



Assistants in Nursing

Position Statement

March 2016

Key Statement

The Australian College of Nursing (ACN) defines an assistant in nursing (AIN), (*however titled*), as a health care worker who supports the delivery of nursing care by assisting people with personal care and activities of daily living. Similar titles may include but are not limited to “*Aged Care Worker (ACW), Personal Care Assistant (PCA), Care Support Employee (CSA) and Health Services Assistant*” and the term may vary in different jurisdictions¹.

The provision of such care is delegated and directly supervised by a registered nurse (RN). AINs are accountable for accepting and carrying out the care delegated to them. However, the registered nurse delegating care retains the overall responsibility for all delegated activities. The introduction of AINs into nursing care teams must never be as a substitution for registered or enrolled nurses.

ACN believes that AINs’ contribution to nursing care should be underpinned by participation in the National Registration and Accreditation Scheme (NRAS) with the aim of providing a nationally consistent practice framework that clearly defines the AIN scope of practice, practice standards, and codes of ethics and conduct and a minimum formal education requirement. This would facilitate greater clarity and consistency around scope of practice, utilisation and development of the AIN role across care settings nationally and afford a greater level of protection to both the public and the individual health care worker.

Background and Rationale

Assistants working with registered and enrolled nurses are commonly known as assistants in nursing (AINs). AINs have made a valuable contribution to the health workforce within the Australian healthcare system for many years and this role is frequently undertaken by undergraduate nursing students. Whilst the majority of AINs have traditionally been employed in the aged care sector,¹ increasingly the role has been utilised to support the provision of nursing care in a range of settings including the acute care sector.

The introduction of AINs into health care settings requires the consideration of a range of factors to ensure the delivery of quality care is not compromised. International research indicates that there is a direct correlation between the proportion of bachelor degree educated registered nurses in a nursing staff complement and patient mortality.² That is, nursing care teams with a higher proportion of registered nurses are linked to reduced patient mortality. A major Australian study shows a relationship between lower levels of registered nurse staffing and negative patient outcomes.³ It is imperative that nursing care teams have the appropriate skill mix to adequately meet patients’ care requirements. Therefore the introduction of AINs into nursing teams must be for the purpose of supporting registered and enrolled nurses in the provision of personal care and assisting people with activities of daily living. Evidence indicates that where AINs are employed to support nursing teams, patients may receive more direct contact with care givers⁴ and for RNs greater opportunity to undertake complex nursing interventions.⁵ AINs must never be introduced into nursing care teams as a substitution for registered and or enrolled nurses.

Strategies to support the introduction of AINs into nursing care teams includes; having policies, procedures and position descriptions in place to promote role clarity^{6 7 8 9} ensure appropriate levels of supervision, assist in the provision of integrated and safely delegated care.¹⁰ The decision to delegate care to an AIN must consider not only the context of the task and care setting, but also the education, experience and competence of the AIN. The provision of care by an AIN is considered appropriate in circumstances where the person receiving care has few co-morbidities and whose health status is stable.

At the national level, the regulation of AINs through participation in the National Registration and Accreditation Scheme and the establishment of a practice framework, which, articulates a minimum level of education,¹¹ a defined scope of practice, and national codes, standards and guidelines is supported.¹²

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