Support Workers in Community Rehabilitation

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Background

- Centre for Allied Health Evidence in conjunction with Queensland Health conducted a systematic literature review on the use of support workers
- Inform the Queensland Health Community Rehabilitation Workforce Project
Background

- Increasing demand on healthcare
  - Ageing population
  - Evolving models of health care service delivery
  - Increasing stakeholder expectations
- New models of allied health education
  - Generic health care worker
- Chronic shortage of allied health professionals
- Support workers introduced to address these issues
  - Bridging the gap
  - Widening entry into health workforce
Introduction of support workers

- Origins in Crimean War 1854-1856
- Florence Nightingale acknowledged the value of nurses assistants
- Nursing auxiliary given formal recognition in 1955 (cheap labour!)
- HCA introduced in the 1980s to work under direct supervision of nurses
Ambiguity about support workers

• Who are they and what they do?
  – Titles/roles/responsibilities vary depending on service & setting

• Ambiguity introduces variability
  – Training
  – Regulation
Support workers

• aka:
  – rehabilitation assistants/support workers
  – health care assistants/support workers
  – community rehabilitation team therapists
  – community health worker
  – A and B-grade nurses
  – nurse aide
  – care practitioners
  – care assistants
  – therapy assistants (i.e. allied health)
  – technical instructors
  – multidisciplinary health care workers
  – Aboriginal health workers
Support workers in health care

- No professional qualifications
- Varied training, mainly on-the-job
- Work delegated & supervised by qualified staff
- Support qualified staff to free up their time to perform clinical tasks
- Direct patient roles i.e. hygiene, nutrition
- Indirect patient roles i.e. housekeeping, maintaining stock, clerical duties
Issues

• Training requirements/standardisation
• Competency
• Supervision
• Regulation
• Clear role definition
• Career progression
• Role boundaries/‘turf wars’
Aim

To systematically identify and review literature on utilisation of community based rehabilitation support workers:
- allied health and nursing
- government and non-government
- rural and remote
- indigenous settings
Research Questions

• What are the current & emerging roles of support workers?
• What models of service delivery are associated with these roles?
• What outcomes have been investigated?
• Is there evidence of effectiveness of roles/models?
• What competencies are required?
• What training is required?
• What training model is most effective?
Systematic Review process

1. Define search questions
2. Define search parameters
3. Search & retrieve peer-/non-peer reviewed literature
4. Critical appraisal
5. Data extraction
6. Literature synthesis
Results

• 84 publications included in the review
• Primary & secondary research
• Qualitative & quantitative
• Majority from the UK (N=51)
  – Issues of generalisability
• Majority related to nursing (N=41)
  – Issues of applicability to allied health
Direct roles

- Physical/social support of patient
- Administer clinical services/modalities
- Communication with patients
- Transfer/porter patients
- Assist with mobility/gait
- Patient education
- Provide equipment
- Supervise/assist exercises
Direct roles

- Conflicting evidence regarding these roles
  - Interpret/plan/modify treatment
  - Assess/prescribe
  - Administer clinical services/modalities

- Potential emerging roles for support workers
  - Underpinned by appropriate training and regulation
Indirect roles

- Administration/clerical
- Stock ordering/requisition
- Prepare/maintain environment
- Communication with other staff
- Recording/statistics
- Answer phone
- Taking/preparing samples
- OH&S
Models of service delivery

• Delegation & supervision most common factors
• Worked independently less commonly (i.e. rural & remote)
• Multi-D or discipline specific
• Contributed to decision making process & process of care infrequently
What outcomes have been investigated?

**Patient**
- Service quality
- Satisfaction
- Health improvement
- ADLs
- Function

**Provider**
- Knowledge
- Skills
- Attitudes
- Competencies
- Efficiency
- Job satisfaction

**Funder/Manager**
- Cost efficiency
- Service quality
- Staff
- Recruitment/retention
Evidence of effectiveness

- Patients seem to be happy!
  - More contact time
  - Pastoral care
- Improved health, ADLs/function and communication
  - Variably measured
- Improved time/resource/cost efficiency
  - Especially from a provider perspective
- Improved staff recruitment/retention/job satisfaction
  - Especially from a provider perspective
- Safety?
  - Poorly measured or reported
Competencies

• Generic
  – teamwork, OHS, communication, administration

• Specific to AH
  – assist/support/promote rehabilitation & client function, conduct classes, patient education, assessment, recording/reporting
Training

• Common components
  – OHS, care skills/principles, communication, professional issues, manual handling

• Variable models dependent on local service needs

• Theoretical + practical

• Service quality, safety

• Supervisor training
Conclusion

1. Support workers potentially valuable
2. Clear role definition
3. Mix of indirect & direct roles
4. Appropriate delegation & supervision
5. Supervision models developed locally
6. Supervisor training
7. Documented accountability
8. Measure outcomes
9. Training to promote core competencies
10. Support the support workers
Final report