EXECUTIVE SUMMARY

SYSTEMATIC REVIEW OF THE LITERATURE ON
UTILISATION OF SUPPORT WORKERS IN
COMMUNITY BASED REHABILITATION

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This executive summary presents findings of research into utilisation of support workers in community based rehabilitation, undertaken by the Centre for Allied Health Evidence, School of Health Sciences, University of South Australia, for Queensland Health.

**Project aims and objectives**

This review aimed to systematically identify and review literature on utilisation of community based rehabilitation support workers, including allied health and nursing in government and non-government, rural and remote and indigenous settings.

The objective of this review was to develop a comprehensive report via the identification, appraisal, analysis and synthesis of all available current literature on models of development and utilisation of community rehabilitation support workers.

Underpinning this objective, specific research questions were posed in order to identify appropriate evidence from the literature. They were:

- What are the current and emerging roles of support worker utilisation in community rehabilitation?
- What models of service delivery are associated with the identified support worker roles?
- What outcomes have been investigated in relation to the identified trends in utilisation of support workers in community rehabilitation (including client outcomes, service efficiencies, equity of access and staff recruitment and retention, etc)?
- Is there evidence to support the claim of effectiveness of some roles/models of support staff utilisation in regard to the above outcomes over other models?
- What competencies are required by support workers in community rehabilitation?
- What training is required by support workers working in community rehabilitation?
- What training models are identified as most effective?

The review outcome will provide Queensland Health with relevant, up-to-date information which will guide and assist in the development, and implementation of new and innovative models of utilising the community rehabilitation support workforce, including training initiatives in Queensland. For the purpose of this review, community based rehabilitation which focuses on mental health and drug and alcohol abuse was excluded due to the complex and unique requirements underpinning service delivery for these clients.
Conducting the project

The systematic review was undertaken using an iterative, step-by-step approach to ensure transparency and rigour in the review process. Additionally such a process provided the opportunity for the steering committee representing Queensland Health to guide the direction of the project and provide valuable insights from Queensland Health’s perspective and ultimately ownership of the outcome.

The systematic review was undertaken in five discrete, conjoined stages.

- Defining the search questions
- Setting the search parameters
- Literature extraction
- Literature synthesis
- Production of final report

Core issues identified from this project

Nationally and internationally there have been drastic changes in the manner in which health care is delivered. While several drivers for this change have been identified (such as an increasingly ageing population which consumes large volumes of health service, increasing pressure for alternative spending such as social care and education, reduction in mortality but increasing morbidity, chronic health care service provider shortages etc.), there have been very little evidence based approaches to address these rapid changes. Responding to these pressures, some stakeholders in health care, primarily funders and providers, have suggested one such response could be provision of care in the community. While the evidence for community based care is equivocal and dependent on the local geography and demographics, this has not abated the move towards community based care.

An additional strategy utilised in health care to meet the chronic shortages of qualified health care professionals and reduce the workload of qualified professionals, is the utilisation of support workers. The literature points to the early involvement of
support workers when they were introduced to support nursing staff. It has been estimated that thousands of support workers are currently employed in health care systems around the world in various capacities.

In recent times however, due to an increasing focus on the quality of health care provided and the move towards patient centred care, questions have been raised on several issues associated with support workers. These include the definition of support worker, roles and duties of the support worker, the training and competencies of workers and potential evidence for effectiveness of interventions provided by support workers in health care. At the same time, several health care professions have increasingly become wary of support workers as they fear losing their professional realms to ever expanding networks of support workers.

Support workers in community rehabilitation

There is little evidence in the literature which specifically focuses on support workers within community based rehabilitation. Much of the literature is devoted to support workers within the traditional hospital based setting. This might potentially be due to historical reliance on hospital based care, historical service provision models of support workers who work closely with nurses in the hospital system and the relatively recent push towards community based care. There is also little evidence in the literature for consensus on the definition of a support worker. The lack of a suitable and uniform definition prohibits clear identification of the role played by support workers, their boundaries for tasks undertaken and prevents rigorous measurement of their service performance.

Direct and indirect roles of support workers

The literature provides evidence of a broad categorisation of roles undertaken by support workers. These roles can be divided into direct and indirect patient care. Direct patient care includes activities such as general hygiene, basic nutrition and mobilisation and indirect patient care includes activities such as housekeeping, maintaining stock and clerical duties. The processes underpinning the determination of direct and indirect role clarification are influenced by local geographical and personal factors and hence are variable and site-specific. There seems to be some consensus on the roles that that should not be performed by support workers and these often revolve around assessment, treatment planning and progression, and discharge.
Models of service delivery

The literature also provides strong evidence that the model of service delivery involving support workers should be underpinned by supervision and explicit task delegation. Whilst there was agreement on the need for supervision of support staff, there was little consensus on how much supervision was required and the most effective methods of supervision. Similar ambiguity exists in terms of task delegation. Supervision and delegation of tasks was undertaken by qualified health professionals with varying degrees of training, interest and experience. Instances where support workers independently provided care were often isolated to geographically remote regions and specialised patient sub-populations such as aboriginal communities.

Outcomes

There is a dearth of literature evidence for outcomes specifically derived from the services provided by the support workers. This can be partly attributed to the nature of service provision by support workers. Support workers rarely work in isolation and are often embedded in a multi-disciplinary service. Their roles extend throughout the continuum of care for each episode of care. Determination of specific outcomes as result of specific interventions provided by support workers, might be too simplistic and impossible to capture. Recent scant literature evidence evaluating support worker effectiveness relates to patient satisfaction and rudimentary changes in their activities of daily living and function. From providers and funders perspective, outcomes relating to service efficiency (such as cost and resources) have been recorded.

Competencies for support workers

In recognition of the wide ranging roles undertaken by support workers, core competencies for support workers represent wide ranging skills, attitudes and knowledge requirements. The literature points to core competencies which include aspects of occupational health and safety, communication, administration, commitment to life long learning and professional issues such as respecting patient dignity and confidentiality, ethical conduct etc. Competencies for support workers who work within specific disciplines reflect the unique requirements of the discipline. For example, one of the proposed competencies of a Physiotherapy support worker is to deliver and/or monitor hydrotherapy sessions. Similarly competency requirements for health care/nursing assistants reflect components of service provision unique to the profession they support. For example, assistance with patient mobility/care/exercise is one of the core requirements of health care/nursing assistants.
Generic support workers

With emerging roles and specialities, the literature points to the growth of generic health care support workers who can work across different professional boundaries. While the evidence purporting to the development and use of a generic support worker is recent, there is an increasing trend supporting this development.

Training for support workers

Recent literature evidence for support worker training points to a combination of theoretical knowledge gained from mandatory, structured training in a classroom environment and practical experience gained from clinical work experience. This finding opposes the existing trend for support workers to be trained in a variety of manners, including primarily on the job training. While a variety of training programs exist for support workers, the core training requirements include aspects of occupational health and safety, care skills, communications skills and professional issues. The wide variety of training models reflected the variability of the roles these support workers undertook in variable working environments. Literature evidence also highlights that training programs need to identify and address local barriers to uptake (such as finance constraints, cultural issues, career ladders) for programs to succeed. The literature also highlights the need for training qualified staff in supervision and delegation. While it is thought that qualified staff can effectively supervise and delegate, the literature highlights concerns from staff from different professional backgrounds on the lack of sufficient supervisory training and specifics of delegation. The determinantal effect of this on the relationship between registered health professional and support workers and its effect on quality of care provided needs to be considered.

Support workers perspective of training programs

The literature also provides positive evidence of support worker participation in training programs. Upon completion of training programs, support workers knowledge and care skills improved which was reflected in positive staff recruitment/retention and clearer definition of their roles.

Targeted research

There is an urgent need for targeted research that:

- Explores the growing place of support workers in health care and especially in the community, due to the gradual shifting of care from acute hospital settings into community rehabilitation settings
- Identifies an uniform definition of support workers in community rehabilitation specifically and health care in general
• Stimulates debate and provides evidence of the roles and boundaries for support workers in health care
• Tests the short and long term effectiveness of models of service delivery and outcomes of care provided by support workers in community rehabilitation and in health care in general
• Focuses on uniform core competencies for support workers in health care and provides a framework for competencies for support workers who specialise in the working within specific disciplines
• Provides evidence for innovative and effective training models for support workers
• Specifically focuses on barriers to uptake of training of support workers
• Explores other services providers perspective of support workers, their role as supervisors and their perception of delegating tasks to support workers
• Highlights all stakeholders perspectives of support worker involvement in health care and consensus

Recommendations

A set of 10 core recommendations are reported in this summary.

Recommendation one

There is little doubt regarding the value of support workers in health care. While specific evidence relating to support workers in community rehabilitation is limited, there is historical and growing positive evidence for utilising support workers in health care. Since patients and fellow providers value the role and contribution of support workers, it is recommended that health services consider the potential benefits of employing support workers.

Recommendation two

Utilisation of support workers should be underpinned by clear definition of their roles and allocation of duties. Delegation of specific tasks to support workers should be documented to avoid confusion among other health care professionals. The determination of the roles and duties of the support workers will more than likely be influenced by local factors. However, it must be recognised that processes must be put in place to document clearly work boundaries of support workers.

Recommendation three

Support workers can be utilised in a mixture of both direct and indirect roles. As with recommendation two, the process underpinning the composites of direct and indirect roles of the support worker will be influenced by local factors. Nevertheless this process must be documented and verified by local stakeholders. Caution is strongly advised where support workers are required to make independent decisions about treatment and
discharge programs.

**Recommendation four**

Service delivery models involving support workers should be underpinned by **supervision and specific task delegation**. Such a framework provides flexibility for local health services. Instances when support workers can work independently should be restricted to geographically isolated regions and specialised sub-patient group populations. It is recommended in such instances regular monitoring and of support worker duties is undertaken to ensure role boundaries are respected and adhered.

**Recommendation five**

Support workers will need to be **supervised**, especially during direct roles. As the literature does not shed any light on the framework for supervision, this provides the opportunity for local health services to develop geographic specific supervision models for support workers.

**Recommendation six**

It needs to be recognised that health professionals who are required to supervise also require **training in supervision** and ongoing support. Expectation that health professionals are aware of supervisory roles and are competent in the provision of effective supervision may lead to potential angst among stakeholders.

**Recommendation seven**

Clarifications on **accountability** for support workers interventions need to be established and documented. As the literature is unclear on the accountability of support workers and health professionals are fearful of litigations it is imperative such clarifications are provided to all stakeholders prior to health service provision.

**Recommendation eight**

Due to the nature of service delivery provided by support workers, evaluation of outcomes specific to the intervention provided by support workers will be difficult. However, **global measures of outcomes** from the perspective of all stakeholders are required. This can be undertaken via multiple approaches measuring both processes and outcome indicators at regular intervals. Some examples are,

- **Audit** – in order to identify key roles and duties undertaken by the support worker and to ensure they remain within the boundaries set by the local health service
- **Questionnaire survey** – in order to investigate other health care providers perspectives of support workers, identifying issues of ambiguity with regards to role boundaries and potential areas of conflict
- **Interviews and focus groups** – in order to identify patients and providers perspective of support workers in local health service, barriers to effective collaboration etc.

**Recommendation nine**

Increasingly the historical perception of support workers being “untrained” and “unqualified” is becoming less prevalent. There is an expectation that support workers are equipped with some
core competencies and depending upon the specialities they work with, they should be equipped with additional skills, knowledge and attitudes. The training to secure these skills should be acquired in the form of formal and informal training. Presence of either of them in isolation is seen to be insufficient. While there are numerous avenues for training, there are several barriers in accessing these training opportunities. These barriers (such as cost of training, lack of adequate resources to relieve support workers to undertake training) need to be identified, recognised and subsequently addressed for support workers to access these training opportunities. Additionally, an environment which supports ongoing life long learning should also be created.

**Recommendation ten** Support workers need to be supported. Support workers can be marginalised, mistreated and not recognised as being integral to the team. Such practices will lead to poor working environments and potentially poor quality care. Support workers need to be supported within and across the organisation at all levels, provided with clear career pathways and opportunities for promotions and be consulted in decision making processes, if they are equipped to do so. As highlighted in recommendation eight, regular questionnaire survey and interviews/focus groups can be conducted to identify their perspectives. Any concerns identified can be addressed through collaboration across all stakeholders.