The perception of registered nurses regarding the use of medication assistants in Wisconsin nursing homes

Kelly J. Dries

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THE PERCEPTION OF REGISTERED NURSES REGARDING THE USE OF MEDICATION ASSISTANTS IN WISCONSIN NURSING HOMES

BY

Kelly J. Dries

A Master’s Thesis Project

submitted to Cardinal Stritch University College of Nursing

in partial fulfillment of the requirements for the degree

Master of Science in Nursing

Cardinal Stritch University

Milwaukee, Wisconsin

December, 2003
We hereby recommend that the project prepared by Kelly J. Dries entitled The Perception of Registered Nurses Regarding the Use of Medication Assistants in Wisconsin Nursing Homes be accepted as fulfilling this part of the requirement for the Degree of Master of Science in Nursing.

Accepted:

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Dean
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ABSTRACT

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Abstract

In response to the critical nursing shortage, nursing homes have been forced to find creative ways to fill vacancies, maintain quality care given to residents, and contain the cost of nursing personnel. One answer to the nursing shortage has been the addition of unlicensed assistive personnel (UAP).

The purpose of this study was to examine the perceptions of registered nurses (RN) regarding the use of Medication Assistants in Wisconsin nursing homes. A quantitative descriptive research design was used to describe the perceptions of RNs.

The convenience sample consisted of 71 RNs from eight nursing homes located in Manitowoc and Sheboygan counties.

The results of this study indicate the majority of RNs perceived the Medication Assistants to be highly prepared (73.2%, n=52) to administer non-sterile treatments. Almost half were very comfortable (49.3%, n=35) with having a Medication Assistant work under their RN license. The RNs reported that they had an increase in job satisfaction (54.9%, n=39) and had more time to perform professional nursing activities such as assessments, teaching and evaluation (83.1%, n=59). Forty-three percent (n=31) of RNs did not receive any training regarding delegating or supervising Medication Assistants. RNs that did receive training reported that the training was adequate to effectively delegate and supervise Medication Assistants. Eighty-four percent (n=60) of RNs who responded to the questionnaire, supervised only one Medication Assistant at a time. Forty-nine percent (n=35) of RN participants perceived that excellent quality of care is delivered by a Medication Assistant. Finally, the majority of nurses (74.6%, n=53) responded they would highly recommend using Medication Assistants in the nursing
home setting. Findings suggest that nurses' perceive Medication Assistants to be a viable solution to the nursing shortage experienced by Wisconsin nursing homes.
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Chapter I

Introduction

The world of health care is in a crisis. The shortage of nurses is already closing hospitals, nursing homes, and clinics, and causing labor problems in specialty fields and home care agencies around the world (Bingham, 2000; Curran, 1999; Sibbald, 1999). This situation has increased awareness of the need for additional licensed personnel in the health care field. Due to this critical nursing shortage, rising health care costs, and decreased state and federal reimbursement, the delivery of nursing care needs to change significantly in order to meet health care needs of the nation and for health care facilities to survive. One answer to the nursing shortage has been the addition of unlicensed assistive personnel (UAP) in hospitals and long-term care facilities. These UAP provide clinical support for the registered nurses (RN) and licensed practical nurses (LPN). One argument for using UAP is to free the licensed nurses that are in place, from tasks and assignments that can be completed by less well-trained personnel. By delegating these tasks to the UAP, the licensed nurses may have more time to perform higher level assessments and spend less time on non-nursing tasks (Krapohl & Larson, 1996; Bostrom & Zimmerman, 1993; Clark & Hollander, 1990).

Although there are many benefits to working with an UAP, many nurses feel these individuals pose an increase in liability to the nurse (Hurley, 2000; Huston, 1996). Utilizing UAP, the critics argue, there will be a decline in quality of care, and too many UAP for the nurse to supervise. In addition, the low level of UAP educational preparation combined with inadequate training of the RN related to delegating and supervising will contribute to reduced quality of care (Huston, 1996; Salmond, 1995).
Statement of the Problem

Current literature regarding the use of UAP is scarce, particularly the Medication Assistant in long-term care. The literature available primarily reflects the acute care setting rather than long-term care regarding the perception of RNs who utilize Medication Assistants. Though information in acute care is important, it does not address how RNs feel about working with Medication Assistants in long-term care.

Purpose of the Study

The purpose of this research study was to examine the perception of registered nurses regarding the use of Medication Assistants in Wisconsin nursing homes. RN participants were asked to inform the researcher about their perceptions regarding the following topics: RN educational preparation about delegation and supervision, Medication Assistant’s training, RN allocation of time, RN job satisfaction, and liability concerns related to having Medication Assistants work under the RN’s license.

In response to the nursing shortage, nursing homes have been forced to find creative ways to fill vacancies, maintain quality care given to the residents, contain the cost of nursing personnel, while providing a comprehensive training program (i.e. orientation training and state mandated annual in-services) to licensed professionals and Certified Nursing Assistants. Studies have shown that through implementation of a new nursing care model, specifically the use of UAP, nurses have an increase in job satisfaction, and have more time to perform higher level skills such as the use of critical thinking and performing comprehensive assessments (Bostrom, & Zimmerman, 1993; Clark, & Hollander 1990). Conversely, Hurley (2000) indicated that two-thirds of nurse respondents felt their job got harder when UAP were added to the care delivery model.
Overall, the studies were performed only in the acute care settings, and many contained several flaws in the design and methodology. (Anthony, Casey, Chau, & Brennan, 2000; Bostrom & Zimmerman, 1993; Clark & Hollander 1990; Lengacher et al., 1994). The specific flaws of the research studies are discussed in the literature review.

To survive in today’s healthcare system, cost containment and appropriate allocation of resources is key in producing quality patient outcomes. Since the pool of RNs is diminishing and America’s elderly population will significantly increase in the next 10 years it is imperative that an alternative health care provider in long-term care be considered. Health care facilities must begin to analyze the efficiency of their current care model and the skill mix of employees in order to find a good match for their organization (Krapohl & Larson, 1996). Do Medication Assistants represent a helpful solution to dwindling health care resources or do the problems and issues with this category of staff outweigh the benefits?

As a Wisconsin State approved Medication Assistant Instructor, I had an opportunity to prepare Medication Assistant students by effectively communicating the potential concerns that arise as they enter into this new role. Very little has been written on the perception of RNs regarding the use of Medication Assistants in Wisconsin nursing homes, therefore this research study expanded this specific body of knowledge in nursing and helped to fill this void.

Research Question

What are the perceptions of RNs regarding the use of Medication Assistants in Wisconsin nursing homes?
Significance of the Study

Due to the nursing shortage, nurses must now face the issue of increased utilization of UAP (Huston, 1996). Ultimately the Medication Assistant is working under the RN’s license, and therefore must work within the UAP scope of practice as defined by the State of Wisconsin. These Medication Assistants must also safely perform the duties that are legally delegated by the licensed professional. As an instructor for a Wisconsin State approved Medication Assistant course, it was important for this researcher to examine the perception of RNs regarding the use of Medication Assistants in hopes of identifying specific concerns and issues among RNs. The findings allowed the researcher to better prepare Medication Assistants for what they may experience in the workforce. The topics that were of greatest interest to the Medication Assistant included the RN’s fear of losing his/her license, delegation issues, and quality of care concerns. The results of this study created awareness and added to the body of knowledge for the nursing profession. Nursing homes may find that Medication Assistants are one possible solution to the nursing shortage. The nursing profession is “graying”, and UAP help fill the gap. UAP provide excellent quality of care and allow RNs more time to perform professional nursing activities such as assessment, teaching and evaluation. Long-term care facilities can expect better utilization of RN resources and an increased RN job satisfaction, thus increasing the chances of long-term care survival within the volatile healthcare arena.

Definition of Terms

Licensed Practical Nurse (LPN) - One year prepared nurse who is licensed to administer care, working under direction of a licensed physician or a registered nurse.
Medication Assistant- Unlicensed assistive personnel, who takes on the responsibility of administering medications and performing non-sterile treatments under the direction of an RN in a nursing home setting in the State of Wisconsin. This type of UAP is also a certified nursing assistant

Nursing Home- An extended care facility for persons who need nursing attention of the type and complexity not requiring hospitalization

Perception- The ability to obtain knowledge through the senses. To see, hear, feel and to understand a concept or situation

Registered Nurse (RN)- A two or four year degree prepared individual who upon completion of a state approved school of nursing, has passed the professional nursing state board licensing examination, and has been granted a license to practice professional nursing within a given state

Scope of Practice- A defined range of activities which include roles and responsibilities of Unlicensed Assistive Personnel

Unlicensed Assistive Personnel (UAP)- Individuals who are trained to function in an assistive role to the registered professional nurse in the provision of patient/client care activities as delegated by and under the supervision of the registered professional nurse. The UAP may be referred to as support personnel, RN extenders, patient care technicians, unlicensed medication administration technicians, or medication assistants. The UAP may or may not administer medications depending on the regulations of the State in which they are working
Limitations of the Study

The convenience sample was limited to registered nurses who were employed in Wisconsin nursing homes in the Sheboygan and Manitowoc counties. The study required cautious interpretations and could not be generalized due to the small number of participants and the small demographic area covered. However, the instrument used was tested for clarity and language by 5 RNs who were not part of the sample. The quality of the data collected for the study was based on the accuracy of the nurse’s reporting of his/her perception after working for six months with a Medication Assistant within a long-term care facility within the last 3 years.

Assumptions of the Study

It was the researcher's assumption that the RNs identified their perceptions related to the employment of Medication Assistants in Wisconsin Nursing Homes. It was assumed by the researcher that the participants in the study answered honestly and accurately describe their perceptions related to the use of time, quality of care, job satisfaction, and liability regarding the use of Medication Assistants. The researcher assumed that nurses had opinions about the adequacy of their educational preparation for delegation and supervision tasks and whether the Medication Assistants were adequately trained to administer medications and perform non-sterile treatments. Lastly, the RNs would relay whether or not they would recommend the use of Medication Assistants in Wisconsin nursing homes.

Summary

As the nurse shortage continues, different types of providers must be utilized in both acute care and long-term care in hopes of meeting the nation’s healthcare needs.
Nursing homes in particular have answered this challenge by implementing Medication Assistants. These UAP provide support to the RN by assisting in the administration of medications and non-sterile treatments. Although there can be many benefits to working with a Medication Assistant, there may also be many risks and concerns. As the Medication Assistant takes on more responsibility, nurses often voice concerns of liability, delegation deficits, quality of care concerns, RN job satisfaction decline, and lack of UAP preparation (Barter, McLaughlin, & Thomas, 1994; Hurley, 2000; Kirby, 1991; Salmond, 1995; Wilson, 1994).

The current literature reflects research studies performed in the acute care setting with the exception of some studies performed in mental health care facilities. Therefore, there was a gap in the literature regarding studies performed in the long-term care setting regarding the perception of RNs who utilize Medication Assistants in Wisconsin nursing homes. The researcher attempted to contribute to this body of knowledge in the long-term care setting. This assisted the researcher in identifying specific concerns and issues among RNs and to better prepare Medication Assistants for what they experience in the workforce.
Chapter II

Review of Literature

Nursing Shortage

Several nursing shortages have plagued the United States in the last 30 years. An unlicensed Medication Administration Technician (UMAT) who is considered a UAP that administers medications, worked during the 1960’s nursing shortage to keep the hospitals operational (Burruss, Ashworth, & Arikian, 1993). As more individuals went into the nursing profession in the late 1970’s, there was a diminished need for unlicensed assistive personnel (UAP). However, in the most recent nursing shortage of the late 1980s, less expensive personnel were again incorporated into hospital care delivery models due to the RN shortage (Eastaugh & Regan-Donovan, 1990; Krapohl & Larson, 1996; Sherman, 1990). This shortage was characterized by an increase in demand of skilled nursing personnel rather than a decrease in the supply of nurses (Aiken & Mullinix, 1987; Prescott, Phillips, Ryan, & Thompson, 1991). Today, our nation is plagued with a limited supply of nurses coupled with a demand for well trained licensed staff.

The United States elderly population continues to increase due to the baby boomer phenomenon. Sultz & Young (1999) noted that over 75,000 babies were born in the United States between the years 1946-1964. It is estimated that in 1950, 8.1% of the total population was over the age of 65, however it is projected that in the year 2050, over 30% of the total population will be 65 years and older (Sultz & Young, 1999). Also, in 2050 it is projected that the population under age 35 years old will decrease by 10% in comparison to 1950. United States citizens live longer as a result of increased public
health measures, controlled infections, immunizations, antibiotics, safe food and water, and various medical advancements (Sultz & Young, 1999). There are proportionately fewer nurses in all health care settings to meet the needs of this growing population today. The dilemma also lies in the fact that fewer individuals are entering the nursing profession along with the current aging nurse who is cutting back his/her hours or retiring.

Nursing is still a predominately female occupation and in today’s society women have more choices for career opportunities than they did in past years. Many factors affect the decline in nursing personnel. It is thought that the profession has not done enough to attract candidates. Since 1994, new graduates have had a difficult time finding jobs in hospitals and wages for nurses have declined dramatically (Iyer, 2002). Also, according to the American Association of Colleges of Nursing, there has been a drop in enrollment in baccalaureate degree nursing, associate degree, and diploma degree nursing programs since 1995. “The Bureau of Health Professions predicts a shortage of 729,000 bachelors degree-prepared nurses by the year 2010 and recruitment times for registered nurses are already longer” (Zimmermann, 2000, p. 312). This shortage creates a very unsafe health care environment since there are not enough nurses to meet the ever-increasing demands for skilled healthcare providers.

The increasing age for nurses is also impacting the nursing shortage crisis. “The average age of today’s nurse is 47, with a substantial number of nurses in their 50’s and 60’s” (Iyer, 2002, p. 2). An enormous amount of knowledge and experience will be lost due to nurses retiring at the same time the demand for these skilled workers increases. The various dynamics that characterize the recent nursing shortage calls for the
reorganization of the delivery of nursing services, rather than increasing the available
“One development is certain. The aging of the American population will spur a boom in
health care employment. The Bureau of Labor Statistics predicts that half of the next
decade’s 10 fastest growing occupations will be in the health care fields” (Sultz, &
Young, 1999, p. 171).

Unlicensed Assistive Personnel

Due to the nursing shortage, rising healthcare costs, and decreased state and
federal reimbursement, the delivery of nursing care has changed. Nursing homes and
acute care settings have added unlicensed assistive personnel (UAP) to their nursing care
model. The UAP may be referred to as support personnel, Medication Assistants,
assistive personnel, patient care technicians, or nurse extenders (Barter, McLaughlin, &
Thomas, 1994; Eastaugh, 1990; Gardner, 1991; Garfink, Kirby, Bachman, & Starck,
1991; Kirby, Garfink, Starck, Russo, & Bachman, 1991; Merker, Cerda, & Blank, 1991;
Wilson’s study as reported by Wlody, 1994). In the State of Wisconsin, UAP who
administer medications and perform non-sterile treatments are referred to as Medication
Assistants in the nursing home setting.

UAP Definitions

In most states UAP represent at least 65 different job titles, with each having
varying job responsibilities (Zimmermann, 1995). However, the North Dakota Nurses
Association determined that there are more than 250 titles used by the UAP (as cited in
Huston, 1996). Ready (1994) and Salmond (1997) examined the increased need to
clearly define the role of UAP in order to prevent role ambiguity and a possible drop in
morale which may result in poor job performance. Salmond (1997) suggests implementing role clarity sessions as a part of team building or implementing a concept termed “role switch day”. Nurses were asked to perform as a Certified Nursing Assistant for the day. The purpose was to gain insight into the role of the other group. This exercise was found to be an opportunity to improve team relations and communication.

The American Nurses Association (ANA, 1992) defined UAP as unlicensed assistive individuals trained to function in an assistive role to the nurse in the delivery of care. Tasks to be completed are to be delegated by the licensed registered nurse. These UAP are bedside health care employees who were previously trained as nursing assistants or technicians (Barter, McLaughlin, & Thomas, 1994). According to Huber, Blegen, & McCloskey (1994) (as cited in Zimmermann, 1995) many UAP in the acute care setting are males in a predominately female profession.

Badovinac, Wilson, and Woodhouse (1999) revealed statistically significant findings regarding UAP role satisfaction when a new care delivery system had been implemented. This descriptive comparison pilot study used a convenience sample of 9 UAP on a short-term stay medical surgical unit. The UAP were between the ages of 30-40 years of age, female, Caucasian, and married. The study indicated that most of the UAP had obtained a high school diploma and had worked on the medical surgical unit for at least 1 year. Badovinac et al. (1999) used a four item self-administered questionnaire which was adapted from the “RN Satisfaction With Unlicensed Assistive Personnel Ability and Time Survey” developed by Barter et al. (1997). The investigators used a 5-point Likert scale to measure the data. These UAP were satisfied with the communication with the nurse and their performance on delegated tasks. Overall, the
UAP surveyed appeared to be satisfied with their work when working with RNs, but were neutral about the amount of training they received and the level of difficulty of their work. Some UAP may have chosen to enroll in college for an advanced degree, therefore the nurse extender role gives them a career opportunity and improves their current skills. The new role may also allow the UAP to earn additional income and increase their professional status.

_UAP Training_

One concern reported by RNs is about the level of training of the UAP and the scope of practice they are asked to assume (Huston, 1996). This variable must be considered before a new model of nursing care is implemented (Huston, 1996). In addition to the 75 hours of Nursing Assistant training, these UAP must obtain additional education in the specific area in which they will be providing clinical support to the professional nursing staff. Barter, McLaughlin, & Thomas (1994) reported that 88% of the UAP had less than 40 hours of classroom instruction time prior to working in various acute care settings. Ninety-nine percent (99%) of these individuals then received less than 120 hours of additional on-the-job training. The specialty areas that were represented in this study of 102 California hospitals, consisted primarily of medical-surgical units, ICUs, labor and delivery, pediatrics, post anesthesia care units, emergency department, cardiac-care units, nurseries, surgery, ambulatory care, dialysis units, step-down units, and post-partum units. "Better training-as well as more accountability might make UAPs more of an asset than a liability to nurses" (Hurley, 2000, p. 48).

In contrast, according to the State of Wisconsin Bureau of Quality Assurance (2000), the UAP-Medication Assistant Program requires 100 hours of instruction. This
includes a 60 hour didactic portion and 40 hours of clinical experience. Wisconsin nursing home regulations allow individuals who have successfully completed the 100 hour Medication Assistant course to administer medications and perform non-sterile treatments. To be eligible, the candidate must be at least 18 years of age, have a high school diploma/GED, and be listed on the Wisconsin Nursing Assistant registry. The Medication Assistant candidate must have at least 2,000 hours experience of direct patient care in the past three years and have worked 40 hours within the last 90 days caring for the same residents for whom they will be administering medications and treatments. The candidate must also receive written recommendation from the Director of Nursing, Administrator, and two licensed nurses from their facility. One of the nurses must be an RN and the other recommendation letter may be obtained from an LPN or a RN. The Medication Assistant receives facility-specific training after successful completion of the required Medication Assistant course. These on-the-job training hours vary between less than one hour to 80 hours depending on the facility that employs the Medication Assistant after graduation (L. Owen and M. Johnson, personal communication, May 28, 2003).

According to a research report written by Price-Livingston (2000), the Wisconsin Medication Assistant needs to keep their Nursing Assistant certification current by working at least 8 hours in a 24 month period under the direction of a Registered Nurse. The Medication Assistant graduate must attend 4 hours of continuing education on medications and medication administration annually and work at least 100 hours yearly as a Medication Assistant to maintain their certification (Price-Livingston, 2000; State of Wisconsin- Bureau of Quality Assurance, 2000).
UAP Responsibilities Regarding Medication Administration

One of the prominent tasks of the registered and licensed practical nurse in both the acute and long-term care setting is the distribution of medications. This task is now being delegated to the UAP due to the shortage of nurses. The nurse may gain a better understanding of the Medication Assistant role by dissecting the medication administration system and clarifying how the UAP may fit in.

The two main systems used to distribute medications in Wisconsin nursing homes are the traditional bulk system and the unit-dose (UD) system. The traditional bulk system is comprised of floor-stocked medications that are administered based on a written prescription for each drug a patient needs during his or her stay (Burruss, Ashworth, & Arikian, 1993). This system was predominately found in acute care settings through the mid 1970’s until it was replaced by a combination of both traditional bulk system and the unit-dose system (Brown & Smith, 1986). The combination system dispenses medications to a unit, or facility in unit dose containers 24 hours in advance of being administered. The unit dose packages are labeled with the drug name, lot number, expiration date, and name of manufacturer. The unit dose packaging adds an element of safety for the patient because these medications are prepared by the pharmacist relatively close to the time the patient was to receive the dose (Brown & Smith, 1986). The unit dose concept has increased since the 1970’s, and as a result, nursing units have seen an increase in control and accountability for the drug and the reduction of wasted medications. There is an increased safety benefit of significant reduction of medication error rates when unit dose medications are used (Barker & McConnell, 1962). “The degree of safety has been determined to be approximately an eight-fold difference, with
the UD medication system generally producing one-eighth the number of errors as compared to the more traditional bulk-stocked system” (Schultz, White, & Latiolais, 1973, p. 104). In long-term care the unit dose system is used to distribute medications via blister packaging. The nursing home provides an optimal setting for UAP-Medication Assistants to administer medications since the medications, treatments, and patients are generally stable and patient outcomes are anticipated.

Federal and state laws allow UAP to administer medications if they are adequately trained and supervised by a licensed registered nurse. Error rates in regard to unit dose verses multi dose medication systems have been studied, however UAP in most cases was not a variable that was examined. One of the more unique RN extenders which developed in the late 1960’s as a result of the current nursing shortage is referred to as Unlicensed Medication Administration Technicians (UMAT). The UMAT programs were managed by the pharmacy due to the distribution of controlled substances. The UMAT were supervised by both pharmacists and registered nurses. The UMAT of the 1960s is comparable to the Medication Assistant role of today. Even though the Medication Assistant in the nursing home setting is supervised by a nurse, a pharmacist will have provided training to these individuals during their education process. Also, the State of Wisconsin employs a pharmacist to give direction and structure to the program in partnership with an RN from the Bureau of Quality Assurance (State of Wisconsin-Bureau of Quality Assurance, 2000).

Hospital and nursing homes set high priorities regarding safe administration of medications. Regardless of the system of administration or personnel classification, identification of medication errors is one of the primary measures of safety for the
residents. Most facilities are using reported errors as an educational tool and not as a cause for disciplinary action (Burruss, Ashworth, & Arikian, 1993). A self-reporting system has been adopted by most acute care settings and nursing homes. According to Schultz, White, and Latiolais (1973) medication administration technicians maintained a 0.64% lower medication error rate than the reported 5.33% for RNs. The 12 month study by Burruss, Ashworth, and Arikian (1993) revealed an 11.38 times higher medication administration error rate by RN personnel than the UMATs. The researchers attribute the results to the RNs’ need to administer medications along with additional responsibilities, whereas the UMAT focused only on the administration of medication. These findings were also consistent with Blegen and Vaughn’s (1998) study of medication error rates. It is the researcher’s assumption that educating nurses about the decline in error rates when Medication Assistants are utilized may decrease the nurse’s anxiety related to liability concerns.

The study to be performed by the researcher will include the perception of Registered Nurses employed by long-term care facilities who utilize both unit-dose and multi-dose medication distribution systems. Unfortunately, the studies by Blegen and Vaughn’s (1998) Schultz, White, & Latiolais (1973), and Burruss, Ashworth, & Arikian, (1993) were performed in acute care community hospitals using unit-dose distribution systems and therefore the findings cannot be generalized to long-term care settings.

“Nurses must be willing to accept that they can no longer do it all and be willing to give up some of the more routine tasks without being threatened. All other professionals use assistants, and nurses shouldn’t be threatened by their presence” (Blegen, & Vaughn, 1998). Whatever the position an individual takes regarding the use of
UAP, “the reality is that fiscal concerns are driving health care, and within this paradigm, the role of the CNA is here to stay” (Salmond, 1997).

Nursing Care Delivery Models

Acute and long-term care administrators are continually being challenged to provide cost effective care without compromising the quality. During the 1990’s, many hospitals answered this challenge by changing their method of delivery of care and reducing the number of registered nurses and adding UAP. The American Hospital Association (AHA) reported that 97% of hospitals use some kind of nurse extender and these individuals were an integral part of the patient care delivery system (Merker, Cerda, & Blank, 1991). Interestingly, the main reason for implementing UAP was due to the shortage of nurses. “The intent of adding UAP was to extend or complement the care provided by the RN. Presently, vigorous restructuring efforts are aimed primarily at lowering costs and serve to substitute rather than complement the care of the nurse” (Krapohl & Larson, 1996, p. 108). Even though health care facilities have been utilizing UAP as care extenders for nearly 35 years, there is conflicting opinions regarding their effectiveness and safety (Russo & Lancaster, 1995; Salmond, 1997).

The evolution of nursing delivery systems reflects social values, management ideologies, and economic considerations (Gardner, 1991). Team nursing and primary nursing are the two most common current systems in nursing care delivery. Team nursing uses a variety of nursing staff who work together as a team to provide care to an assigned group of patients. The RN generally coordinates the care by delegating tasks to the appropriate health care worker. This delivery of care was meant to increase efficiency and decrease cost. However, critics have pointed out that the framework is too task-
oriented and lacks continuity of care. Primary care on the other hand, emerged in the 1970's as patients' acuity levels began to rise. In this delivery system, the RN is assigned a set of patients and is responsible for their total care during their shift. Literature suggests that primary care nursing is superior over team nursing due to perceived increase in autonomy of the RN and increased continuity of care (Manthey, 1980; Shukla, 1983). However, many studies suggest that primary nursing was more costly in the long run and did not improve the quality of care (Glandon, Colbert, & Thomasma, 1989; Shukla, 1983). The movement of the 1980's was to staff hospitals with all RNs. This trend slowed as a result of higher RN salaries and ultimately shortage of nursing personnel. Therefore, in the late 1980's delivery care models that incorporated less expensive personnel began to re-emerge (Eastaugh & Regan-Donovan, 1990; Sherman, 1990). “A nationwide survey, conducted by the AHA in 1989 reported that hundreds of hospitals were implementing ‘nurse extenders’ and concluded that they were ‘an integral part of the patient care delivery structure’” (Merker, Cerda, & Blank, 1991, p. 11).

_UAP Care Models_

Krapohl and Larson (1996) discussed three different types of care models which utilize the UAP in various roles. The models which follow the team concept include a clinical model either with a partnership or non-partnership focus, non-clinical model, or integrated model.

The UAP provides direct patient care in the clinical model and may be paired with an RN support person. This model was derived from the pilot study of the Partners-in-Practice Program which was conducted at eight hospitals in Florida, Nebraska, and Minnesota. The findings consisted of a positive impact on quality of care, cost
effectiveness, and improved efficiency, but no objective measures of these variables were examined (McGee’s pilot study as cited in Krapohl & Larson, 1996).

The non-clinical model does not have the UAP partnered with an RN, however the UAP is still supervised by the RN and is able to ask questions if needed. The UAP does not provide direct physical care to the patient. The UAP may act as a patient concierge or unit host/hostess who is meant to improve service to the patient while at the same time freeing nurses from the indirect care tasks (Christensen & Bender, 1994; Howard, 1991; Sovie, 1989). It was found that 60% of all call light requests did not require the attention of an RN therefore, the UAP could provide this service.

The integrated model of care includes a combination of both direct and indirect patient care. This model was introduced as a solution to the late 1980’s nursing shortage. The purpose was to utilize fewer licensed personnel, release the existing RNs from indirect care duties, and maintain the primary nurse relationship with the patient (Brett & Tonges, 1990; Ritter & Tonges, 1991). The three models varied in concreteness regarding the way in which they were reported. Krapohl and Larson’s 1996 study was inconclusive due to its anecdotal nature, lack of comparison groups, use of unreliable and invalid instruments, and small sample size. Therefore, there was no strong empirical evidence to confirm that UAP truly compliment the care of the nurse. This study was only conducted in acute care settings.

Nursing homes today are faced with a shortage of nurses. Most facilities are currently staffed with Certified Nursing Assistants who perform basic physical resident care tasks. The licensed personnel focus on administering medications, performing treatment procedures, and updating physician and family on the condition of the residents.
The UAP in a long-term care facility generally perform in a non-clinical model environment. They assist in passing fresh water, making beds, cleaning and maintaining patient rooms, transporting patients, and answering call lights. However, if the UAP has training in medication administration, there is a shift to an integrated clinical model.

The Medication Assistant in a long-term care facility would be able to assist the nurse with the administration of medications such as unit-dose and multi-dose medications which may include scheduled-II narcotics. The Medication Assistant must receive approval from a licensed professional prior to administering prn or ‘as needed’ drugs. According to the Bureau of Quality Assurance (2000), Wisconsin Medication Assistants may administer topical medications, inhalers, suppositories, eye drops, ear drops, nasal sprays, foams and vaginal creams and perform non-sterile treatments. Wisconsin Medication Assistants are unable to perform assessments, receive telephone orders from physicians, perform sterile treatments, or administer medications through the parenteral route, gastrointestinal or bladder.

The overall demand on RNs to increase their efficiency and skill level has intensified as a result of many facilities choosing to change their nursing model of care to incorporate Medication Assistants. According to Bostrom and Zimmerman (1993) and Clark and Hollander (1990) when UAP were used, a decrease in the RN’s time that was spent on non-nursing tasks was noted. Unfortunately the study performed by Clark and Hollander (1990) did not reveal a specific sample size and Bostrom and Zimmerman (1993) suggested the survey that was used in their study may not be sensitive (n=119; n=154). According to McGee’s pilot study (as cited in Krapohl & Larson, 1996), RNs felt they were able to make full use of their clinical skills more so when they worked with
UAP. With proper delegation of tasks, the nurse may have more time to perform higher level assessments which may lead to greater job satisfaction and productivity (Brown, & Smith, 1986). The nursing home's staffing patterns are based on the daily census. “Most facilities do not have a registered nurse in the building at all times” (Iyer, 2002, p. 2). The unbalanced distribution of staff in the nursing home setting has contributed to the need to look at a new model of care delivery utilizing UAP particularly Medication Assistants.

Risks of UAP Utilization- Quality of Care

Barter, McLaughlin, & Thomas (1994) suggest that out of the 234 California hospitals surveyed with a 23 question survey instrument, three-fourths did not have standardized hiring requirements or measure the cost-effectiveness of using UAP. Eighty-eight percent of these California hospitals did not provide adequate training or orientation and did not consistently pair the same RN supervisor with the UAP. These results were consistent with several studies (Davis, 1994; Garfink et al. 1991, and Kirby et al., 1991) regarding the loss of continuity of care due to a difficult time scheduling RNs and UAP together. These possible risks must be considered before placing UAP- Medication Assistants into the nursing home. Barter, McLaughlin, & Thomas (1994) suggest that more well-designed studies which measure patient quality of care and RN work satisfaction are needed to understand the effect of UAP use in nursing care delivery systems.

Several experts (Bethel & Ridder, 1994; Bostrom & Zimmerman, 1993; Cone, McGovern, Barnard, & Riegel, 1995) have asserted that UAP do not compromise patient care and reportedly did not change the levels of patient satisfaction. Other acute care
studies by Bostrom and Zimmerman (1993) and Lengacher, Kent, Mabe, Heinemann, Vancott, and Bowling (1994) reported no significant differences in quality of care provided using the UAP. Unfortunately the study performed by Lengacher et al. (1994) did not explain the methodology, instruments, or sample size. Some outcome quality indicators studied were falls, medication errors, IV infection rates, and skin integrity.

According to Marks, Dennis, Borozny, & Ferrone (as cited in Anthony, Casey, Chau, & Brennan, 2000) the UAP traditionally focused on tasks delegated by the nurse, however today these individuals are now managing patient outcomes. Unfortunately these authors do not describe the specific patient outcomes which the UAP manage.

Badovinac, Wilson, and Woodhouse (1999) assessed satisfaction levels of RNs, patients, and UAP three years post-implementation of a UAP patient care delivery system in a short-stay medical-surgical observational unit. The findings suggest that UAP were performing competently in their new role, and that the patients were very satisfied with the care they received. Unfortunately this study did not describe the specific tasks performed by the UAP therefore, it is unknown whether the UAP passed medications in the medical-surgical setting. These findings were consistent with the study performed by Wiggins, Farias, & Miller (as cited in Mayer, Maden, & Lawrenz, 1993).

Conversely, several testimonies have been published (Craven, 1997; Anonymous, 1998) and heard by the Joint Committee on Health Care of the Massachusetts Legislature regarding the use of UAP and the ability to administer medications. These reports documented incidences where the actions of UAP have led to a significant number of fatalities among patients in various mental health group home settings. Family members of the victims, the Coalition of Families and Advocates of the Retarded, and the
Massachusetts Nurses Association testified regarding the lack of access to appropriate nursing care which led to the deaths. Zimmermann (2000) described improved patient care outcomes when a higher ratio of registered nurses was utilized rather than non-registered nurses. Many of the reports regarding patient outcomes when utilizing UAP are conflicting. Therefore, further information needs to be gathered regarding patient outcomes related to the implementation of UAP into the facility’s nursing care model, particularly in the nursing home setting (Huber, Blegen, & McCloskey, 1994).

Register Nurse Perception and Job Satisfaction
Jolma’s (1990) research study (as cited in Barter, McLaughlin, & Thomas, 1994) discovered a statistically significant correlation (r=.53) regarding the dissatisfaction with work and an increased workload which leads to nursing turnover. However in this particular study, the role of the UAP was not considered a variable. Therefore, the need for further study on the effect of UAP and nurse satisfaction is warranted before a new model of care is put into practice. Cone, McGovern, Barnard, & Riegel (1995) (as cited in Badovinac, Wilson, & Woodhouse, 1999) studied nurse satisfaction after the implementation of a new care delivery model in a critical care area using UAP. Their findings showed that nurses were generally more satisfied with the care provided where the UAP was trained to assist the RN in various patient care tasks. The positive satisfaction results were consistent with the findings of Wiggins, Farias, & Miller (as cited in Mayer, Maden, & Lawrenz, 1993) and McGee’s pilot study (as cited in Krapohl & Larson, 1996).

Several studies suggested there were no significant differences among job satisfaction among RNs when the new UAP model was implemented (Garfink et al.,
In addition, Barter, McLaughlin, & Thomas (1994), reported that nurse team leaders experienced an increase in stress related to the implementation of UAP on their units. The UAP in this study did not communicate pertinent information to the nurses and did not complete specific delegated nursing tasks. The survey conducted by Hurley (2000) asserted that out of nearly 600 respondents, there were no nurses who said their job had been made any easier by the use of UAP. Licensed personnel, physicians, and patients were dissatisfied due to the UAP’s lack of education and supervision. Salmond’s (1995) descriptive research project gathered data on how UAP are being utilized in an acute care setting by examining role responsibilities, extent of delegation, training effectiveness, and evaluation measures. Fifty-three hospitals from 31 states participated by having 53 nurse managers, 620 staff nurses, and 305 nursing assistants respond to the questionnaire. Overall results of Salmond (1995) study indicated that “models of care using UAP are not working. Primary impediments were identified as lack of role clarity, ineffective educational preparation of nursing assistants, ineffective educational preparation of staff nurses, lack of an adequate infrastructure to support the model, and lack of evaluation systems” (p. 1).

A study by Anthony, Casey, Chau, & Brennan (2000) measured the perception of congruence between RNs and UAP working on the same acute care unit on aspects of nursing practice. Questionnaires were distributed to 647 RNs and 241 UAP on 17 nursing units across three acute care hospitals located in a large metropolitan city. Two of the hospitals were tertiary facilities and one was a community hospital. The eleven specific nursing practice model factors studied were perceptions of nurses’ role,
accountability, scope and responsibility, philosophy of care, collaboration/communication, continuity of care, leadership, participation in management, learning environment, group commitment, and orientation of temporary unit workers. The results of Anthony, Casey, Chau, & Brennan’s (2000) research study suggest that these team members do not consistently share the same views on delineation of roles, philosophy of care, and accountability for patient care. The ability to view the unit as a healthy learning environment was inconsistently perceived regarding the general response to errors and the unit’s attitude toward change. A solid team represents organizational effectiveness (Daft, 1998), and with congruent and accurate perceptions regarding the use of each team member, will assist in providing quality patient care that optimize outcomes. Again, this study supports the need to define the role and responsibilities of the UAP.

Due to the conflicting and inconclusive findings on the use of UAP and differences in RN perception or satisfaction, it is difficult to determine if changes in the delivery of nursing care are worthwhile (Badovinac, Wilson, & Woodhouse, 1999).

Delegation and Supervision of UAP

The process used by the RN in the medication administration process consists of legal responsibilities, patient assessment, and educational requirements (Burruss, Ashworth, & Arikian, 1993). One of the major concerns of the RN was the legal responsibility when supervising and delegating tasks to the UAP. Nurses are afraid to have their licensed revoked or suspended if the UAP does not comply with facility, state, and federal rules and regulations (Kirby, et al., 1991; Wilson, 1994). According to the Wisconsin Department of Regulation & Licensing- Board of Nursing (1989), registered
nurses are advised that these less skilled assistants are under their supervision while on duty. The RN must delegate tasks that are only appropriate to the UAP’s educational background and competency. The RN must also provide direction and assistance as needed, and evaluate the effectiveness of tasks performed under their supervision. Essentially, the RN must understand what can be delegated to the UAP and what must be retained as his or her professional responsibility (Hasten & Washburn, 1994).

Many nursing acts may be delegated, however the functions of assessment and evaluation may not be (Wisconsin Department of Regulation and Licensing, 1989). “The actual role of the RN in the medication administration process consists of several major components, including legal responsibilities, patient assessment, and educational requirements” (Burruss, Ashworth, & Arikian, 1993, p. 67). Salmond (1997) offers four key processes to implement to ensure proper delegation and competency: clearly identified core competencies, clear mechanism for CNA training, consistent ongoing validation of competency, and accurate identification of ongoing or new educational needs. Trust and comfort in the delegation of tasks can be obtained by implementing these processes (Salmond, 1997).

Hasten and Washburn (2001) further define proper delegation as understanding the Four Rights of Delegation- right task, right person, right communication, and right feedback. This article states that the only time a nurse gets into legal trouble with delegation is when one of the four rights have been violated. “Simply put, when you delegate, you give someone else the authority to carry out a care task, but you still remain accountable for the overall nursing care of the patient” (Parkman, 1996, p. 43-44).
According to the report of Salmond's 1995 descriptive design research project, fifty-three hospitals from 31 states participated in the investigation. Fifty-three nursing managers, 620 staff nurses, and 305 nursing assistants responded to the questionnaire which addressed how UAP were used in the acute care area by examining the role of responsibilities, delegation issues, education and training, and evaluation methods. The results reported a clear trend regarding the increased use of UAP and their ability to provide higher levels of observation and technical skills in a safe and effective manner. However, Salmond's research project revealed that the nurse and UAP had limited education and overall training regarding their roles, resulting in delegation deficits.

Meehan (1995) conducted a study of 104 associate degree nursing faculty members representing 13 colleges in New Jersey. The study was to determine which professional tasks the nurse considered inherently safe for nurses to delegate to UAP and whether the RN felt the UAP should be certified. A check-list survey was given to 104 faculty members to whom 48 faculty members responded. The results concluded that 10 out of 97 traditional tasks were deemed absolutely unsafe to delegate. Among traditional tasks that were deemed unsafe to delegate, were assessment and safety issues. Emphasis was put on bacteriological, chemical, mechanical, and emotional safety. The task deemed safe to delegate was using UAP report of patient temperature as the basis for administering an antipyretic.

Further examination is needed regarding the role of the RN in delegating responsibilities to the UAP, and which method of task delegation is most efficient in order to implement a successful care model. “With the restructuring of care delivery models, RNs are increasingly being expected to make assignments for and supervise the
work of different levels of employees. RNs who are asked to assume the role of supervisor and delegator need preparation to assume these leadership tasks” (Huston, 1996, p. 68). The additional training should include education in management, leadership and delegation. A suggestion made by Krapohl and Larson (1996) is to require continuing education units for licensure and certification in these areas. Even RNs at the graduate level must refine their skills in decision making, group interaction, motivation, understanding the change of interdisciplinary care models, and the supervision and delegation of UAP. None of the studies mentioned the cost associated with continued education training for the RNs as they venture into this new supervisory role.

Analysis of Literature

The majority of the literature available described the use of UAP regarding the nursing shortage, nurse job satisfaction, outcomes and quality of care, and delegation as it relates to the acute care setting. As noted previously, there were inconsistencies regarding the satisfaction of licensed personnel and nurse’s perception of a change in the quality of care being delivered when Medication Assistants were utilized. As a result, additional “well-designed studies which measure patient outcomes, cost effectiveness, and work satisfaction are needed to understand the effect of UAP use in nursing care delivery systems” (Barter, McLaughlin, & Thomas, 1994, p. 87). Badovinac, Carney, Wilson, and Woodhouse (1999) identified the need for further research regarding patient outcomes related to the use of UAP specifically, nosocomial infections and amount of malpractice suits. It is vital to assess the possible impact of the use of UAP prior to restructuring the facility’s nursing care delivery model.
According to Barter, McLaughlin, & Thomas (1994) most institutions implemented a new nursing care model due to the nursing shortage and to complement the RN. Subsequently, these institutions restructured their efforts to lower their cost by substituting the UAP for the RN. "Clearly, this paradigm shift from complementing nursing care to substituting nursing care will require a new body of information and data on which to predict future consequences" (Krapohl & Larson, 1996, p.108-109).

Overall, studies regarding the use of UAP in the long-term care system, particularly Medication Assistants, are needed. These studies would provide broader-based evidence to nursing home administrators and nurse managers regarding the use of Medication Assistants during this critical nursing shortage. Nursing satisfaction, UAP education, delegation, liability, and quality care concerns are critical when looking at successfully implementing a new nursing care delivery model using Medication Assistants. For the purpose of this study Registered Nurses' perceptions about the nursing shortage, UAP role and education, nursing care delivery models, quality of care, delegation/supervision, and RN job satisfaction regarding the use of Medication Assistants in Wisconsin nursing homes will be examined.

Theoretical Framework

In acute care and long-term care settings there is a need to address the nursing shortage. As a result of the lack of available nursing personnel, health care facilities are incorporating UAP into their nursing care model to extend and support the role of the RN. As health care settings add UAP to their staffing, quality care still must be maintained and RNs must be comfortable with delegating tasks to UAP. Acute and long-term care
settings who employ UAP are addressing issues of delegation, RN job satisfaction, and the pressures of legal accountability.

According to McLaughlin, Barter, Thomas, Rix, Coulter, & Chadderton (2000), RNs who work directly with UAP are experiencing role ambiguity, overload, and stress which may critically impact patient and family care.

Burke & Scalzi (1988) (as cited in Sherman, 1998) define role in general, as the expectations applied to an individual in a particular position by others both within and outside an organization’s boundaries. Role theory provides the basis for the conceptual understanding of the nurses who experience a change in roles (Murray, 1998). Biddle (1979) defined role theory as the science concerned with the study of behaviors of individuals within a social position who hold specific expectations. Biddle (1979) also contests that people must be taught roles and may find either happiness or unhappiness in their role. Hardy & Conway (1989) (as cited in McLaughlin et al, 2000) further defined role theory as a set of behaviors, norms and values associated within a given nursing role. Role stress which is a component of role theory is comprised of role conflict and role ambiguity (Sherman, 1998). Role stress occurs when the RN is faced with difficult, complex demands within an organization or group (McLaughlin, 2000). According to Sherman (1998):

Role conflict involves an incompatibility between job tasks, resources, and decision-making authority through the hierarchy. Conversely, role ambiguity encompasses a lack of information about the job for the individual with regard to uncertainty between role requirements (usually defined directly by job descriptions or organizational rules and procedures) (p. 2).
McLaughlin et al. (2000) cautioned that role overload may be experienced by the RN when they are forced to deal with continual complex situations which encompass too many demands. If a nurse feels a lack of autonomy, increased stress, conflict in the workplace, or role confusion, his/her job satisfaction may be affected (Tumulty, 1992).

McLaughlin et al. (2000) surveyed 342 predominately female- diploma, associate, baccalaureate, and master degree prepared RNs from the United Kingdom and United States regarding the RNs’ perception of their role when working with UAP. An investigator-developed survey tool containing 24 questions was administered to the RNs in acute care hospitals. Unfortunately, the number and exact location of these hospitals was not described in the study. The authors designed a conceptual map entitled, the Conceptual Map of Role Theory Components which illustrates the role of the RN on a continuum ranging from stable to unstable (see Figure 1). If the RN is considered in a stable role set, all health care providers at that setting, organizational systems and subsystems are in agreement. Role congruency is said to be present and the RN has increased job satisfaction. However, if the health care providers (role participants) such as other licensed staff members, UAP, and nurse managers hold different views of what each member is responsible for, the RN may experience role incongruence/role instability. Also, according to McLaughlin et al. (2000), RNs may encounter role incongruence when they are asked to delegate nursing functions to the UAP. Often the RN and UAP have different expectations regarding accountability, authority, and other job duties. As individuals encounter role incongruence, they may experience role stress which could lead to a decrease in job satisfaction (Sherman, 1998). The questions that McLaughlin et al. (2000) posed to the RN participants indicated whether the nurse
experienced issues with his/her role. “The operational measure, that is the specific questions asked of RNs, is an indirect indicator of role conflict, ambiguity, strain, stress or overload” (McLaughlin et al., 2000, p. 49).

According to Fisher (1983) (as sited in McLaughlin et al. 2000), there is no specific directional relationship in the various role theory components in the acute care setting, therefore a multidimensional set of RN perceptions and pressures affect the congruence or incongruence of the RN role set functions. This multidimensional set of pressures and indicators are represented in McLaughlin et al. (2000) Conceptual Map of Role Theory Components.

This researcher used role theory and McLaughlin et al. (2000) - Conceptual Map of Role Theory Components as the theoretical underpinning for this research study. A 15 item questionnaire was administered to RNs in attempt to capture their perceptions regarding their role when they work with Medication Assistants in the nursing home setting for at least a 6 month time period within the last 3 years. The questions posed to the RN allowed the researcher to gather information regarding whether the nurse may be experiencing role stress, conflict, or overload as evidenced by feelings of frustration, tension, conflicting obligations, issues with resources, available time, and capabilities. The data collected also extracted any feelings of ambiguity felt by the RN such as lack of clarity about duties, authority, and if activities were not assigned specifically to designated roles. The researcher used McLaughlin et al. (2000) study as a template to determine what questions in the survey address specific role concepts.

McLaughlin et al. (2000) Conceptual map of role theory components (see Figure 1) illustrates the question areas posed in the survey that was administered to RNs in acute
care hospitals. The same questions outlined on the Conceptual Map regarding Role Change—supervising/delegating to UAP (question #10), RN job satisfaction (question #17), and RN time allocation (question #19) were posed by this researcher to RNs in long-term care settings. The answers to these questions revealed whether the RN is experiencing Role Stress and/or Role Overload.

As the health care industry continues to restructure and redesign staffing patterns, UAP are being added to acute and long-term care health care facilities in order to meet the needs of the residents during this critical nursing shortage. For the purpose of this research study, the RN’s perception regarding the use of Medication Assistants in Wisconsin Nursing Homes was examined. Specifically, the RNs’ role and pertinent topics such as delegation and supervision, liability, quality care issues, time for professional nursing activities, and subsequently RN job satisfaction were examined by using role theory and McLaughlin et al. (2000) Conceptual Map of Role Theory Components.
Figure 1. Conceptual map of role theory components. NCA, nursing care assistant; UAP, unlicensed assistive personnel.
A quantitative descriptive research design was used to conduct this research project. The purpose of the study was to describe the perception of RNs regarding the use of Medication Assistants in Wisconsin Nursing Homes. A survey was distributed to a convenience sample of RNs in Wisconsin Nursing Homes located in Sheboygan and Manitowoc Counties.

Internal and External Validity Controls

External Controls

The survey was distributed only by this researcher to each nursing home to control for possible external factors. This provided consistency of conditions for the collection of data.

The consistency of time was controlled by allowing each nurse a 1 week period to complete the survey.

The researcher allowed the RN to complete the questionnaire either at the long-term care facility or at home. The RN's home environment ensured total privacy and allowed for a nonjudgmental atmosphere in which the RN participant was encouraged to be candid. If the survey was completed at the RN's home, then their co-workers would not be present during the data collection, therefore decreasing the likelihood of the data being distorted.

The following two formal research protocols were established to maintain consistency of communication among the nursing homes.
1) A telephone call was placed by the researcher to the Director of Nursing (DON) in each nursing home on two separate occasions. The initial call was placed to the DON to introduce the researcher and the research study and to set up a time to have the affiliation letter signed if appropriate. The second call was placed to solidify a time when the researcher would drop off the questionnaires. The questionnaires were picked up one week from the drop-off date.

2) A formal script was prepared and distributed with the survey tool for a clear and detailed explanation. The script ensured consistency of communication to the RN participants.

*Internal Controls*

Since randomization was not feasible within this research study, homogeneity was maintained. Only RN participants who are homogeneous with respect to the extraneous variables (has worked with Medication Assistant for at least 6 months within the last 3 years, is a Registered Nurse, employed by a Wisconsin nursing home) were included in the research study. Registered nurses in Sheboygan and Manitowoc nursing homes were recruited based on whether or not they had worked with the Medication Assistant for at least six months within the last 3 years. Since the Director of Nursing knew which RNs had worked with Medication Assistants for at least 6 months within the last 3 years, he/she was asked to assist the researcher in identifying eligible participants. The nurse’s anonymity was protected by having the nurse insert his/her questionnaire into a blank sealed envelope and place it into a sealed drop box which was located in the nurse’s medication room. This ensured that the Director of Nursing did not know who returned their questionnaire and that the DON did not have sole access to the sealed drop box.
Registered nurses and licensed practical nurses had direct access to the sealed drop box since they were permitted to enter the medication room for the purpose of medication setup.

Sample

Target Population

The target population consisted of RNs employed by long-term care facilities in the State of Wisconsin who have worked with Medication Assistants for at least six months within the last 3 years.

Accessible Population

The accessible population consisted of RNs employed by long-term care facilities in Sheboygan and Manitowoc Counties located in the State of Wisconsin. This was the population to which the results of the thesis were generalized.

Sampling Design

A non-probability convenience sample of 71 RNs located in four Sheboygan and four Manitowoc long-term care facilities was used as a representative sample of the accessible population. The DON of each long-term care facility was asked to identify his/her nurses who have worked with Medication Assistants for at least six months within the last 3 years. The Medication Assistant did not have to be employed by the facility or working with the RN participants during the data collection period. The researcher obtained the number of eligible RNs from the DON and distributed adequate amount of questionnaires for each facility. The questionnaires were generically addressed as “Dear Registered Nurse”. The Director of Nursing handed each RN a questionnaire to complete along with a blank envelope.
Seventy-one RN participants were surveyed for this research study. The RN participants were from both genders and were Diploma, ADN, BSN, or Masters prepared. The participant’s medical condition and ethnicity were not factors considered in the study.

There was potential that participants may decline to participate in the study and those who initially agreed to participate but subsequently do not turn in their questionnaire. In the event that the researcher received less than 30 completed questionnaires, then other eligible RNs from long-term care facilities in surrounding counties would have been added. The researcher received 71 returned questionnaires, therefore did not have to collect data in surrounding counties.

Subjects- Eligibility Criteria

The eligibility criterion for inclusion in this study was that the licensed nurse must be a diploma, associate degree graduate in nursing, baccalaureate degree graduate in nursing, or Masters prepared nurse. The RN must have worked in a Wisconsin long-term care facility and have worked with a Medication Assistant for at least six months within the last 3 years. The Medication Assistant did not have to be employed in the long-term care facility during the time of the survey. The facilities had to be located in Sheboygan or Manitowoc Counties. A total of 107 RNs within these two counties were given the opportunity to participate. Seventy-one RNs returned their questionnaire within the designated time frame.
Protection of the Rights of the Subjects

Each RN was requested to report anonymous descriptive data related to their perception regarding the role of Medication Assistants. The nurse’s name was not used. All reports included only aggregated group data.

The RN completed the questionnaire and sealed it in the blank white envelope. The envelope was placed by the RN into the sealed drop box located in the medication room. This maintained confidentiality and allowed the RN the choice of when he/she would like to drop his/her questionnaire into the drop box. The RN had the choice to drop it off when no other staff member was around since she will have access to the medication room throughout his/her shift. After the study was completed, confidentiality was maintained by keeping the data sealed in the drop box and then discarded after a 3 year period. The data gathered assisted in providing broader-based evidence to long-term care administrators, nurse managers, and Medication Assistant Course Instructors outlining the pros and cons of utilizing Medication Assistants as perceived by registered nurses.

The respect for human dignity of participants in this study was maintained through the informed consent process. Each RN was asked to fill out the self-administered questionnaire at their convenience and returned in a sealed envelope within the designated 1 week time period to the sealed drop box. The return of the completed questionnaire reflected the respondent’s voluntary consent to participate therefore implied consent was assumed. The researcher obtained affiliation agreements from each of the eight long-term care facilities. This ensured voluntary consent from the Director of Nursing representing the RNs from each long-term care facility.
Data Collection Plan

Data Collection

Data for the research study was collected over a 1 week period of time. Registered Nurses were employed by a long-term care facility in Sheboygan or Manitowoc County located in the State of Wisconsin. These RNs worked with a Medication Assistant for at least six months within the last 3 years.

Descriptive data for the study was obtained from 71 RNs located in four Sheboygan and four Manitowoc nursing homes. The request for anonymous responses increased participation in this study. The likelihood that questionnaire would be returned was increased by the fact that the DON of each facility has encouraged eligible RNs to participate in the study if they desire. The 71 RNs that met the selection criteria was given the opportunity to participate in the study. Thirty out of 71 RN participants was an acceptable amount of subjects for this research study.

Instruments

A formal structured data survey instrument was used to gather the perception of RNs regarding the use of Medication Assistants (see Appendix B). The tool was designed to be a self report of multiple-choice questions through a self-administered closed-ended questionnaire. The questionnaire allowed the researcher to present several declarative statements that express a viewpoint regarding the use of Medication Assistants. The multiple-choice, closed-ended format permitted the researcher to efficiently quantify gradation within the data. One open-ended question was posed on the survey to offer the participant an opportunity to expand on their viewpoint. The
The questionnaire was formatted into a scan-tron sheet for the purpose of data collection and tallying the results.

The investigator adapted a paper-and-pencil questionnaire which provided flexibility in the descriptive design and was applied to all 71 RNs selected for the study. The questionnaire offered the possibility of complete anonymity, which was crucial in obtaining information about how RNs feel regarding the use of Medication Assistants. Also, the absence of the researcher ensured that there were no biases reflecting the participants’ reaction to the researcher rather than to the questions themselves. The questionnaire was given to the thesis content expert to determine the content and face validity of the instrument. Also, the questionnaire was piloted by administering it to 5 RNs and a statistician to check for clarity and language. These six individuals were not part of the study’s sample population. Revisions were made based on feedback from these individuals.

Implementation of Plan

Initial contact was made via telephone to the DON of each of the eight nursing homes. An introduction of the researcher and a thorough explanation of the research study were explained to the DON. Eight DONs made the determination to have their RNs participate in the survey based on eligibility criteria. The DONs accepted the request for participation on behalf of the RNs, and a fifteen minute meeting was requested for the purpose of hand delivering an affiliation agreement, establishing a potential start date for the research study, and answering questions. The DON was asked to screen his/her RN staff to assure compliance regarding the eligibility criteria. The DON let the researcher know approximately how many RNs have worked with Medication Assistants for over 6
months within the last 3 years. An appropriate amount of questionnaires were prepared by the researcher and distributed to the DON. A fifteen minute follow up visit was arranged with the Director of Nursing to hand deliver the questionnaires. Blank envelopes were given to each RN to place their completed questionnaire. One week was given to each DON to distribute the questionnaires to the eligible RNs. A sealed drop box was placed in the medication room for the collection of the questionnaires. The researcher arranged to pick up the questionnaires within 1 week and offer an educational inservice to the facility for their participation. The educational inservice allowed the researcher to thank each facility for participating in the research study and encouraging continued education of RNs within the long-term care setting.

Limitations

The quantitative descriptive research design was considered to be weaker than a true experimental design due to the lack of randomization. However, the design was considered to be practical in nursing research, since true experimental designs are not always feasible when the study is occurs in a natural setting rather than a laboratory.

The use of the structured paper and pencil questionnaire provided the researcher with a consistent method to gather data. The formal written document framed appropriate questions to obtain the needed information relevant to the study. The drawback to using a close-ended questionnaire may be the fact that the researcher was more likely to overlook a potentially important response. Therefore, one open ended question was added to gain additional insight.

Another limitation to using a questionnaire to gather data was some of the questions may be misinterpreted by the participants. The data was only as accurate as the
information provided by the participant. The researcher assumed that the RN participants understood the questions being asked and provided honest answers.

There was a possibility that the data collected during the designated periods of time was atypical, and apart from the norm. Also, the results could have been affected by other rules, regulations, and procedures implemented by the nursing homes during the same time period. An external factor to consider was the change in local economy regarding nursing personnel utilized at the time of the study. The descriptive design offers no way of controlling for any of these factors.

The use of convenience sampling resulted in an increase risk of bias and erroneous findings. The results were not able to be generalized since the sample may be atypical of the population and the size may be too small.
CHAPTER IV

Findings of the Study

Analysis of Data

A quantitative descriptive research design was used to conduct this research project. A 15 item scan-tron researcher developed questionnaire was distributed to a convenience sample of 107 registered nurses (RN) in eight Wisconsin nursing homes located in Sheboygan and Manitowoc Counties. A total of 71 (66.4%) RNs responded to the questionnaire. (see Table 1)

Table 1. Return rate of questionnaires according to nursing home

<table>
<thead>
<tr>
<th>Nursing Home</th>
<th>Number of Questionnaires Distributed</th>
<th>Number of Questionnaires Returned</th>
<th>Return Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>B</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>C</td>
<td>13</td>
<td>8</td>
<td>61.5%</td>
</tr>
<tr>
<td>D</td>
<td>23</td>
<td>16</td>
<td>69.6%</td>
</tr>
<tr>
<td>E</td>
<td>9</td>
<td>8</td>
<td>88.9%</td>
</tr>
<tr>
<td>F</td>
<td>20</td>
<td>12</td>
<td>60%</td>
</tr>
<tr>
<td>G</td>
<td>13</td>
<td>3</td>
<td>23.1%</td>
</tr>
<tr>
<td>H</td>
<td>10</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Total Rate of Return</strong></td>
<td><strong>107</strong></td>
<td><strong>71</strong></td>
<td><strong>66.4%</strong></td>
</tr>
</tbody>
</table>
Descriptive statistics such as frequency and percentages were used to describe and synthesize the data derived from the closed-ended questions. Content analysis was performed on responses to the one open-ended question. Themes from participants' written responses were identified and major themes were categorized.

*RN Close-ended Responses to Questionnaire*

The questionnaire addressed Registered Nurses' perceptions regarding quality of care issues, Medication Assistant’s educational preparation, RN liability concerns, RN time spent on professional nursing activities, delegation/supervision, and RN job satisfaction. Finally, RNs were asked whether they would recommend utilizing Medication Assistants in Wisconsin nursing homes.

Seventy-three percent (n=52) of registered nurses indicated that they felt Medication Assistants were highly prepared to safely administer medications and non-sterile treatments in the nursing home setting. The remainder of the nurses surveyed indicated the Medication Assistants were somewhat prepared. There were no nurses who felt that Medication Assistants were inadequately prepared to perform these tasks.

Registered nurses indicated that they were very comfortable (49.3%, n=35) or somewhat comfortable (46.5%, n=33) having a Medication Assistant work under their RN license. However, 4% (n=3) of the RNs surveyed were uncomfortable with having a Medication Assistant work directly under their license.

Fifty-four percent (n=39) of RNs surveyed experienced an increase in job satisfaction as a result of working with Medication Assistants. The remainder of the RN participants indicated that they either had no change in job satisfaction (36.6%, n=26) or a decrease in job satisfaction (8.5%, n=6) when Medication Assistants were utilized.
Eighty-three percent (n=59) of nurses felt that they had more time to perform professional nursing activities such as assessments, teaching, and evaluation. Sixteen percent (n=12) indicated that they did not have more time to perform these activities when Medication Assistants were utilized.

Of the responding RNs, 43.7% (n=31) did not receive any training regarding delegating and supervising Medication Assistants. Forty-two percent (n=30) received 1-2 hours of training, the remaining 14% of RNs received 3-5 hours (n=5) and 6 or more hours (n=5) of training. Of the 71 RNs who responded to the questionnaire, 33% (n=46.5) indicated that the training they received regarding supervision and delegation was adequate. Twenty-one percent (n=15) of RNs felt the training was somewhat adequate, and 4.2% (n=3) nurses reported that the training they received was inadequate to effectively delegate and supervise a Medication Assistant. The remainder of RNs (28.2%, n=20) responded to the not applicable option.

The majority of RNs (84.5%, n=60) who participated in the research study regularly supervised one Medication Assistant at a time. Eleven percent (n=8) of RNs reported that they supervise 2 Medication Assistants. Two RNs (2.8%) reported that they regularly supervise 3 Medication Assistants at one time during their shift. One questionnaire was received without a response to this question.

The majority of RN participants felt that Medication Assistants provided either excellent (49.3%, n=35) or adequate (47.9%, n=34) care to nursing home residents. However 2.8% (n=2) of the RN participants reported that Medication Assistants delivered poor quality of care to nursing home residents.
Demographic Profile

Of the responding RNs, 15.5% (n=11) have been a practicing nurse for less than five years, 33.8% (n=24) have been nurses for 6-15 years. Over half of the RNs (50.7%, n=36) indicated that they have been a practicing nurse for 16 or more years. The majority of RN participants’ highest level of education was an Associate’s Degree in Nursing (70.4%, n=50). Sixteen percent (n=12) had a Bachelor's Degree in Nursing. The remaining 12.7% (n=9) of the participants responded to the “other” option. The written responses in the “other” category indicated that 8 participants held a diploma degree and 1 RN participant held a Masters in Public Administration with a Healthcare Emphasis.

The majority of RN participants responding to the questionnaire were Caucasian/White (97.2%, n=69), 2.8% (n=2) RN participants chose not to respond to this question. The sample consisted of predominantly females (97.2%, n=69) and 2.8% (n=2) male. An equal number of participants answered that they were between the ages of 31-40 (n=22), 41-50 (n=22), and 51-64 (n=23). Five percent (n=4) of RN participants indicated that they were between the ages of 20-30 years.

The majority of registered nurse participants (74.6%, n=53) indicated that they would highly recommend using Medication Assistants in the nursing home setting. Fifteen percent (n=11) of participants had indifferent feelings and 5.6% (n=4) of RNs responded that they would not recommend using Medication Assistants in the nursing home setting. Four percent (n=3) of RNs chose not to answer this question. (see Table 2)
Table 2. Questionnaire Results from Close-ended Questions

1. How prepared are Medication Assistants to safely administer medications and non-sterile treatments within your nursing home setting?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Highly prepared</td>
<td>52</td>
<td>73.2</td>
</tr>
<tr>
<td>Somewhat prepared</td>
<td>19</td>
<td>26.8</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

2. What is your comfort level with having a Medication Assistant work under your RN license?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Very comfortable</td>
<td>35</td>
<td>49.3</td>
</tr>
<tr>
<td>Somewhat comfortable</td>
<td>33</td>
<td>46.5</td>
</tr>
<tr>
<td>Uncomfortable</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

3. How has your job satisfaction been affected as a result of working with Medication Assistants?

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Increased job satisfaction</td>
<td>39</td>
<td>54.9</td>
</tr>
<tr>
<td>No change in job satisfaction</td>
<td>26</td>
<td>36.6</td>
</tr>
<tr>
<td>Decrease in job satisfaction</td>
<td>6</td>
<td>8.5</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>
4. When Medication Assistants are utilized, do you have more time to perform professional nursing activities (assessments, teaching, and evaluation)?

<table>
<thead>
<tr>
<th>Valid</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Frequency</td>
<td>59</td>
<td>12</td>
<td>100.0</td>
</tr>
</tbody>
</table>

5. How much training did you receive from your employer regarding delegating and supervising Medication Assistants?

<table>
<thead>
<tr>
<th>Valid</th>
<th>0 hours</th>
<th>1-2 hours</th>
<th>3-5 hours</th>
<th>6 or more hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Frequency</td>
<td>31</td>
<td>30</td>
<td>5</td>
<td>5</td>
<td>100.0</td>
</tr>
</tbody>
</table>

6. In your opinion, was the training you received adequate enough to prepare you to effectively delegate to and supervise Medication Assistants?

<table>
<thead>
<tr>
<th>Valid</th>
<th>Yes, adequate</th>
<th>Somewhat adequate</th>
<th>No, not adequate</th>
<th>Not applicable, I didn't receive any trng.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>71</td>
</tr>
<tr>
<td>Frequency</td>
<td>33</td>
<td>15</td>
<td>3</td>
<td>20</td>
<td>100.0</td>
</tr>
</tbody>
</table>

7. How many Medication Assistants do you regularly supervise at one time?

<table>
<thead>
<tr>
<th>Valid</th>
<th>No answer</th>
<th>1</th>
<th>2</th>
<th>3 or more</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>60</td>
<td>8</td>
<td>71</td>
</tr>
<tr>
<td>Frequency</td>
<td>1</td>
<td>84.5</td>
<td>11.3</td>
<td>2.8</td>
<td>100.0</td>
</tr>
</tbody>
</table>
8. What is your perception of the quality of care when delivered by a Medication Assistant?

<table>
<thead>
<tr>
<th>Perception</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>35</td>
<td>49.3</td>
</tr>
<tr>
<td>Adequate</td>
<td>34</td>
<td>47.9</td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

9. How long have you been a practicing nurse?

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>11</td>
<td>15.5</td>
</tr>
<tr>
<td>6-15 years</td>
<td>24</td>
<td>33.8</td>
</tr>
<tr>
<td>16 or more years</td>
<td>36</td>
<td>50.7</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

10. What is your highest level of education?

<table>
<thead>
<tr>
<th>Education</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate's Degree in Nursing</td>
<td>50</td>
<td>70.4</td>
</tr>
<tr>
<td>Bachelor's Degree in Nursing</td>
<td>12</td>
<td>16.9</td>
</tr>
<tr>
<td>Other- Diploma, Masters</td>
<td>9</td>
<td>12.7</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

11. Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>69</td>
<td>97.2</td>
</tr>
<tr>
<td>Prefer not to respond</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

12. Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>Female</td>
<td>69</td>
<td>97.2</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>
13. Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Valid</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td></td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>31-40</td>
<td></td>
<td>22</td>
<td>31.0</td>
</tr>
<tr>
<td>41-50</td>
<td></td>
<td>22</td>
<td>31.0</td>
</tr>
<tr>
<td>51-64</td>
<td></td>
<td>23</td>
<td>32.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

14. Would you recommend utilizing Medication Assistants in the nursing home setting?

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No answer</td>
<td>3</td>
<td>4.2</td>
</tr>
<tr>
<td>Yes, I would highly recommend using Medication Assts</td>
<td>53</td>
<td>74.6</td>
</tr>
<tr>
<td>My feelings are indifferent at this point</td>
<td>11</td>
<td>15.5</td>
</tr>
<tr>
<td>No, I would not recommend using Medication Assts</td>
<td>4</td>
<td>5.6</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*RN Open-ended Responses to Questionnaire*

Fifty-six percent (n=40) of RN participants provided narrative comments regarding the use of Medication Assistants (see Table 2). The five themes that were identified from the participants written responses were as follows: Medication Assistant preparation, nursing shortage, time for professional workload, and shortcomings of utilizing Medication Assistants.
Medication Assistant Preparation

Overall, RNs responded favorably to the Medication Assistants’ preparation and the extensive knowledge about medications. One participant felt that the Medication Assistants that she worked with took their jobs very seriously. One respondent noted that the comfort level of having a Medication Assistant work under a RN’s license depends on the individual differences among Medication Assistant. For example, the RN may trust one Medication Assistant working under his/her license over another Medication Assistant, even though each UAP received the same amount of training. Many participants provided positive comments regarding the fact that they have not had any legal problems with the tasks performed by the Medication Assistants. Some RNs indicated that they appreciate the fact that the Medication Assistants are comfortable asking questions and have a positive attitude. One nurse reported trusting her Medication Assistant’s judgment 100% of the time. One respondent indicated that her perception of Medication Assistants had changed from unfavorable to favorable. This RN participant indicated that she was very impressed with the program and the performance of the Medication Assistants. One RN participant felt that the Medication Assistants that work in her nursing home have become a great asset through the proper training and guidance from RN co-workers.

Nursing Shortage

Many of the narrative comments stated that Medication Assistants are an asset to the nursing home and the RNs enjoy having them a part of the team. Registered nurse participants indicated that Medication Assistants help fill the vacancies when the nursing home is short of nurses. One participant stated that she likes using Medication Assistants
as an adjunct to the care delivered by the RNs. The comment was also made that the Medication Assistants are very helpful but should not totally replace the nurse. The same participant indicated that it “sure beats working short” when Medication Assistants are utilized.

**Time for Professional Workload**

Registered nurse participants indicated that they have more time to complete assessments when tasks are delegated to the Medication Assistant. One respondent revealed that it makes the 8 hr. shift less overwhelming. Another RN participant reported that the Medication Assistant is very useful and alleviates some of the workload/stress of the day to day duties. Some participants indicated that they were able to focus on more critically ill patients and perform more in-depth treatments when Medication Assistants were utilized.

**Shortcomings of Utilizing Medication Assistants**

Registered Nurse participants indicated that the Medication Assistants needed more extensive training on treatments which should include training on prevention/intervention. One RN participant noted that at graduation the Medication Assistant’s skills are limited but they become more qualified with increased experience. She felt that even though Medication Assistants “run” a unit by themselves by administering medications and performing non-sterile treatments, unfortunately the RN must be pulled off his/her own unit to do the Medication Assistant’s tube-feeding medications, insulin, sterile treatments, charting, telephone orders, and perform assessments. One RN participant stated that working with Medication Assistants is overwhelming at times due to the increased responsibility of extra residents. Some of the
participants felt that medication administration is a good time to assess residents and determine if further assessment is necessary. Since resident assessments are usually performed during the times that medications are administered, this task often does not get completed since Medication Assistants are not qualified to perform this skill. Often a dilemma occurs when the RN is responsible for more than one unit at a time. A few of the nurses admitted missing the frequent contact with the residents when Medication Assistants were utilized.

One RN participant felt that some Medication Assistant students are pushed to graduate by their facility even though the person has questionable abilities. This same participant responded that good contact needed to be maintained with the Medication Assistant Program Director until both parties are satisfied with the Medication Assistant student’s abilities. Comments were made regarding the fact that Medication Assistants are at times overextended and may perform tasks outside their job description, however this same respondent indicated that the Medication Assistants are a great help when utilized properly. One RN noted that her responsibilities have increased with the addition of Medication Assistants. She felt that “nursing practice and autonomy of the RN is being eroded”. The same RN participant continued by noting that adding Medication Assistants is a money issue, not an improving care issue.

One RN participant wrote that the Medication Assistant was frequently “pulled” to perform Certified Nursing Assistant cares rather than administering medications and performing non-sterile treatments. Finally, one RN participant noted that her Medication Assistant tended to get too involved with the resident’s family. This same RN noted that
pertinent resident information was not being reported to the charge nurse by the Medication Assistant in a timely manner.

Overall, positive comments emerged from the qualitative data. Many nurses perceived that Medication Assistants filled the gaps due to the nursing shortage. Medication Assistants were said to be an asset to the facility and allowed the RN more time for professional activities and caring for critically ill patients. Conversely, a few RN participants experienced an increase in job stress due to the added responsibilities when Medication Assistants were utilized. Registered Nurses contribute the stressful feelings to the add responsibility of completing the assessments, tube feeding, insulin, and sterile treatments for the Medication Assistants’ residents while managing their own set of residents. Many RNs felt the Medication Assistants needed more training in performing non-sterile treatments.

**Significance of Findings**

The findings of this research study revealed similarities as well as differences in comparison to similar research.

**Similarities**

Fifty-four percent (n=39) of respondents indicated they have experienced an increase in job satisfaction as a result of working with Medication Assistants. These findings are consistent with Cone, McGovern, Barnard, & Riegel (1995) (as cited in Badovinac, Wilson, & Woodhouse, 1999); Wiggins, Farias, & Miller (as cited in Mayer, Maden, & Lawrenz, 1993); and McGee’s pilot study (as cited in Krapohl & Larson, 1996). Thirty-six percent (n=26) of RN participants reported that they did not experience a change in job satisfaction as a result of adding a Medication Assistant the nursing home
care delivery model. This finding is consistent with the studies performed by Garfink et al. (1991); Jung, Pearcey, & Phillips, (1994); Kirby et al., (1991); and Lengacher et al. (1994).

The majority of RNs (83.1%, n=59) who responded to the questionnaire felt they had more time to perform professional nursing activities such as assessments, teaching, and evaluation as a result of utilizing Medication Assistants. This finding was similar to the research studies conducted by Brown, & Smith (1986) and McGee’s pilot study (as cited in Krapohl & Larson, 1996).

According to Salmond’s 1995 descriptive design research project, the nurse participants had limited education and overall training regarding their roles resulting in delegation deficits. Similarly, most Sheboygan and Manitowoc County RN participants reported they either had 0 hours (43.7%, n=31) or 1-2 hours (42.3%, n=30) of training regarding delegating and supervising Medication Assistants. In contrast, 46.5% (n=33) of RNs indicated that in their opinion the training received was adequate and 21.1% (n=15) responded that the training was somewhat adequate. The remainder of RNs (28.2%, n=20) responded to the “not applicable” response which indicates they did not receive any training.

Several researchers (Bethel & Ridder, 1994; Bostrom & Zimmerman, 1993; and Cone, Lengacher et al., 1994; McGovern, Barnard, & Riegel, 1995) have asserted that UAP do not compromise patient care. The majority of RN participants in the eight Wisconsin nursing homes utilized for this study reported that they felt Medication Assistants delivered either excellent (49.3%, n=35) or adequate (47.9%, n=34) care to nursing home residents.
Differences

Thomas (1994) reported that 88% of the UAP had less than 40 hours of classroom instruction time prior to working in the acute care setting. The State of Wisconsin Medication Assistant Program requires that the student receive at least 100 hours of instruction. The Wisconsin Medication Assistant curriculum outlines safe and effective ways to safely administer unit dose and multi-dose medications and non-sterile treatments. This research study revealed that 73.2% (n=52) of RN participants perceived that the Medication Assistants were well prepared to safely administer medications and non-sterile treatments in the nursing home setting.

One of the major concerns of RNs that was reported in the literature was the legal responsibility of supervising and delegating to the UAP. According to Kirby et al. (1991) and Wilson (1994) nurses were particularly afraid of having their license revoked or suspended if the UAP did not comply with facility, state, and federal rules and regulations. In contrast, this research study indicated that the majority of nurses were very comfortable (49.3%, n=35) or somewhat comfortable (26.5%, n=33) with having a Medication Assistant work under their RN license.

The age of RN participants was spread evenly across three age groups. Thirty-one percent (n=22) reported they were between the ages of 31-40 years, 31% (n=22) between the age of 41-50 years, and 32.4% (n=23) were between 51-64 years of age. Iyer (2002) reported that the average of today's nurse is 47 years of age with a substantial number of nurses in their 50's and 60's. It appears that this study with nurses from Wisconsin nursing homes gathered data from a younger age group than is reported in the literature.
Nursing is a predominately female occupation and this fact was validated by 97.2% (n=69) females responding to the questionnaire.

*Issues Revealed*

Registered nurse participants revealed the Medication Assistants' need further training on performing non-sterile treatments. They believed that the Medication Assistant should have additional education about prevention and intervention when performing treatments. Many RNs reported having to administer insulin, assist with tube-feed residents, complete sterile treatments, and perform assessments for all of the Medication Assistant's residents while simultaneously maintaining responsibility for his/her own unit. As a result, RNs wished that Medication Assistants had a broader scope of practice which would include administering insulin, tube-feeding medications, performing sterile treatments.
CHAPTER V

Discussion and Implications

Discussion

The responses to the questionnaires provided insight to the perceptions of registered nurses regarding the use of Medication Assistants in Wisconsin nursing homes. Additionally, the researcher obtained insight into issues that RNs face when working with Medication Assistants.

The majority of RNs (70.4%, n=50) indicated that they held an Associate’s Degree in Nursing. The researcher contributed the high number in this educational level to the fact that there is a Wisconsin Technical College which offers an Associate’s Degree in Nursing program within the geographic area in which the questionnaires were distributed.

The data suggested that RNs have an increase in job satisfaction due to the addition of well prepared Medication Assistants. Also, the majority of RNs in this sample were not concerned with having Medication Assistants work under their license and report that they have more time to perform professional nursing activities such as assessments, teaching, and evaluation. The researcher attributed these findings to the comprehensive 100 hour State of Wisconsin Medication Assistant curriculum has been taught at the Wisconsin Technical College located within the geographic area in which the questionnaires were distributed. The aim of the training program is that, “better training-as well as more accountability might make UAPs more of an asset than a liability to nurses” (Hurley, 2000, p.48).
Eighty-six percent (n=61) of RN participants indicated they received less than 2 hours of training regarding delegation and supervision, however 67.6% (n=48) of participants reported that this amount of training was adequate (n=33) to somewhat adequate (n=15). These two questions may have been misleading since the researcher intended that the RN respond “not applicable, I didn’t receive any training” if the RN received “0” hours of training. Thirty-one nurses (43.7%) reported that they had not received any training, this lead the researcher to assume that there would be 31 RNs that would respond to the “not applicable” choice. In actuality, only 20 RNs responded in such a manner. Therefore, 11 RNs answered to either “yes, adequate, somewhat adequate, or no, not adequate” choices regarding the amount of training received to effectively supervise and delegate to Medication Assistants, even though the RNs responded that they received “0” hours of training. These findings were consistent with the finding that no nurses indicated having an issue with delegation or supervision in the narrative responses.

Krapohl & Larson (1996) discussed that the main reason for implementing UAP was due to the shortage of nurses with the intent to complement the care provided by the RN, not to replace the RN. Registered nurse participants indicated that they perceived the Medication Assistant to be an asset and that these individuals filled the gaps when the facility was short of nurses. One RN responded, “Medication Assistants are very helpful. They however will never replace the nurse- but is sure beats working short!” Conversely, one RN noted that the nursing homes lower its cost by adding Medication Assistants but are using UAP to substitute rather than complement the care of the nurse.
The narrative responses indicated some concern related to the RN’s use of time regarding the need to perform assessments, administer insulin, and medications through a G-tube to the Medication Assistant’s residents along with his/her own assigned residents. Some RN participants reported that the extra responsibility was overwhelming at times and they miss the contact with the nursing home residents. However, the majority of the written comments were positive and in favor of utilizing Medication Assistants. Many nurses revealed that they enjoy having the Medication Assistants a part of their team, appreciate their positive attitude, respect the Medication Assistants for take their job seriously, and trust their judgment 100%. The researcher concluded that nursing homes must continue to utilize Medication Assistants as an RN extender and recognize the need to staff an adequate number of licensed professionals to perform assessments and other job duties that are not in the Medication Assistant’s scope of practice.

Implications

Four RN participants relayed the desire to have Medication Assistants give insulin, however as one nurse noted “sometimes they (Medication Assistants) tend to try and take on too much- that is- they get involved with family and do not report to the charge nurse. This tends to occur more on the evening shift. They all appear to enjoy being able to do more but this could potentially be problematic”. Since insulin is usually given after checking a resident’s blood sugar and sometimes requires the use of a sliding scale, there is a need for an assessment to occur prior to administering the insulin. Therefore, this task would be out of the Medication Assistant’s scope of practice. The Medication Assistant must work within their job description to avoid legal problems and avoid causing harm to the nursing home residents. Registered nurses may require
additional education to clarify and gain insight as it relates to the Medication Assistant’s scope of practice.

One RN respondent indicated that the Medication Assistant that she works with is frequently pulled to perform Certified Nursing Assistant duties rather than administer medications and perform non-sterile treatments. If this practice continues, the facility may be out of compliance with State regulations. The Medication Assistant will not be able to utilize his/her skills and stay current with changes in medications/treatments. The Medication Assistant eventually would not have enough hours per year administering medications and performing non-sterile treatments to retain their certification. According to Price-Livingston (2000) and the State of Wisconsin-Bureau of Quality Assurance (2000) Medication Assistants must work at least 100 hours yearly as a Medication Assistant to maintain their certification.

Since many of the RNs reported an increase in job satisfaction and would highly recommend utilizing Medication Assistants, they may be more likely to stay at their current place of employment since the UAP assists in filling the gaps due to the nursing shortage. In addition, Medication Assistants may be an effective marketing tool to recruit additional nursing assistants, other Medication Assistants, and licensed professionals. This is accomplished by providing a career ladder for current nursing assistants and advertising the career ladder concept to potential nursing assistant hires. Medication Assistants looking for a job may be more likely to apply for a position if they know the facility is open to using Medication Assistants. Licensed professionals looking for employment may feel that they would not have to work “short” if the facility has Medication Assistants available to fill the gaps. Medication Assistants may also assist in
reducing the impact of shortage of nurses if they choose to continue their education and become a RN or LPN.

The research suggests that Medication Assistants provide excellent 49.3% (n=35) to adequate (47.9%, n=34) quality of care to nursing home residents. The nursing home facility may be able to use these findings as a marketing tool to recruit additional residents.

Eighty-three percent (n=59) of RNs indicated that they had more time to perform professional nursing activities such as assessments, teaching, and evaluation. It is possible that this finding may indicate an increase in job satisfaction (54.9%, n=39) since the RN has more time to perform higher level nursing skills and focus on more critically ill patients. However, without further correlational studies the researcher cannot make this generalization.

**Theoretical Framework**

Role theory and McLaughlin, Barter, Thomas, Rix, Coulter, & Chadderton's (2000)- Conceptual Map of Role Theory Components served as a guide to identify the perceptions of RNs regarding the use of Medication Assistants in Wisconsin nursing homes. Role theory provides the basis for understanding nurses who experience a change in roles (Murray, 1998). The 71 RN participants were considered to have experienced a change in their role as evidenced by an increase in responsibilities regarding supervision and delegation of tasks to a Medication Assistant.

The RNs who responded to the questionnaire worked with a Medication Assistant for at least 6 months within the last 3 years. This timeframe gave the nurses ample time to formulate their perceptions and to internalize whether or not they felt any role
ambiguity, overload, stress, or strain. The data suggests that more than half (54.9%, n=39) of the RN participants indicated an increase in job satisfaction as a result of working with the Medication Assistants in the nursing home setting. According to McLaughlin et al. (2000) role congruency is said to be present if the RN has increased job satisfaction. Therefore, the majority of nurses in this study would be considered in a stable role set and experience role congruency as evidenced by the job satisfaction item scores.

Biddle (1979) contests that people must be taught roles and may find either happiness or unhappiness in their role. Sixty-seven percent (n=48) of RNs felt that the training received regarding delegating and supervising Medication Assistants was adequate to somewhat adequate. Therefore, it is possible that these 48 RNs are happy in their role.

According to McLaughlin's et al. (2000) Conceptual Map, how nurses answered the “job satisfaction” and “time for professional activities” questions would indicate whether nurses are experiencing role overload. The researcher is lead to believe very few (8.5%, n=6) RNs participants were experiencing role overload. These RNs indicated through their narrative responses that they become overwhelmed when they are forced to deal with continual complex situations which encompass too many demands. However, these RNs may not have reached the point of role overload but be experiencing role strain due to the increased responsibility of performing additional assessments, administering insulin and tube-feeding medications to additional residents.

McLaughlin’s et al. (2000) research study concludes that RNs who work directly with UAP are experiencing role ambiguity, overload, and stress which may lead to a
decrease in the quality of care received by patients. In contrast, the data derived from the 71 returned questionnaires contradicts McLaughlin’s et al. (2000) findings. Registered nurse participants reported that they perceived residents received excellent (49.3%, n=35) to adequate (47.9%, n=34) care. Also, 74.6% (n=53) of respondents indicated they would highly recommend using Medication Assistants in the nursing home setting. The results imply that the majority of RNs in this study are not experiencing significant role ambiguity, overload, or stress as a result of utilizing Medication Assistants. This leads the researcher to believe that the RN participants do not feel that the quality of care delivered to residents has decreased.

Recommendations

Additional Studies

The literature review completed for this study revealed that there were very few published studies regarding the perception of Registered Nurses regarding the use of Medication Assistant in long-term care facilities. The studies that were found were performed in acute care settings and the findings could not be generalized to the long-term care setting. The researcher recommends a longitudinal study be performed in the nursing home setting which describes the change in RN perception regarding the use of Medication Assistants. This study could invite the RN to give his/her perception of Medication Assistants before working with them and conclude with a follow up questionnaire 6 months after the RN worked with the Medication Assistant to determine if and how the RN’s perception had changed.

A well-designed study that would measure resident outcomes, cost-effectiveness, and UAP work satisfaction is needed to understand the effect of Medication Assistants
use in long-term care. The study could gather the UAP perspective regarding their role and responsibilities. The study could also address cost related to the overall training of the Medication Assistant and the continued education given to RNs regarding delegating and supervising. Nursing homes could also report whether they have experienced an increase in cost as it relates to the addition of supervisory personnel. The additional cost may include extra nursing personnel to supervise the additional UAP and to perform assessments, sterile-treatments, g-tube feedings and giving permission for prn medications. Other satisfaction studies regarding the use of the Medication Assistant could be performed with the physicians, resident’s families, and the nursing home residents.

Additional studies about a variety of clinical outcomes, (such as nosocomial infection rates, pressure ulcers, hospital re-admission rates, medication error rates) is also recommended as a way to indicate any differences when the Medication Assistant is utilized with RN oversight compared to a registered nurse without a Medication Assistant. Clearly, the goal in nursing is to provide quality care to each nursing home resident while optimizing outcomes. This study could highlight the impact of implementing Medication Assistants in the long-term care setting.

Finally, studies with larger sample sizes which include the perception of the Medication Assistants and RNs in long-term care should be conducted. This study could indicate ways the UAP can be better utilized within the long-term care setting. Comparison studies could also be performed within various Wisconsin nursing homes to offer additional data that would provide decision makers in long-term care facilities a better understanding of how to best utilize Medication Assistants.
Continued Education

Registered nurses who experienced a decrease in job satisfaction (8.5%, n=6) and indicated that the Medication Assistant delivered poor quality of care (2.8%, n=2) may need additional education regarding the role of the UAP and further clarity related to the UAP’s scope of practice. If possible, the researcher recommends that any RN who supervises Medication Assistants become involved in the design of the role of the UAP in the nursing home setting and be involved in the Medication Assistant’s training and performance evaluations.

Registered nurses must be skilled in management and leadership. These individuals must be prepared to effectively delegate and supervise UAP. Thirty-two percent (n=23) of RN participants who responded that the delegation and supervision training received was either not adequate or responded to the “not applicable, I didn’t receive any training” option may benefit from additional education. McLaughlin et al. (2000) suggests that nurses must be well versed in both the theory and the practicalities of supervision, delegation and evaluation of the UAP. The researcher recommends that further education in these areas may increase the RNs comfort level performing these task and possibly increase his/her job satisfaction.

Role Clarification and Evaluation

The researcher also suggests that RNs be familiar with the Medication Assistant’s job description. This will allow the RN to properly delegate tasks to the Medication Assistant within their scope of practice.
Relevance to Nursing Practice

The researcher hopes that this study will add to Nursing's knowledge base regarding the perception of RNs related to the use of Medication Assistants in the nursing home setting. Since very little has been written on this topic, this research study expands this specific body of knowledge in nursing and helps fill this void. Specifically, this information will provide nurses insight into the perception of RNs who are employed by nursing homes located in Sheboygan and Manitowoc Counties. It is hoped that the data will alleviated some anxiety that may be felt by RNs who have reservations about allowing a Medication Assistant work under his/her license. The data will allow the RN to see that his/her peers have experienced an increase in job satisfaction and more time to perform professional nursing activities as a result of working with a Medication Assistant. Finally, the RN will be reassured that the quality of care delivered by a Medication Assistant had been rated either excellent or adequate by his/her peers.

As a Wisconsin State approved Medication Assistant Instructor, I will use this information to effectively communicate the concerns of RNs to the Medication Assistants. The results will prepare the Medication Assistant and the RN preceptor for their new roles as the UAP enters into the workforce. As the instructor, I will create awareness within the Medication Assistant students regarding possible fears and anxieties that RNs experienced. By informing the Medication Assistant students about possible issues that they will face as they enter into the workforce, the Medication Assistant students will become more sensitive and act with extra safety and caution when administering medications and performing non-sterile treatments under the RN license. Finally, the researcher will share the results with other Wisconsin Technical College-
Medication Assistant Instructors. It will help the other instructors prepare their students and RN preceptors for what lies ahead.

The researcher will have the opportunity to share the findings with the Sheboygan/Manitowoc Health Care Alliance Committee, the Director of the Wisconsin Technical College ADN Program, and the Wisconsin Technical College- Dean of Health and Human Services. It is the researcher’s intent to provide these individuals with the data regarding the perceptions of RNs within their community and offer an alternative way to deliver care to nursing home residents in Sheboygan and Manitowoc Counties. The researcher will emphasize the need to strengthen and refine the ADN curriculum to incorporate additional information regarding supervising and delegating to UAP.

Wisconsin Certified Nursing Assistants are taught to administer medications and perform non-sterile treatments. The RN participants in this research study reported that these UAP perform in a safe and effective manner and RNs would highly recommend using Medication Assistants in the long-term care setting. After Medication Assistants are utilized for approximately 6 months, the RNs in the nursing home are less resistant. However, it is unknown the perception of the rest of the nursing home interdisciplinary team regarding the use of Medication Assistants. Therefore, constant and consistent communication must be established between nursing home administration and the interdisciplinary team. The researcher suggests that titles and job descriptions for nursing home UAP be standardized and shared with all nursing home personnel. In addition, educational programs must be developed for the entire interdisciplinary team to learn the roles and responsibilities of the Medication Assistants.
Many nurses welcome any assistance to decrease their workload. However, most RNs have not been given adequate education regarding how to supervise and delegate to Medication Assistants. In order to maintain quality of care, a comprehensive RN training program regarding delegating and supervising UAP must be provided by the RN’s employer. Nursing home administration cannot assume that the RN received education on these topics within their formalized schooling. Even if the RN received training, many RNs have been out of school for several years, therefore the RN may have not retained the information. “With the restructuring of care delivery models, RNs are increasingly being expected to make assignments for and supervise the work of different levels of employees. RNs who are asked to assume the role of supervisor and delegator need preparation to assume these leadership tasks” (Huston, 1996, p. 68). Since employers would be given the task to provide educational opportunities for the licensed professionals, the researcher suggests that a standardized format be used to relay this information. Long-term care facilities may either offer this education within their facility or seek educational opportunities presented by outside entities (i.e. Wisconsin Technical College System). A live or video-based module could be used to deliver this information. Supervision, management, leadership, scope of practice, delegation, decision making, teamwork, motivation, and role theory are topics that will help prepare the licensed professionals for the challenges of the future.

Standardized Medication Assistant programs must be offered within the State of Wisconsin. The researcher recommends that all Wisconsin State approved Medication Assistant Programs be audited every two years to assure quality and consistency. The audits would ensure that Medication Assistant preparation is adequate to provide at least
minimum standards of safe patient care. A best practice Medication Assistant Program could be established to provide direction and insight to key components that attribute to exceptional Medication Assistants that graduate from that particular program. The information would help other Medication Assistant programs to offer the same high quality education that mirrors the best practice program.

The results of this study strongly suggest that Medication Assistants in the long-term care setting can be a safe and cost-effective solution to Wisconsin’s nursing shortage. Through the implementation of UAP, long-term care facilities can expect better utilization of existing RN resources and improved overall institutional quality and care to the nursing home residents, thus increasing the chances of long-term care survival in the healthcare arena. With society expecting more and higher quality services, Nursing Home Administrators and Directors of Nursing have an opportunity to offer the nursing home residents safer and less expensive medication administration services by utilizing Medication Assistants in their care delivery model.
References


Department of Regulation & Licensing-Board of Nursing (1989, Sept. 21). *Position on


APPENDICES
Dear Registered Nurse,

I am conducting a research study as part of my Masters Thesis for Cardinal Stritch University. The purpose of this research study is to describe the perception of Registered Nurses regarding the use of Medication Assistants in Wisconsin Nursing Homes. I would greatly appreciate if you would complete the attached confidential 15 item questionnaire.

**BENEFIT/RISKS OF RESEARCH STUDY**

This study will provide broader-based evidence to nursing home administrators and nurse managers regarding the perception of RNs who have utilized Medication Assistants in Wisconsin Nursing Homes. As a Medication Assistant Course Instructor, the researcher will also use this data to identify specific concerns and issues among RNs and to better prepare Medication Assistants for what they may experience in the workforce.

The risks to you are considered extremely minimal. You will not be subjected to any physical, psychological, social, legal, or economic risks, immediate or long-range, that are greater than those ordinarily encountered in daily life. Confidentiality will be maintained by sealing your anonymous questionnaire in the envelope provided and placing it into the sealed drop box located in your medication room. After the study is completed the data will remain sealed in the drop box by the researcher and then discarded after a 3 year period. If you encounter any problems or questions please contact Joan Whitman, Chairperson, Institutional Review Board at 414-410-4343 or Kelly Dries, the researcher, at 262-285-7176.

**INFORMED CONSENT**

Filling out this questionnaire indicates you are giving your informed consent to be a participant in this research study. Each participant has the right to withdraw at any time without penalty.
ELIGIBILITY CRITERIA

- Must be an RN
- Must be between 20-64 years of age
- Have worked with a Medication Assistant for at least 6 months in a long-term care facility within the last 3 years

NOTE: The Medication Assistant does not have to be employed by your facility at the time of the survey.

INSTRUCTIONS

Please complete the confidential pencil and paper questionnaire by simply filling in the box with what most closely represents your point of view. Please use a #2 pencil.

An optional open-ended question is listed on the questionnaire for you to provide additional comments regarding the use of Medication Assistants.

Please return the questionnaire in the envelope to the drop box located in your medication room.

Your participation is greatly appreciated!

Kelly J. Dries RN
Cardinal Stritch University
College of Nursing
MSN Graduate Student
Principal Investigator
1-262-285-7176
APPENDIX B

Registered Nurses Perception Regarding the Use of Medication Assistants in Sheboygan and Manitowoc Nursing Homes

Please fill in the boxes which best represent your response. **PLEASE USE NUMBER 2 PENCIL ONLY**

1. How prepared are Medication Assistants to safely administer medications and non-sterile treatments within your nursing home setting?
   - A) Highly prepared
   - B) Somewhat prepared
   - C) Inadequately prepared

2. What is your comfort level with having a Medication Assistant work under your RN license?
   - A) Very comfortable
   - B) Somewhat comfortable
   - C) Uncomfortable

3. How has your job satisfaction been affected as a result of working with Medication Assistants?
   - A) Increased job satisfaction
   - B) No change in job satisfaction
   - C) Decrease in job satisfaction

4. When Medication Assistants are utilized, do you have more time to perform professional nursing activities (assessments, teaching, and evaluation)?
   - A) Yes
   - B) No

5. How much training did you receive regarding delegating and supervising Medication Assistants?
   - A) 0 hours
   - B) 1-2 hours
   - C) 3-5 hours
   - D) 6 or more hours

6. In your opinion, was the training you received adequate enough to prepare you to effectively delegate to and supervise Medication Assistants?
   - A) Yes, adequate
   - B) Somewhat adequate
   - C) No, not adequate
   - D) Not applicable, I didn't receive any training

7. How many Medication Assistants do you regularly supervise at one time?
   - A) 1
   - B) 2
   - C) 3 or more

8. What is your perception of the quality of care when delivered by a Medication Assistant?
   - A) Excellent
   - B) Adequate
   - C) Poor

9. How long have you been a practicing nurse?
   - A) Less than 5 years
   - B) 6-15 years
   - C) 16 or more years

10. What is your highest level of education?
    - A) Associate's Degree in Nursing
    - B) Bachelor's Degree in Nursing
    - C) Master's Degree in Nursing
    - D) Other

11. Race
    - A) Caucasian/White
    - B) African American
    - C) American Indian or Alaskan Native
    - D) Asian or Pacific Islander
    - E) Hispanic
    - F) Other
    - G) Prefer not to respond

12. Gender
    - M
    - F

13. Age
    - A) 20-30
    - B) 31-40
    - C) 41-50
    - D) 51-64

14. Would you recommend utilizing Medication Assistants in the nursing home setting?
    - A) Yes, I would highly recommend using Medication Assistants
    - B) My feelings are indifferent at this point
    - C) No, I would not recommend using Medication Assistants

15. Please feel free to contribute any other comments regarding the use of Medication Assistants:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________