the co-authors (FM, JM, KW, AC). The results were categorized into three groups: a) macro level, which refers to the effect of the country and government; b) meso level, which refers to the influence of organizations (such as nursing homes); and c) micro level, which refers to individual characteristics. In order to get a deeper understanding of the primary elements that impact the assignment of medicine administration responsibilities, information was collected and used to create the 'Delegation of medication administration Framework' (Figure 1). The framework offers a graphical depiction of the components that have been found during the process of synthesis. The framework is not intended to be a prescriptive formula, but rather a tool to clearly illustrate the intricate interplay of components.

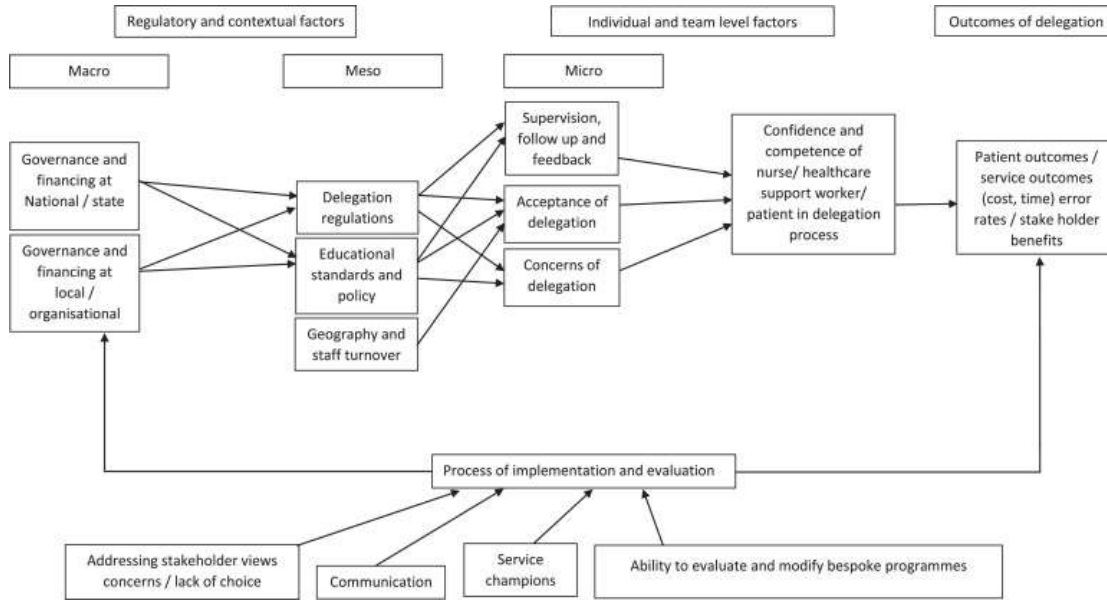


Figure 1. The framework for delegating medicine delivery. Key considerations for comprehending the delegation of drug administration.

Consequences of delegating

The evidence of effect mostly relies on self-reporting, with no patient outcomes being documented except for satisfaction with the delegation process. However, it is important to note that this satisfaction data is limited and originates from pilot studies. In order for healthcare to prioritize the needs of patients, it is crucial to have comprehensive reporting on patient experiences. This is necessary to have a better understanding of the effectiveness of delegation in all situations. One could argue that successful delegation occurs when the care provided by non-registered support workers is equal to that of registered nurses. Delegation may not enhance care, but it can prevent care from worsening or being missed due to limited resources (Bittner and Gravlin, 2009; Kalisch, 2006).

Nevertheless, there is a diverse array of potential advantages that have been reported, but more research is needed to fully comprehend the extent to which delegation is impacting practice. These benefits include: enhanced timeliness of medication administration, early identification of issues, improved uniformity of care, establishment of rapport with patients, and increased teamwork and job satisfaction for both nurses and non-registered support workers. The theoretical model (Fig. 2) posits that results will be decided by the connection between the person delegating and the person being delegated to. This relationship is impacted by several elements at the intermediate and large-scale levels that affect the comprehension and acceptance of the delegation process. Additional study is advised to refine and validate this model.

3. Ensuring the safety of patients

According to the stakeholders (managers and registered nurses), it was agreed that delegation, especially for more risky medications (such as insulin), requires customized training and strict oversight, monitoring, and evaluation. The findings suggest that patient safety could be compromised in situations where there is inadequate governance and regulation. Stakeholders have expressed concerns about the skill level of non-registered support workers (Bystedt et al., 2011; Owen, 2009), the adequacy of training in complex medication tasks (Reinhard et al., 2006), and knowledge about medication indications and effects (Gransjon-Craftman et al., 2016). Given that the delegation of medications administration is mostly motivated by the growing demand for services, it is crucial to closely monitor and thoroughly report on its influence on patient safety for assessment purposes. There were worries that delegating tasks with a narrow emphasis may lead to lost chances to offer comprehensive care or notice changes in a patient's health. Within community settings, the conventional function of a registered nurse is recognized for its versatility, necessitating clinical expertise in areas such as decision making, risk assessment, palliative care, and health promotion (Heath, 2012).

The core principle of nursing, which emphasizes a comprehensive approach, may face a potential challenge from a rationing or task-focused strategy. This alternative approach has been linked to higher rates of missed care, decreased satisfaction, and inadequate staff retention (Mandal et al., 2020). The evidence presented in this review, derived from four studies (Kapborg and Svensson, 1999; Young et al., 2008; Randolph and Scott-Cawiezell, 2010; Hughes et al., 2006), reveals conflicting results regarding medication errors associated with non-registered support workers. Additionally, there is a lack of comparison between error rates of registered nurses and non-registered support workers. The findings emphasize the significance of establishing a patient safety culture that promotes the reporting and learning from mistakes, since this has been associated with improved patient outcomes (Bonner et al., 2009, Thomas et al., 2012). The study conducted by Titlestad et al. (2018) found that a higher level of education and familiarity with clinical standards are linked to an enhanced patient safety culture in nursing homes. This highlights the intricate relationship between these elements.

4. Conclusion

To summarize, delegation is an intricate process that is affected by several interconnected aspects, with a key focus on the connection between the person delegating and the person being delegated to. Clear and consistent regulatory and governance frameworks and processes are necessary since the complexity of medicine delivery poses an increased risk. The findings indicate that the effectiveness, transparency, and uniformity of governance mechanisms for delegation may impact results. However, more study is required to assess outcomes for patients, personnel, and services, including mistake rates. Delegation is more acceptable when it is supported by a framework that includes proper policies, skills, training, and well-resourced supervising procedures. Given that delegation is currently taking place in many community settings throughout several nations, it is crucial to comprehend how to optimize its development as a proficient service that prioritizes patient safety. The findings emphasize the crucial obstacles

and enablers that healthcare providers must address when adopting the delegation of medicine administration. This research emphasizes the need for comprehensive and rigorous testing, both before and after, to compare clinical outcomes and pharmaceutical mistakes related to the delegation of drug administration.

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