



AN ACTION RESEARCH BASED FRAMEWORK FOR INTRODUCING A PATIENT ALLOCATION MODEL

Medical Science

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ABSTRACT

Patient Allocation is one of the models that is used to structure, organize and deliver nursing care. Whilst the importance of adhering to a model of nursing care delivery has been recognized, research on specific models is limited. Moreover, pragmatic and evidence-based guidance on how to apply a particular method to an institution or unit is not abundant. The aim of this paper is to present a framework that was designed to facilitate the process of introducing a custom-made Patient Allocation Model within a setting. Based on an Action Research approach and the principles of Professional Practice Models, the framework targets the enhancement of nurse ownership of the model, active participation, empowerment and respect for the core values of the Nursing Profession.

KEYWORDS

Professional Practice Models, Patient Allocation, Total Patient Care, Action Research

Introduction

Professional Practice Models are systems that provide nurses with a structure on how to carry out the delivery of care. Since the conception of the nursing profession, patient care has been organized according to a number of models. described how generically, four models of nursing seem to be at the forefront of practice, namely, Functional Nursing, Team Nursing, Total Patient Care (Patient Allocation) and Primary Nursing. A brief exploration of these models as presented by Koloroutis (2004) shall be provided as follows in order to allow for an overview of the subject.

Team Nursing and Functional Nursing

The Team Nursing Model involves a team of nurses who work collaboratively to provide care to a group of patients in their setting. Basing care on such a model entails the distribution of necessary tasks that are vital for the patient's well-being under the general management of a team leader. Whilst tasks are addressed, the main limitation of this model may be the fragmentation of care and the inattention to those tasks or patient needs that 'fall in the gaps'. Similarly, the Functional Nursing Model necessitates the distribution of nursing work amongst individual members of staff. Whilst such division of labour is an efficient way of delivering care, particularly in situations characterized by staff shortages, the same disadvantages discussed in relation to Team Nursing persist.

Total Patient Care (Patient Allocation) and Primary Nursing Care

Both of these models emphasise the need for care continuity and feature a nurse who is fully responsible of a particular patient or group of patients receiving care. The main difference between the two models is that when relying on a Total Patient Care Model, nurse-patient allocation varies from shift to shift. Contrastingly in a Primary Nursing Model, the nurse allocated to a particular patient remains that individual's primary nurse throughout the duration of care.

Method

Existing evidence

PubMed, CINAHL, MEDLINE and Scopus databases were searched for journal articles published in English during the past ten years using the key words: nursing, professional practice models, total patient care, patient allocation and Medical Subject Heading Terms (MeSH). The initial search led to over 30,000 articles. Filters and limiters were then applied to each specific data base which reduced the relevant results to 9010. Following a detailed evaluation of the search results, the amount of relevant articles was further limited to 65. However these articles explored Professional Practice Models in a generic manner - articles that included an exploration of on specific models of care, in particular the Total Patient Care Model were extremely limited.

Guiding philosophy

The framework featuring in this paper has been developed for settings which are based on a Team Nursing or Functional organizational system and wish to revert to a Total Patient Care (Patient Allocation) Model.

Although the four models that seem to dominate the literature are supported by some evidence-base with regards to desired outcomes, it is also clear that none of these models can be simply applied and implemented directly without considering the microculture of the particular institution or unit to which it is to be applied. Thus this particular framework is based on two important pillars, these being 1). An Action Research approach. 2). The five principles of Professional Practice Models. A brief description of each of these two building blocks has been provided as follows.

Professional Practice Models

Professional Practice Models incorporate five principles, namely:

- i. Professional values - they refer to the duty of delivering nursing care whilst respecting human rights.
- ii. Patient Delivery Systems - these involve the process of accountability to patient care and the actual structure of care delivery and decision-making.
- iii. Professional Relationships - these target the liaison between multidisciplinary team members.
- iv. The Management Approach - this refers to the managerial support offered to nurses.
- v. Remuneration - this is the vital act of ensuring that acknowledgment schemes such as financial incentives and recognition for achievement are in place.

Action Research Model

In organizational development, action research is based on Kurt Lewin's conceptualization which views social change as having strong links to action by postulating that if people are actively participative in decisions that affect them, then there is a higher probability of them adopting the new way of behaving or working. This is referred to as 'rational social management' and presented as a spiral 3-step process :

- i. Unfreezing: The awareness that change is required
- ii. Changing: Diagnosing the problem and exploring solutions
- iii. Refreezing: Application and reinforcement of the new way of working

On application of the 3-step process to research, the outcome can be presented as the Systems Model depicted in Figure 1. The Action Research process used to construct the Patient Allocation framework was based on this process.

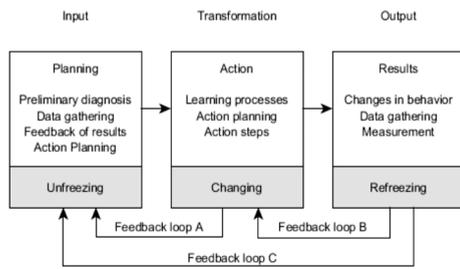


Figure 1: Systems Model of the Action Research process (Bond, 2014)

Results

Based on the principles described in the previous section, the resulting Patient Allocation framework consisted of two phases which have been depicted in the following figure (Figure 2).

Phase 1
Step 1 - Problem Identification
Activity: Collective meeting with Charge Nurses and Deputy Charge Nurses of the units involved in the project
Aims:
1). Introduction and overview of Project
2). Brief description of The Patient Allocation Model of Care
3). Explore the attendees' perceptions and past experiences of patient allocation
4). Presentation of versions of the Patient Allocation Model in the literature
5). Gather immediate thoughts regarding possible applicability to the nurses' units
6). Instruct nurses to pass on all the information above to the staff under their responsibility and gather perceptions/experiences related to the application of the Patient Allocation Model to their unit
7). Each unit to send a written document with the data gathered to Project Manager within a realistic deadline that is agreed upon by all parties
Step 2 - Plan of Action and Data Collection + Analysis
Activity: Collective meeting with Charge Nurses and Deputy Charge Nurses of the units involved
Aims:
1). Project Manager will present the (merged) data gathered from the units
2). Analysis of/Reflection on data gathered
3). Discussion regarding models available in the literature + data gathered: to come up with an adapted framework of patient allocation that can be used within the units
4). Instruct nurses to present the constructed framework to the staff members under their responsibility and gather perceptions
5). Each unit to send feedback with the data gathered to Project Manager.
Step 3 – Implementation and Refinement
Activity: Collective meeting with Charge Nurses and Deputy Charge Nurses of the units involved
Aims:
1). Project Manager will present the framework updated with feedback from the staff
2). Discussion re applicability to the units
3). Setting up a plan of action with a timeframe for implementation
4). Planning for pilot study for implementation in each unit
5). Charge nurses to collect regular staff feedback and forward to Project Manager
6). Periodic collection of feedback from charge nurses and deputies during the pilot study and problem solving/updating of framework accordingly
Phase 2
Activities:
1). Post mortem of pilot study and updating Framework accordingly
2). Setting up of Key Performance Indicators via a collaborative approach with the nurses
3). Setting up Remuneration schemes
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Figure 2: Framework for introducing a Patient Allocation Model

Discussion

Although there is a dearth of research on specific organizational models, the literature search yielded some important sources, in particular, a number of reviews and their respective individual studies.

In a review by Jennings (2008), which included 51 articles of mixed designs, evidence regarding the different nursing models was analysed. The author's conclusion was that since research on the topic is limited, it is not possible to deduct which care model is superior. More often than not, what determines the choice of a particular model are issues such as staff availability and financial constraints. Moreover, it is evident that there are application variations with regards to existing models. Similar conclusions were drawn in a systematic review that explored the effectiveness of Team Nursing compared with Total Patient Care on staff wellbeing in acute care wards. In this review it was also noted that there is a dearth of quantitative research on the subject which renders concrete outcomes difficult to measure.

In a systematic review of nursing care models, 14 clinical trials which explored care models were included. In these trials, the predominance of a model of Team Nursing as a preferred approach was clear. This was often compared to a Primary Nursing Model with only four of the trials including a pure Patient Allocation Model. The authors concluded that despite the popularity of Team Nursing, patient outcomes, nurse satisfaction, absenteeism and role clarity were similar amongst all the models compared.

In view of this evidence, it is clear that any model that is to be applied to a particular setting needs to be piloted and amended as necessary in order to make sure that it actually captures the needs of the staff, patients and overall ethos of the institution.

Conclusion

The fact that the framework that has been described in this paper involves an Action Research approach introduces the advantage of enhancing ownership amongst staff. Whilst evidence-based care is invaluable, imposing a model in a unit simply because it has been tested elsewhere may not augur for success. Action Research allows staff members to view their perceptions and participate actively in the process. Moreover, having a framework based on the principles of Professional Practice Models ensures respect for the values of the Nursing Profession. This is not to say that the implementation of this framework will be challenge-free. Issues such as staffing levels, financial constraints, managerial issues, communication problems and resistance to change will inevitably feature as they often do when introducing a new system of care. However the framework is intended to be a robust yet flexible guide that will at least provide a platform for the Project Manager to facilitate the process by involving the staff in an active manner and placing their concerns and patient needs at the forefront.

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