Recognition of the health assistant as a delegated clinical role and their inclusion in models of care: a systematic review and meta-synthesis of qualitative evidence

Munn Z, Tufanaru C, Aromataris E

CRD summary
The authors concluded that their review highlighted the perceived appropriateness of strategies to include health assistants in models of care. This was a well-conducted review of qualitative studies, and the authors' recommendations for practice, based on the four synthesised findings, seem reliable.

Authors’ objectives
To explore the appropriateness of strategies to establish the health assistant role as a recognised delegated clinical role, and to promote their inclusion in models of care.

Searching
Eleven electronic databases (including MEDLINE, The Cochrane Library, and Joanna Briggs Institute Library of Systematic Reviews) were searched in April to May 2011, for published English-language studies, with no time limit. The reference lists of identified articles and two journals were handsearched. Unpublished studies were sought on the Internet, using Mednar and Google Scholar, and from Current Contents, and Dissertation Abstracts. Search terms were reported.

Study selection
Eligible for inclusion were qualitative studies exploring the appropriateness of strategies to establish the health assistant role as a recognised delegated clinical role, or to promote their inclusion in models of care, or both. Participants could be allied health assistants or assistants in other health disciplines; from any health care sector or in training. Medical or physician assistants were excluded, as they might have received formal training.

In the included studies, the participants were dieticians or speech therapists; nursing health care assistants; occupational therapists; or other health assistants. The strategies to establish the health assistant role, and promote their inclusion in models of care, covered inter-professional training; a development programme for health assistants; clinical and fieldwork placements; collaborative learning and instructional models; and evaluations of the characteristics and relationships of specific initiatives (reported in the paper).

Two reviewers selected the studies for inclusion, based on their title and abstract.

Assessment of study quality
Study quality was assessed using the Joanna Briggs Institute, Qualitative Assessment Review Instrument (QARI), with 10 questions on congruence between philosophical position, study methodology, study methods, representation of the data and interpretation of the results, researcher bias, and relationship between raw data and conclusions drawn. Quality was used as a study selection criterion. In the analysis, credibility was assessed (unequivocal, credible, or unsupported) based on the extent to which the findings were supported by the data.

Two reviewers carried out the quality assessment. A third reviewer resolved any disagreements.

Data extraction
The data were extracted using a standardised tool from the Joanna Briggs Institute. Papers were read and re-read to develop themes, metaphors, and concepts, expressed by the participants or the study authors.

This process was conducted by one reviewer. A second reviewer checked the accuracy of the data extraction.

Methods of synthesis
Where possible, the findings were synthesised, using the Joanna Briggs Institute QARI method, to generate a representative set of statements. Findings were categorised as Level 1 (rated for credibility, as above); Level 2 (based
Results of the review
Ten studies were included in the review. All of them were deemed to provide unequivocal or credible findings, and so were of high methodological quality.

Four synthesised (Level 3) findings were presented, as follows:

Assistants and professionals might have good or difficult inter-professional relationships. These were dependent on factors such as staffing models, how the role was implemented, and how the staff interacted and worked together.

People perceived both the assistant role and the need for change in practice, in different ways. The role itself, and the tasks involved, could be influenced by factors such as the local setting and environment, patient dependency, and staffing level.

Despite assistants feeling different levels of preparedness for training or the need for training, certain characteristics of training programmes could improve training outcomes and programme effectiveness.

There were concerns among health staff about responsibility in models of care that included assistants; highlighting the need for appropriate supervision and mentoring of the assistants.

The Level 1 and Level 2 findings were fully reported.

Authors' conclusions
The review highlighted the perceived appropriateness of some strategies to include health assistants in models of care.

CRD commentary
The review question was broad and exploratory, and the inclusion criteria for outcomes reflected this. The search covered several relevant sources, and unpublished data were sought. The authors referred to the English-language restriction as a limitation; this is not necessarily the case and can be advantageous in reviews of qualitative studies, to avoid any loss of meaning through translation.

The review was conducted with sufficient rigour and followed recognised processes for data extraction, quality assessment, and synthesis. There was a logical and clearly documented audit trail for the development of the interpretations, and inconsistent information appears to have been incorporated. Some study characteristics were presented, but further detail on the location and health care setting would have aided the interpretation of generalisability.

The authors' conclusion was vague, but it reflected the exploratory nature of the review, and it seems to be supported by the findings presented. The implications for practice were based clearly on the findings and seem reliable.

Implications of the review for practice and research
Practice: The authors discussed the four synthesised findings as the basis for practice implications.

Research: The authors did not state any recommendations for research.

Funding
Funded by Queensland Health, Australia.

Bibliographic details

PubMedID
23448325
Other publications of related interest

Indexing Status
Subject indexing assigned by NLM

MeSH
Allied Health Personnel; Delivery of Health Care; Humans; Models, Organizational; Professional Role; Qualitative Research

AccessionNumber
12013017915

Date bibliographic record published
16/05/2013

Date abstract record published
12/11/2014

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.