

# Delegation and supervision of health care assistants' work in the daily management of the uncertain and the unexpected in clinical practice

Invisible learning among newly qualified nurses

Allan H T (MDX) Magnusson C Horton K Curtis K Westwood S (Surrey) Evans K (IoE) Johnson M Ball E (Salford)

# Background

- \* Delegation of nursing work to health assistants is increasingly important
- \* Little is known about how nurses learn to delegate to assistant workforce.

# Aim

- \* To discuss how invisible or unplanned and unrecognised learning takes place as newly qualified nurses learn to delegate to and supervise the work of the health care assistant.
- \* theory of recontextualisation: newly qualified professionals progressively put knowledge learnt in university to work by drawing on interconnected domains of learning (Evans et al. 2010).

# Recontextualisation

- \* The knowledge recontextualisation perspective introduces fresh thinking about the theory-practice relation by recognising that all the forms of knowledge that come together in the professional development have been recontextualised,
  - \* that is, changed in the move from one context (e.g.: university, other clinical placements) to another (e.g.: first clinical placement as an NQN) to serve a new purpose
- \* Attaining competence during the transition period to confident professional is underpinned by knowledge frameworks (Evans et al. 2010). Preoccupations with competence checklists in current curricula often obscure this.

# Invisibility in nursing

- \* The invisibility of nursing work has been discussed in the international literature but not in relation to learning clinical skills.
- \* We identify invisible ways newly qualified nurses learn in the practice environment '*on-the-job*' and, using recontextualisation theory, present the invisible steps to learning which encompass the embodied, affective and social, as much as the cognitive components to learning.

# Methods

- \* Ethnographic case study approach in four hospital sites in England from 2011-2014
  - \* participant observation – 230 hours
  - \* interviews with newly qualified nurses [28], ward managers [12] and health care assistants [10]

# Findings

- \* In the British context, delegation and supervision are thought of as skills which are learnt 'on the job'. We suggest that learning 'on-the-job' is the invisible construction of knowledge in clinical practice and that delegation is a particularly telling area of nursing practice which illustrates invisible learning

# Invisible learning

- \* Hidden knowledge 'I knew it was there'
- \* Embodied learning 'I hadn't had a chance'
- \* Affective learning 'learning through trial and error'
- \* Social learning - behaviours of NQNs

# Hidden knowledge

\*



*the knowledge was there I just didn't feel that it was there and I didn't feel that I knew enough but then when I started talking about it and doing it and pulling things you know from wherever it was stored I thought 'wow, I do know this', you know, 'wow, where did that come from, I do know what I'm talking about you know', I do know what it is to be a nurse (AINTNRS13).*

# Embodied: NQNs lacked experience of being in charge

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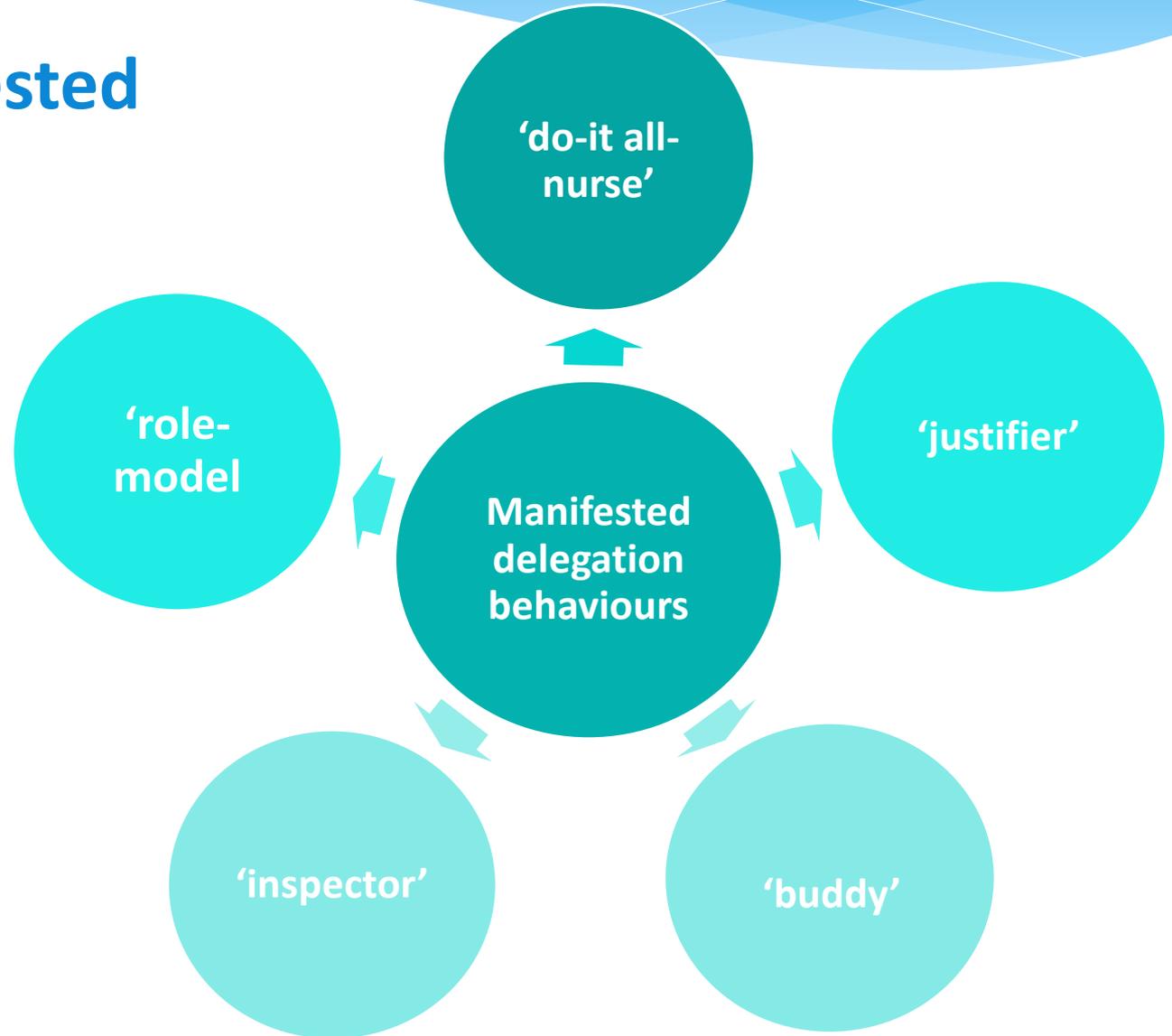


*I hadn't had the chance of being in charge and things like that. And so you start to learn it then and then, obviously, when you fit the job, you need to learn the rest of the skills. And then confidence, I think that comes with time as well, so I think had I had more placements where I was being in charge as a student, then perhaps I would have been more confident when I started.  
(CINTNRS3)*

## Affective: Learning through trial and error

- \* *I've had lessons along the way that I won't trust them again to, to do something correct, yeah, because I've learnt the hard way really ... the anaesthetist came back and they said 'the patient had a wrong wrist band on her leg', 'she had the patients name of another patient on her leg' and the care assistant had put on her leg and I hadn't double checked it (BINTNRS2)*

# Social: manifested delegation behaviours



## The 'do-it all-nurse'

*I didn't want to delegate to staff so soon, because I didn't want to... well, they, maybe, had been there longer than me and I didn't feel that I was in the right position to tell them what to do, even though I was, but I didn't want to tell them. So I've sort of took on too many jobs myself and maybe that led to me not prioritising my time really. (C/INT/NRS/2)*



## The 'justifier'



*you're asking somebody else to do something and they might not take that very well and they might not want to do the task, so you have to just be confident in why you're asking them to do it and why it needs to be done and why you're not doing it, perhaps. (C/INT/NRS/3)*

## The 'buddy'

*I'm obviously quite young, quite inexperienced and again my nature is to be everybody's friend and to have that kind of friendship with my colleagues sometimes that's kind of worked against me because when I ask people to do things sometimes because of the relationship that I've built up with them as a friend they don't always kind of, this sounds really awful but respect like.....(A/INT/NRS/7)*



## The 'inspector'

*I'll go back and see, I'll be like 'have you like kind of done that for me', and 'can I ask for a report back that that's actually been done', because I know on some occasions when I first started I weren't good at the delegation side, I'd do it a bit wrong, I then, stuff weren't getting done so I've kind of realised that I need to delegate correctly, to the correct level. (A/INT/NRS/3)*



## The 'role-model'



*Yeah, I think what I would do is, like I'd maybe do the same job so they could hear me do it, so I would like, make an example, but without them knowing it, sort of thing.*

# Discussion – what are the effects of invisible learning?

Structurally:  
hidden curriculum

- Strong influence on how students learn

Process: NQNs  
learn on their  
own

- Lack of support to access knowledge and learning opportunities
- Vagaries of preceptorship programmes

Aid to delegation

- A checklist to support NQNs developing organisational skills  
Nurse Delegation & Supervision Checklist (NDSC)

# Conclusions

- \* We argue that there is a need for greater understanding of the ‘invisible learning’ which occurs as NQNs learn to delegate and supervise at a time when the global qualified nursing workforce takes on more highly skilled work and delegates direct patient care to assistant workers.
- \* The pedagogic challenge is to support NQNs to progressively recontextualise forms of knowledge (i.e. use knowledge in different ways) in hospital and ward-based contexts, in relation to different purposes

# Papers

- \* Evans K, Guile D, Harris J & Allan H T (2010) Putting knowledge to work: a new approach. *Nurse Education Today*. 30(3): 245-251
- \* Allan H T, Evans K, Magnusson C, Ball E, Horton K, Curtis K, Johnson M (2016) Uncertainty and the unexpected in clinical practice: invisible learning among newly qualified nurses. *Early View*: DOI: 10.1111/nin.12155
- \* Allan H T, Magnusson C, Ball E, Evans K, Horton K, Curtis K, Johnson M (2015) People, liminal spaces and experience: understanding recontextualisation of knowledge for newly qualified nurses. *Nurse Education Today* 35(2) e78-e83
- \* Johnson M, Magnusson C, Allan H T, Evans K, Ball E, Horton K. (2015) Doing the writing and working in parallel: How 'distal nursing' affects delegation and supervision in the emerging role of the newly qualified nurse. Special Edition. *Nurse Education Today*. [doi.org/10.1016/j.nedt.2014.11.020](https://doi.org/10.1016/j.nedt.2014.11.020)