

THE IMPACT OF HEALTHCARE ASSISTANTS AND SUPPORT STAFF ON PATIENT CARE

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Abstract

Patient care is primarily provided by registered nurses (RNs), but in the National Health Services (NHS) system, healthcare assistants (HCAs) also play an important role. In acute hospital settings, HCAs deliver personal care and basic nursing tasks such as assisting with eating and drinking, bathing and washing, changing the position of patients, taking vital signs, and monitoring of incontinence, as well as clerical work. HCAs can also make observations and report potential concerns about patients to RNs. HCAs carry out the majority of direct care provided to older adult patients in NHS community hospitals and freestanding NHS rehabilitation hospitals. In addition to these tasks, HCAs also perform simple observations, such as checking vital signs and measuring blood glucose levels, which require minimal training. Though an essential part of the nursing and patient care team, HCAs are a group that often goes unrecognised and under-researched. Despite the established role of HCAs in patient care, little is known about their impact on patient care. (Barnicot et al., 2020) Temporary reduction in the number of available HCAs leads to a significant reduction in the total number of patient care hours delivered by all staff. The involvement of HCAs in the nursing care team improves the quality of patient care, which is frequently enhanced by their closeness to the patients. Prior to the escalation of the COVID-19 pandemic, HCAs reported high levels of job satisfaction, and patients rated better quality of care when HCAs were present in higher numbers. Though healthcare services are largely sanitised, there is still resistance to HCA interventions in some settings. Perhaps this resistance stems from a tight focus on the highly technical aspects of patient care, and a belief that anything other than medical interventions and pharmaceuticals are minimalist care. Research prioritisation conducted by the United Kingdom's Academy of Medical Sciences found a wide discrepancy between what the public believes is most vital research and what funders fund. In brief, the public's priorities centre around care, nursing, and comfort, while funders focus on infection and drug trials.

1.2 Keywords

Healthcare Assistant, Support Staff, Patient Care

1.3 1. Introduction

In the UK, healthcare support workers deliver fundamental aspects of patient care. Reliance on this part of the workforce is increasing; as an example, the introduction of a new Nursing Associate role in England will create a new cohort of ‘associate’ registered nurses, necessitating an increase in healthcare support workers in the system. This is an international phenomenon, with many countries implementing new nursing roles which will have implications for staffing models, and for the training and support of education mentors (Sarre et al., 2018). Nurses have historically felt under pressure and unsupported in their role as mentors to student nurses and pre-registration midwives; Healthcare Assistants and Support Staff may face similar challenges in training paths for healthcare support workers. This study examines the organizational and individual challenges of training healthcare support workers in three English acute hospital settings.

Staffing levels and workforce skill-mix are important considerations for the safe and effective delivery of patient care in any health system. There is compelling evidence linking inadequate registered nurse staffing with higher patient mortality, longer lengths of stay, and poorer quality care (Barnicot et al., 2020). While there are positive health system responses to this evidence, perhaps most notably in the establishment of minimum nurse to patient ratios in California, similar analyses have not been undertaken in respect of the healthcare assistant workforce. In the UK, reliance on healthcare assistants has increased – in nursing units, the ratio of healthcare assistants to registered nurses has more than doubled since 1999. Healthcare assistants are employed to provide support with personal care; they are also undertaking more complex tasks and taking on additional responsibilities.

1.1. Background and Context

Healthcare support workers (also known as healthcare assistants, nursing associates, or assistive personnel) are the fastest-growing group in the NHS. In 2021, there were 365,000 healthcare support workers employed in the NHS in England, an increase of nearly 71,000 in five years. They provide a wide range of care and support to patients across different healthcare settings such as hospitals, community care, and care homes. They undertake tasks including aiding with meals, washing, dressing, personal hygiene, mobilising, monitoring vital signs, and providing companionship (Sarre et al., 2018). Healthcare support workers may be employed by hospitals, community care providers, or care homes in one location, or by a local authority or NHS trust in several locations. Consequently, they often work for multiple employers, and difficulties are experienced. These include a lack of awareness, understanding and recognition of the role; limited and inconsistent provision of training; restrictions on access to training because of employment in several locations; and the diversity of training and qualifications on offer. Healthcare support workers were universally positive about the role and the contribution they made to patient care, often going above and beyond what is expected from them. However, they often felt unsupported and unrecognised, and at times unqualified (Barnicot et al., 2020).

1.2. Scope and Significance of the Study

The National Health Service (NHS) in the UK is heavily reliant on a diverse and growing mid-range workforce, including health care assistants (HCAs), nursing associates (NAs), and other support staff working alongside registered nurses. HCAs comprise the biggest segment within the workforce and the largest number of nursing applicants. The significance of HCAs and support staff has grown since the publication of the first Cavendish review in 2013, identifying systemic failures in training, support, and education. Alongside registered nurses, HCAs are responsible for the delivery of patient care in various settings, and findings suggest that inadequacies in training,

support, and education systems compromise the quality of care delivered. At the same time, HCAs are responsible for patients' dignity, safety, and experience during care (Sarre et al., 2018).

In acute hospital settings, patients often rely on HCAs as their main point of contact and source of information about care and treatment. During hospital admission, patients with dementia describe feeling vulnerable and unsafe, mostly due to a breakdown in communication with staff. Patients highlighted and appreciated the positive impact of having one-to-one care from HCAs. Viewing HCAs as pastoral workers who care for the patients' holistic needs, family members appreciated their willingness to go beyond the duties described in their job role and try to improve the wellbeing of patients. However, when HCAs perceived patient care as compromised, their own wellbeing was negatively affected (Barnicot et al., 2020).

Aims of this Research

It is essential to understand the impact that HCAs and support staff have on patient care through an analysis of patients' and staff's perspectives on healthcare assistants and support staff, emphasising both the positive contributions and challenges. As the role of HCAs and support staff expands, the research aims to identify patient care and staff training needs to ensure the effective delivery of high-quality care and educate HCAs and support staff on best practice approaches. The research questions guiding this study are: What are the positive contributions and the challenges of healthcare assistants and support staff in patient care? How do patients perceive care delivered by healthcare assistants and support staff? How do healthcare assistants and support staff perceive their role in the care of patients?

1.4 2. Roles and Responsibilities of Healthcare Assistants and Support Staff

Healthcare assistants (HCAs), frequently referred to as healthcare support workers, play a critical role within the healthcare system. They work in hospitals, residential homes, day centres, patients' homes, and a variety of other settings, providing health and social care support to a range of individuals. Support staff includes a variety of roles across different healthcare settings, such as ward clerks, theatre support staff, maintenance, and porters. Their contribution is vital for the smooth running of the service and for the safety and experience of patients using the service. HCAs and other support staff ensure that qualified staff can provide the care that is needed by taking on roles that do not require professional qualification (Stonehouse, 2018). The responsibilities of healthcare assistants are highly variable, depending on the environment in which they work and the needs of the patients in their care. The role of support staff is less variable but includes similarly diverse responsibilities depending on the environment in which they work. Staff and patients in several different healthcare settings were asked about the different responsibilities of HCAs and support staff. HCAs take on a range of responsibilities that can include personal care for patients, assisting with medical procedures and tests, record keeping, and contributing to discussions about individual patient care. There is recognition that many of these roles may not be formally acknowledged by nursing staff. The role of support staff includes a range of responsibilities that are essential for maintaining safe patient care (Atwal et al., 2007).

2.1. Definition and Scope of Healthcare Assistants and Support Staff Roles

Healthcare assistants and support staff roles are often seen as synonymous across various studies, yet a detailed search of healthcare literature indicates otherwise. Differences exist concerning job titles, job descriptions, and scope of practice (Jackson et al., 2024). Given that healthcare assistants are a global workforce employed in several healthcare settings, it is essential to have comparable definitions. Currently, terms such as healthcare assistant, patient care assistant, nursing assistant, support worker, personal care attendant, nursing aide, and other titles are utilized. The scope of practice varies, with some inferred roles expected to undertake more complex healthcare assistant

tasks. According to regulatory frameworks, it appears that other roles should not be included within the healthcare assistant grouping, such as personal care specialists, therapy assistants, transport attendants, and administrative assistants. In light of significant staffing shortages and recruitment efforts emerging from the COVID-19 pandemic, healthcare assistants are anticipated to deliver more patient care, yet healthcare systems cannot clarify the diverse roles and expectations of these assistants in different countries. In the absence of these clarifications, the impact on patient care could be deleterious. Clear definitions promoting consistency may help adopt healthcare assistant roles internationally, thus improving the quality of patient care delivery and taking non-nursing tasks away from nurses, enabling them to focus on more complex responsibilities.

2.2. Key Duties and Responsibilities

Healthcare assistants and support staff play a vital role in health and social care settings. Their involvement in patient care is becoming increasingly important as the demand for services escalates. Healthcare assistants often take on duties traditionally performed by registered nurses, driven by various causes including a shortage of enrolled and registered nurses. In light of this, there is a growing need to examine the tasks performed by healthcare assistants across diverse health care settings and to assess how their growing role impacts nursing and patient care.

The investigation focuses on the duties of healthcare assistants and support staff who work alongside qualified nurses in the UK National Health Service. It looks at the type of tasks performed by these personnel and the impact on nursing care. Challenge and concern exist regarding the recruitment of healthcare assistants indiscriminately to fulfil nursing duties, potentially jeopardizing patient safety and care quality (Roche et al., 2017). The discussion also considers the variation in job descriptions for healthcare assistants across different care domains. Although healthcare assistants have worked in hospitals for several years, there have been few attempts to define their role and responsibilities, particularly in outpatient settings.

1.5 3. Training and Education for Healthcare Assistants and Support Staff

Healthcare assistants (HCAs), nursing assistants or support workers are the largest and fastest growing number of health care staff. They have varied responsibilities that range from manual to complex clinical tasks and their contribution positively or negatively impacts on the quality of patient care. In the context of significant advancements in clinical settings, the roles, responsibilities, skills and expectations of HCAs and support staff must be revised and updated in order to enhance the quality patient care. In England, healthcare support workers account for 23 percent of the NHS workforce. They are employed in diverse settings with varied titles including healthcare assistants, nursing assistants, support workers and other titles. The care tasks of HCAs or support staff range from manual to complex clinical tasks and the impact of HCA or support staff positively or negatively is on the quality care of patients. Despite the advancement in clinical settings a research evidence shows that there is inappropriately trained HCAs or support staff the high turnover, low qualified staff and varying roles and responsibilities because of historical developments and economic changes. So the roles, responsibilities, skills and expectations of HCAs or support staff must be changed and clearly defined to meet good quality patient care (Sarre et al., 2018). In line with European public health policy there has been significant effort in quality improvement strategies in healthcare services. However, the quality of healthcare services still varies due to complicated factors such and the care system and economic challenges. Because of the growing number of elderly population the quality assurance in healthcare services is essential in order to ensure the patient safety and uphold the good care. In this context the role of healthcare assistants or support workers is an issue of concern since the most patient care is provided by

HCAAs or support workers. In the England healthcare system a hospital is opted as a case study and drawing implications that might help to strategize quality patient care in the context of HCAAs or support workers.

3.1. Formal Education and Certification Requirements

Healthcare Assistants (HCAAs), also known as Health Care Assistants, Nursing Assistants, Patient Care Assistants, or Support Workers, work under the supervision of qualified health professionals. Their roles and responsibilities often include assisting patients with personal hygiene, feeding, mobility, and supporting their daily healthcare regime. The importance of healthcare assistants and support staff in improving patient care has been increasingly acknowledged by different stakeholders, including policymakers, care providers, and service users. However, there is still some ambiguity regarding the titles, roles, and responsibilities of healthcare assistants and support staff, as different institutions and care settings use different terminologies. The Framework for Healthcare Support Workers and Healthcare Assistants provides important definitions around the roles of healthcare support workers and healthcare assistants in the National Health Service (NHS) and social care settings.

With patient care being a highly demanding, sensitive, and complex procedure, the training, support, and workplace environment of healthcare assistants and support staff become tremendously important. Several high-profile inquiries and reports have pointed out the important influences of training, support, and the workplace environment on the efficiency of healthcare assistants and support staff in improving the quality of patient care. For example, the Francis Report highlighted that a lack of training and support for HCAAs negatively impacted patient care. Similarly, the Cavendish Review emphasized the role of training, support, and accountability in the quality of care delivered by healthcare assistants and support staff. In addition to training, support is another important aspect to consider for improving the quality of care provided by healthcare assistants and support staff (Sarre et al., 2018).

3.2. On-the-Job Training and Continuing Education Opportunities

To address the findings in this report related to training, on-the-job support and assessment of Health Care Assistants (HCAAs) and other health care support workers, it is important to first understand the current training and continuing education opportunities. Such education is of particular importance given the current severe staffing shortages and issues with access and engagement in education.

The intensive general training course consists of ten days of classroom-based education covering a range of topics such as dementia awareness, infection control, nutrition and hydration, and person-centred care. During this period, HCAAs also complete safeguarding and basic life support e-learning modules. Training is externally provided by a private company contracted by the NHS trust. While the quality of the training was rated highly, HCAAs noted that the course alone was not considered sufficient preparation for the complexities of care on the ward. Participants reported that tripling the numbers of new HCAAs in the middle of the COVID-19 pandemic without sufficient on-the-job support or mentoring was challenging. Cohorts of newly trained HCAAs were dispersed across the trust's five hospitals, making it difficult for them to access peer support (Sarre et al., 2018). Nonetheless, it was noted that some ward managers had clearly attempted to implement robust local training and support. These included closely supervising newly qualified HCAAs for the first few weeks and putting together bespoke training to address specific ward needs.

1.6 4. The Importance of Interprofessional Collaboration

In today's complex health care systems, team-based care is often viewed as a preferred model for delivery of health services, particularly for older patients with chronic conditions requiring

multiple services. However, poorer health outcomes in interprofessional teams can result from misunderstandings, confusion, and poor interactions. A poorly developed team around the patient, or a neglect of the team approach by the patient, can exacerbate the situation. Previous findings show that “big” professionals sometimes look down on “small” ones and even pass the buck when there have been failures in care. Poor communication, with some professional groups not listening to others, has also been identified.

In any case of failure any one member’s responsibility can be disputed, but when care succeeds it is often claimed that success is only because of the “big” professionals’ accomplishments. The focus here is on the “small” professionals; namely, nursing assistants as a health care category. The aim is to deepen the understanding of nursing assistants’ knowledge in interprofessional teams and the importance of this knowledge in patient care. In order to illuminate this aim, a specific patient, frail and elderly but quite alert and talkative, is followed as he is taken care of by a team of professionals with the focus on knowledge sharing about the patient in the team (Lindh Falk et al., 2018).

4.1. Collaboration Among Healthcare Professionals

In a healthcare environment, a collaborative approach between healthcare professionals is essential for optimising patient care. Effective collaboration means professionals work cohesively to achieve the desired outcomes for patients. In today’s healthcare environment, where patients are presented with complex conditions, collaboration is more important than ever. Providing care for such patients usually requires the involvement of a range of healthcare professionals. Therefore, it is vital these professionals share the same vision and understand each other’s roles in the delivery of care (Stonehouse, 2018). Healthcare Assistants and support staff are key members of the health and social care team. They play a significant role in the provision of high-quality care and have a direct impact on the patient experience. The role of support staff often goes unrecognised or misunderstood. It is often deemed one of the lowest paid, trained and respected roles within the NHS. However, support workers are vital members of the team and understanding their roles is key in delivering quality, safe care. Every patient has a multi-disciplinary team of healthcare professionals around them. It is important to know who these professionals are and how they each contribute to the care of the patient.

4.2. Effective Communication and Teamwork

For many HCA/SS staff, the team huddles at the start of their shift are a crucial communication forum to share relevant information about patients and ensure everyone is on the “same page”. Without this, “it can take a long time in the shift... to find out what’s going on... if you don’t have that [the huddle]... there can be gaps in care”. However, in one site, there were gaps in this communication process. For some, this led to frustration, feeling “disconnected” from the team and mentioning the need to seek out information from nurses or other staff. Although not all felt this way, it highlights the importance of team huddles at some sites and the risk of “uneven” communication processes if they do not happen as a matter of course (E. Anderson et al., 2019). In addition to the importance of sharing information at the start of a shift, some HCA/SS staff described the importance of informal communication and social interaction with nurses or other care staff throughout shifts. Social interaction (including joking and banter) was reported as a way to build relationships and trust as well as to aid information sharing. Without this informal communication, there was a concern that patients could “slip through the gaps” in care. This highlights the complex nature of teamwork, with formal processes at times supplemented by informal ones. However, some staff in particular roles reported feeling “disconnected” from nursing or care teams, which may impact patient safety.

1.7 5. Patient Safety and Quality of Care

Adequate staffing levels have long been understood to be a prerequisite for good quality, safe care in the NHS. In more recent years, the focus of such discussions has been on providing appropriate numbers of registered nurses (RNs) to ensure safe nursing care, and on the negative impacts of cuts to registered nursing staff to patient safety. However, outside of Registered Nurse (RN) staffing, other categories of healthcare staff who might impact on patient care are considered peripheral to the wider policy discussion. This is significant as it is actually healthcare assistants (HCAs), with a specific focus on their employment and impacts in acute NHS hospital settings, who make up the majority of non-registered nursing healthcare staff currently working in the NHS (Barnicot et al., 2020). The safeguards put in place to ensure comparatively safe and effective behind-the-scenes support staff's care provision for patients with lower needs also shine a light on the comparative riskier and more complex patient care environments that HCAs predominantly operate in. The case for patient safety, quality of care, and ethical care is in turn made for the socio heavily trumped by economic considerations environments HCAs currently work in, outlining the potential unintended consequences of HCAs being considered and treated as more disposable than other staff types. Finally, building on the findings from prior research that patient deterioration is noted in assessments that are not communicated to nurses, the central findings of this research regarding the impact of HCA staffing levels on wards ability to care for patients are discussed, with consideration of the implications for research into HCA roles and impacts moving forward (Ahmad Zaheer, 2018).

5.1. Ensuring Patient Safety

The knowledge and training of healthcare assistants and support staff must be recognised as vital for the delivery of safe patient care and attention to patients' needs. Healthcare services depend on the frontline staff who deliver direct care and interaction in different and often complex environments. The importance of having access to adequate numbers of healthcare assistants and support staff has long been recognised in hospital settings but further research is needed to understand how their skills and actions impact on the care and treatment of patients and what is required to promote better patient care (Ahmad Zaheer, 2018). There is current pressure on healthcare providers to improve efficiency, which is often associated with reductions in staffing budgets. Despite evidence that prior investment can promote better outcomes and improved patient experience, healthcare organisations in England and London have recently projected staffing reductions. From the perspective of older patients in hospital wards, their experience of care is influenced by the presence of healthcare assistants but not by other support staff. Overall staffing levels and the ratio of patients to healthcare assistants is significantly associated with an overall measure of satisfaction with care but this does not apply to other types of staff (Barnicot et al., 2020).

5.2. Enhancing the Quality of Care

To accommodate the rising demand for health services and to maintain safety, quality, and efficiency, it is essential that patients be provided with the best possible care according to their needs. With substantial changes in the health care system, personnel changes affect the involvement of health care assistants and support personnel in patient care. The purpose of the study was to discover how health care assistants and support personnel impact care for patients on medical wards, and to address this through the perspective of nurses, health care assistants, and support personnel themselves. In accordance with accepted themes, the findings indicate how patients experience the time and quality of care they receive, how health care assistants and support

personnel enhance the quality of care, and how challenges in working processes impact care for patients (Sarre et al., 2018).

Regarding the time and quality of care, patients feel they receive sufficient attention and time from health care assistants and support personnel for their basic needs and daily activities. Additionally, patients feel that they receive good, quality care, and this is enhanced by good communication between the patient and the health care assistants or support personnel. However, patients also have the impression that nurses have too little time for them, and that care from nurses is often more task-oriented than patient-oriented. Patients feel that nursing tasks should not be prioritized over personal care tasks, as they believe personal care tasks should be prioritized above nursing tasks since they impact the patients more directly.

1.8 6. Ethical and Legal Considerations

Health care assistants (HCAs) and support staff are pivotal members of the health care team. They render basic nursing and health care duties either under the guidance or direct supervision of a registered nurse (RN) or independent practitioner. Their influence on patient care is ambivalent. On one hand, the presence of HCAs may ensure proper patient care, as caregivers can share patient responsibilities. On the other hand, there are concerns that patients receive less qualified care due to the inadequacy of HCAs' clinical skills. The task-shifting policy framework advocates reliance on HCAs under the pretext of minimizing costs and maximizing health service efficiency with chronic staff shortages and increasing patient loads. This is commonly reflected in private hospitals where assistive workers constitute cheaper labor compared to RNs (A. Aylward et al., 2017).

With HCA employment, management hopes to disseminate the RN workload to ensure uninterrupted patient care. These concerns converge on ethical and legal dilemmas. Owing to HCAs' nascent clinical skills and inopportune legal framework and policy regulations, these hospitals risk transgressing the stipulations enshrined in the Nursing Act and Regulations Relating to the Scope of Practice of Nurses and Midwives. Ever since task-shifting took root in similar health care settings, ethical and legal considerations have not been extensively studied. Hence, exploratory qualitative research was undertaken in selected private hospitals in the Cape Metropole, examining the ethical and legal issues management confronts in employing HCAs.

6.1. Ethical Guidelines and Professional Boundaries

To ensure effective and respectful care delivery, all team members must be aware of ethical guidelines pertinent to their role and the professional boundaries that must be adhered to. Support staff involved in direct patient care are often privy to personal and sensitive information pertaining to patients. It is therefore essential that such information is treated with discretion and only discussed with those directly involved in the patient's care (Stonehouse, 2018). Patient care workers should be familiar with the guidelines set out by the N.M.C. as these apply in any health care setting. As patient care workers generally have little or no professional qualifications, patient care workers should therefore always be guided by and work under the supervision of qualified staff nurses or members of another Health Professional Council. Patient care workers should never consider themselves as substitutes for trained or qualified nurses or other health care professionals (A. Aylward et al., 2017).

Trained nurses are responsible for assessing, planning, implementing, and evaluating nursing care. Patient care workers can assist in providing nursing care, however, these decisions must be made by a qualified nurse. Tasks or duties undertaken by patient care workers should not be in any way seen as "nursing duties." If nursing tasks are to be performed by support staff, this must be under the remit of the nursing team as outlined by the N.M.C. Training and supervision must be given by a qualified nurse to ensure that support staff understand exactly how the task should be done

and the rationale behind it. Qualified staff must maintain responsibility and accountability for the care given, as such, trained nurses must ensure supervision is provided whenever a care task is to be undertaken by support staff. Support staff must also be aware of their own professional boundaries and not attempt care procedures that they have not been trained in.

6.2. *Legal Frameworks and Regulations*

A nurse by any other name? An international comparison of nomenclature and regulation of healthcare assistants (Jackson et al., 2024) Healthcare Assistants (HCAs), also known as healthcare support workers, auxiliary nurses, nursing assistants, personal support workers, and by various other names, have been a part of the nursing team for decades. Yet, there is little international consensus about the nomenclature and role for HCAs. Using a summary of the literature, this paper explores the challenges with nomenclature and role for HCAs, and the potential for more consistent standards internationally. Using a broad scan of international jurisdictions, this paper maps the nomenclature and regulation of HCAs. Nomenclature for HCAs varies widely across the jurisdictions assessed, with a number of different terms and titles used. While most jurisdictions have HCA roles, the regulatory approach to these roles varies widely. HCAs are unregulated or minimally regulated in Australia, Canada, England, and the USA; while they are more highly regulated in Ireland and Scotland. Common challenges with HCA roles and regulation are identified, including a lack consistency with scope of practice, titling, education, and supervision. The varied terms used to categorize HCA roles may contribute to confusion among other members of the healthcare team and the public. The challenges of training, support and assessment of healthcare support workers: a qualitative study of experiences in three English acute hospitals (Sarre et al., 2018) HCAs, also known as healthcare support workers, nursing auxiliaries, or nursing assistants, have been used as a lower-paid alternative to qualified nursing staff in the national health service since the mid-1980s. The review produced a narrative summarizing the challenges faced by HCAs and support workers, and made a number of recommendations around training, assessment, and support, many of which were similar to issues previously raised in the context of the nursing auxiliary role. The review proposed the introduction of a “Care Certificate,” a set of minimum training standards, to be piloted in the acute sector. This study explored the views and experiences of education and service delivery staff, HCAs, and support workers in relation to training, support, and assessment. Key challenges included variation in training, a lack of time and resource for support and assessment, and concern that training may lead to role dilution.

1.9 **7. Barriers and Challenges Faced by Healthcare Assistants and Support Staff**

Perceptions of training for care attendants: A qualitative study of healthcare assistants in three English acute hospitals. Concerns about the adequacy of training were common, particularly regarding the ability to meet patients’ complex health needs as they moved in and out of a ward’s care network. Perceptions of training for care attendants were extremely varied. Some viewed it as basic, mainly covering hygiene and safety procedures, and stressing the importance of being careful not to harm patients, while others felt better prepared for the role following training. There was appreciation of classroom-based training, but this tended to occur well after starting work, leading some to feel “traumatized” and they lost patients due to mistakes made when newly qualified. Learning on the job was seen as stressful, and the perception that trained nurses were neglecting their supervisory roles led to feelings of resentment (Sarre et al., 2018).

Experiences of healthcare assistants participating in training courses: A qualitative study of healthcare assistants’ experiences and perceptions of participating in a training course. Participants felt that attending training courses improved their ability to care for patients, but training had

minimal impact upon participants' ability to manage aggressive patients, possibly because care attendants were not involved in the same strategies as trained staff. Participants nevertheless attempted to apply something they had learned even when no specific intervention was tried. Differences in setting between the care attendant course and training for other staff were seen as having both positive and negative effects, and the legacy of historical divisions between servicetypes remained an obstacle to effective teamwork.

Ingroup identity as an obstacle to effective multiprofessional and interprofessional teamwork: Findings from an ethnographic study of healthcare assistants in dementia care across three environments. Concern about care attendants being unqualified and patient safety was central to ongoing disputes regarding care attendants effectively managing patients' needs in the face of high workload and time pressure, transfer of care attendants between wards, and disagreements and confusion regarding individual responsibilities. Patient safety and quality of care were seen to depend on care attendants' ability to attend to as many patients as possible, but this was complicated as care attendants expressed discomfort with alleging negligence on other staff, even though a lack input from trained staff caused feelings of resentment.

7.1. Workplace Stress and Burnout

Workplace stress among healthcare professionals is a growing concern for health systems around the world. Stress levels have been rising over the last decade, partly due to the financial constraints imposed on the NHS by the UK government. Stress management and health is a fundamental human right, so addressing workplace stress is a priority. Stress can affect day-to-day activities and social relationships. Burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment resulting from exposure to chronic stress in the workplace. Burnout can have a significant impact on patient safety. Healthcare professionals suffering from burnout may disengage from their roles, resulting in patients being put in unsafe situations (Batanda, 2024). As the role of healthcare assistants and support staff has expanded, there has been a shift in responsibility away from trained nurses and therapists. There is limited existing research on the impact of healthcare assistants and support staff on patient care, and how their roles affect the care delivered to patients. However, the growing responsibility and participation of healthcare assistants and support staff needs to be addressed, as it is important that they can provide the highest quality patient care and safety. It is time to better understand how the involvement of healthcare assistants and support staff in patient care affects the care received, and to determine how they can be supported in their role for the benefit of patients. Surveys ask about the roles of support staff and healthcare assistants in patient care, as well as incidents and concerns regarding care, support needs, and training.

7.2. Limited Career Progression Opportunities

Previous research findings suggest that limited career progression opportunities in healthcare are a concern for many staff groups but are particularly relevant to the healthcare assistants and support workers groups (Sarre et al., 2018). Many healthcare assistants currently undertake roles that are unqualified, and support worker roles are either unqualified or low-qualified. With the exception of the introduction of the care certificate in 2015, there are little requirements set nationally for induction and training of these roles. While some health and social care providers have accreditation schemes in place, many do not and this can result in a "postcode lottery" for healthcare assistants and support workers seeking accredited training and development. The perception of healthcare assistants and support workers of their training offers significant implications for their development in a role, profession or service that they personally invested in as trainees and this needs to be acknowledged by employers at every level. Training and

development opportunities were considered pivotal by healthcare assistants at their sites in enhancing relational care for older people. Conversely, the absence of training and development, or the perception that training and development opportunities were neither meaningful nor sufficient, resulted in criticisms of the quality of relational care. Untrained staff and poorly trained staff were perceived as prioritising task-based care and neglecting relational care. Findings further suggest that training experiences of healthcare assistants can shape perceptions of the professionalism of care jobs and influence professional growth and job satisfaction. Training opportunities were perceived more positively where a wider range of training opportunities were available and where alongside contextual factors, such training opportunities were perceived as proactive and driven by care settings rather than external legislation or requirements. As such, a need for a structured, standardised framework to support the professional development of healthcare assistants in the NHS healthcare settings is acknowledged. Professional growth of healthcare assistants would need to be addressed in care settings outside of the NHS as currently there are no specific requirements in place for the professional development of care assistants in social care settings.

1.10 8. Innovations and Best Practices in Healthcare Assistant and Support Staff

Training

The complexity of the care assistants' role has increased significantly over the past decade. Care assistants are expected to step up in areas traditionally reserved for trained nurses and medical staff. A good training package and ongoing supervisor support are essential for care assistant skill development and problem resolution. Care assistants report feeling initially fearful of performing their role and often require ongoing support after training. Effective care assistant training significantly improves service-users' quality of care. However, on its own, this training is not sufficient to address the concerns of care assistants or management (Sarre et al., 2018). The role of the Healthcare Assistant (HCA) / Support Workers is crucial for the delivery of safe, effective, compassionate, and high-quality care as it represents the largest portion of the Health and Care workforce. Innovative best practices in training and development Healthcare Support Workers (HSW) can improve retention, enhance skills and capability, and improve care quality and outcomes.

Healthcare assistants (HCAs) and support staff must be given high priority in continuing education programs, especially in dementia awareness and care. Education and training strategies must involve all levels of staff within the organization and be tailored to the specific needs and requirements of healthcare assistants and support staff. Training can improve the delivery of activities and social engagement for care home residents living with dementia and improve staff confidence. Ongoing support is key to ensuring the longevity of the training effect and should be included in the best practice model. The model must be flexible and adaptable to ensure relevance across different organizations of varying size and resource availability.

8.1. Technology Integration in Training Programs

Healthcare Assistants (HCAs) and Support Staff have become an integral part of the workforce in the healthcare and social care sectors. They play an important role in delivering safe and high-quality care to patients. HCAs and Support Staff are involved in various care tasks under the supervision of registered professionals. However, the quality of care is influenced by multiple factors, including workforce, training, working environment, and a culture of care. This report examines the impact of HCAs and Support Staff on delivering care to patients by critically evaluating the current literature. It focuses on the training and induction programs for HCAs and

Support Staff, the integration of new technologies in training programs, and the impact of HCAs and Support Staff on patient care across different healthcare settings.

The integration of new technologies in training programs for Healthcare Assistants (HCAs) and Support Staff can enhance their learning experience and improve their skills in patient care. Technology can bridge the gap between an increased demand for care, due to an aging population, and the number of available Healthcare Professionals (HCPs). E-learning tools, virtual reality, and simulation rooms can provide HCAs with experiential learning and the opportunity to practice on robots or virtual patients before interacting with real patients (W M Groeneveld et al., 2023). Hybrid training, which combines conventional training with new technological applications, can strengthen the theoretical part and provide hands-on experience. Self-directed learning using e-learning tools can flexibly fit into HCAs' working schedules and enhance their knowledge. The use of technology in training programs is still limited, and its combination with conventional training needs to be further explored.

8.2. Promising Practices in Healthcare Settings

Promising practices that can improve patient care through the impact of healthcare assistants and support staff on patient care are described. Five areas of practice were highlighted that seem promising in supporting healthcare assistants and support staff in their roles in relation to patient care. These areas include healthcare assistants being given a greater role and more responsibility in patient care, upskilling healthcare assistants to improve patient care, support staff being encouraged to develop relationships with patients, healthcare assistants providing input into the planning and delivery of education and training, and creating more supportive team environments. Whilst each of these areas are promising, none are fully established healthcare assistant or support staff practices. Instead, they are areas for reflection and intervention development to create practices which could improve healthcare assistants and support staff's impact on patient care. These findings are significant to research, education and practice. This study provides a foundation upon which future research can build to improve patient care through the impact of healthcare assistants and support staff on patient care. Given the right support, ongoing education and a culture of teamwork, listening and valuing input from all staff, healthcare assistants and support staff can significantly enhance patient care (Sarre et al., 2018).

1.11 9. The Impact of Cultural Competence and Diversity Awareness

In an increasingly diverse world, it is crucial that healthcare workers be sensitive to the various cultures that their patients might belong to. Within a healthcare facility, helping people during their illnesses is the prime goal, however the most important thing to understand is that not everyone thinks the same way when it comes to taking care of their health. As patients come in from various backgrounds, it is important for the support staff in the healthcare system to recognize, respect and understand the different views and beliefs about health, symptoms, treatment, relationships, and communication style (Blonigen-Heinen & Basol, 2015). Cultural factors may affect a person's preferred language, view toward health, how they display their symptoms, how they structure their relationships, their religious beliefs, and even their food preferences.

Cultural competence is the ability to recognize and learn about cultural factors that might affect a patient's dealings with the healthcare system, and the ability to take steps to learn about each patient's unique culture (Akins, 2009). When a healthcare worker is culturally competent, they are better able to treat patients to the best of their abilities and provide them with the healthiest outcome possible. Some techniques for communicating effectively with a patient from a different culture include listening carefully to the patient, asking indirect questions to avoid embarrassing

them, and acknowledging and respecting the patient's views on treatment, whether or not they differ from one's own. Cultural competence benefits everyone; patients receive more effective care, and healthcare workers enjoy their jobs more and perform better. Bringing cultural competence into the healthcare setting means finding ways to educate healthcare workers about the various cultures of their patients, and giving them the tools they need to deal with cultural differences.

9.1. Cultural Competence in Patient Care

Cultural factors may affect a person's views toward health, illness, and the health care system. When patients are not comfortable speaking English or prefer to use their own language, arrangements should be made for interpreters. Patients should never be forced to speak English, as this may result in misunderstandings and some patients not receiving the best care (Blonigen-Heinen & Basol, 2015). Ways of expressing culture may differ from patient to patient. Patients may feel embarrassed or offended by the same nonverbal and verbal responses that others find respectful. A patient may not view illness as something best treated with Western medicine. Some cultures rely on alternative remedies. Family and friend involvement in patient care may depend on their culture. Some cultures consider it essential to have family present, while others feel it is inappropriate. Religion may impact a patient's ability to give consents for procedures or medication, as well as affect schedules and practices.

Cultural practices may affect the types of foods a patient may eat or avoid. When determining a patient's diet, it is vital to ask questions to understand any potential cultural restrictions. Developing cultural competencies means being aware of cultural factors that may affect how a patient views health and care, and taking the appropriate steps to learn about each patient. When treating a patient from a different culture, it is best to ask questions that will help avoid cultural stereotypes. Understand how the patient perceives health and what are the accepted ways to show respect.

9.2. Diversity Awareness in Healthcare Teams

Developmentally and culturally appropriate care (DCAP) refers to a framework that enhances consideration of patients' beliefs, values, and cultural backgrounds. The focus here is how DCAP can be effectively integrated into everyday practice through training for support staff. The adjustment of healthcare staff to cultural diversity and the ongoing education of all employees in this regard are necessary conditions for the successful functioning of healthcare teams within the multicultural environment. Team leaders need to be aware that cultural diversity may lead to some challenges within the healthcare teams, thus strategies to diminish these challenges need to be in place (Debesay et al., 2022). On the other hand, cultural diversity of the healthcare teams has proven to enrich the functioning of the teams and enhances the quality of care for the patients. The cultural background of the healthcare professionals relates to their developmentally and culturally appropriate care (DCAP) practice which is focused on consideration of the patients' beliefs, values, and cultural backgrounds (Anderson et al., 2019).

1.12 10. Case Studies and Real-World Examples

Adequately trained healthcare support workers are essential to patient care delivery in today's healthcare environment. With increased responsibility for direct patient care, healthcare support workers can greatly enhance the delivery of safe and dignified care, but they require sufficient training and support to do so (Sarre et al., 2018). Control of how this training is delivered has passed to individual healthcare support workers, yet access to training is often patchy, being determined by local organizational policy. This can mean that healthcare support workers who are most in need of training may also be those with least access to it. This is an issue not only for

individual healthcare support workers but also for the wider health economy. A quirk of the English system is that health agencies can choose to appoint post-training healthcare support workers, yet training eligibility is not a pre-requisite. The concern this raises is whether inadequate training will result in poorer quality care, or whether inadequately trained healthcare support workers will leave the organization, creating recruitment issues elsewhere.

In the past ten years NHS organizations have become, by choice, increasingly reliant on a healthcare support workforce. Local policy has been to recruit non-clinically trained support workers to help address escalating patient numbers, and an increasing focus on delivering care in rapidly discharged, acutely ill, environments. This is a response from organizations to external pressures from falling resource availability, policy interventions aimed at increased levels of patient care across released environments, and an expectation of best practice. In parallel nationally determined staffing guidelines and quality thresholds have been de-emphasized, leading providers to at times try to operate without sufficient adequately trained staff. Such inadequacies impact on the healthcare support workforce disproportionately, as they cannot conduct patient assessment and care planning, nor administer medications and treatment. Instead, they are expected to undertake a much broader and higher skilled role than that for which they have been trained, resulting in a mismatch in skills and expectations.

10.1. Success Stories of Healthcare Assistants and Support Staff Contributions

In many healthcare systems and settings throughout the world, healthcare assistants (HCAs) or support staff (and different local equivalents), have been incorporated into the team providing ward or unit level care to patients. There is a growing body of literature investigating the impact on patient care of this type of staff (Barnicot et al., 2020). This care can be delivered directly by registered nursing staff, who typically hold a degree level qualification in nursing, or health care assistants (HCAs) or support staff, who typically hold a lower level qualification. In many healthcare systems and settings, there has been an increase in the percentage of care delivered by HCAs or support staff, as a cost containment strategy. This change in skill mix has been the subject of some debate, with some research suggesting that care delivered by non-registered nursing staff may be of lower quality (Chigozie Udushirinwa et al., 2022). However, some of that prior research has been critiqued as not appropriate for use in psychiatric settings, where the patient population, care delivered, and other confounding factors such as patient and staff demographics, levels of aggression, and how group versus individual care is delivered and by whom, are very different to more physical healthcare settings such as hospitals. Thus, this research will begin to seek to address that gap in the literature, focusing on the impacts on patient care of HCAs or support staff in an acute adult mental health inpatient setting.

1.13 11. Future Directions and Recommendations

To develop an appropriate training, support and assessment pathway for healthcare assistants and support staff, it is paramount to listen to their views and opinions on what they feel is necessary. After the evaluation of phases one and two of the training and support pilot programme, further development should use the results of this second stage qualitative research as its starting point (Sarre et al., 2018). The findings point to key areas for consideration, such as the importance of consistent care delivery and staff continuity for building relationships with patients, the need for training and support in managing challenging patient behaviour, particularly around observed incidents of aggression or violence, and the desire for regular facilitated opportunities to discuss and reflect on experiences of care delivery. In the current context of rapid service changes, staffing pressures and concerns around the increasing use of temporary staff, consideration should also be given to how training and support can be delivered in a way that considers the needs of the

organization but, most importantly, centers on patient care and the well-being of staff delivering that care. Attention should also be given to how best to collect data to evaluate the impact of any newly developed training and support initiatives on patient care outcomes, drawing on staff experiences as a key data source.

11.1. Enhancing Recognition and Support for Healthcare Assistants and Support Staff

In recent years, healthcare services have faced significant changes. The increasing complexity of patient needs, alongside personnel shortages, particularly in nursing staff, has prompted the adoption of new roles and adjustments to existing ones within the healthcare team. It has become increasingly important for healthcare assistants and other support staff to be recognized as vital members of the healthcare team, well-supported in their recruitment, training, and retention, and listened to when considering changes in care delivery. This is essential to ensure that large-scale changes do not damage the quality of care and treatment received by the sickest and most vulnerable patients in society.

Healthcare Assistants play a pivotal role across the healthcare sector, with the most significant roles within the NHS and social care setting involving direct patient care. This care can include supporting individuals with personal care and hygiene, feeding, mobility, and daily activities, and providing companionship and comfort. However, there is ongoing debate surrounding the titles of Healthcare Assistants and other support roles, as these titles can encompass a wide variety of roles that differ in responsibilities, training, and pay structures (Sarre et al., 2018). Nearly seven percent of the overall NHS workforce is made up of Healthcare Assistants, with figures of some 918,000 in social care and 757,000 within the NHS in England. There is a growing body of evidence that issues relating to Healthcare Assistants impact directly on patient care and treatment, whilst there is also a wealth of evidence that this group of workers, who care for society's most vulnerable individuals at the lowest rates of pay, are poorly supported. As healthcare services continue to change, it is vital that attention is paid to increasing recognition, support, and listening to healthcare assistants and other support staff, as it is their roles that are essential in caring for the most vulnerable patients.

11.2. Research Agenda for Further Understanding and Improvement

For healthcare services worldwide, significant issues involve ensuring patient safety while improving the quality of care, especially in the context of resource constraints. Although nurses play a pivotal role in shaping clinical governance, healthcare assistants (HCAs) and other support staff are positioned at the frontline of patient care and are the most numerous workforce group across health systems. Given that knowledge, accountability, and skills for patient safety and care quality are derived from a social construction and local practice perspective, it is essential for further research to better understand HCAs and support staff, and to facilitate health services in more effectively defining roles, training, and support mechanisms tailored to these staff groups while maximizing their impact on patient care (Sarre et al., 2018).

There is a solid foundation of research into HCAs and support staff across health services, but key gaps remain to be addressed. Future studies should qualitatively explore how frontline patient care is socially constructed, understood, and enacted by HCAs and support staff. Attention should also be given to healthcare managers and professional nurses' understandings of the roles and impacts of HCAs and support staff on patient care in relation to procedures, standards, and training. In addition, quantitative studies are needed on patient outcomes and the impact of HCAs and support staff on care quality and safety. A comparative approach across services would provide insights into how different contextual factors influence services' understanding of HCA and support staff roles, and the strategic choices made when developing and training these staff groups.

1.14 12. Conclusion

The number, qualification and training of individuals providing basic and therapeutic care to patients are critical for patient safety and care quality in hospitals. In English hospitals, more than half the care staff numbers are comprised of healthcare assistants (HCAs) and other unregistered healthcare support staff. Prior to the current study, considerations for staffing had concentrated on registered nursing, or midwifery, numbers alone, with little thought given to the roles, numbers, and skills of support staff. This is despite research concluding that the contribution of non-registered staff is vital and cautious support for regulation of care assistants. The absence of a clear evidence base relating support staff to patient outcomes has also been identified as an important research need.

HCAs were recruited in similar numbers to patients from surveyed wards in order to explore their experience of care and understanding of staffing. Qualitative analysis of their accounts suggests that HCAs are best placed to ensure good patient experience. They play a pivotal role in mediating patient experience of care, with all staff being needed to ensure patient dignity, particularly during personal care. However, HCAs also highlighted factors that prevented them from being able to provide good patient experience, including staffing shortages, staff sickness, and the high dependency needs of some patients, which left them unable to attend to other patients' needs in a timely manner. HCAs felt that the introduction of new technology generally improved care delivery but also raised concerns about the potential for some devices to depersonalise care. The reliance on HCAs in "bed watch" roles to monitor confused patients was questioned, highlighting a potential unintended consequence of such arrangements, in that they limit the HCA's ability to provide personal care to other patients who might need it.

Overall, the findings describe the vital role HCAs play in ensuring patients experience compassion and dignity in care but also illuminate the fragility of this role, suggesting that staffing levels must be adequate to patient need in order to provide good overall quality care. The importance of ensuring adequate numbers of all staff types is discussed, both with respect to training and the need for different staff types to work in tandem, and with respect to ward culture and the differing priorities of various staff types (Barnicot et al., 2020).

12.1. Key Findings and Takeaways

The healthcare workforce in England and its availability to deliver high-quality care is challenged and threatened. In the NHS, recent failed policy attempts to reduce reliance on overseas nurses, limited registered nurse workforce growth, and a greater role for lower-trained care workers has equipped health and care services for recovery post-lockdown and with new demands. That focus has been captured by the introduction of new healthcare support worker roles and expansion of existing ones, creating new chains of management and accountability. Paradoxically, there is a growing reliance on using healthcare support worker roles in the care workforce, yet, high-profile failings highlight the need to ensure their safe and effective use (Sarre et al., 2018).

Experiences and perceptions of care and staffing focusing particularly on healthcare assistants (HCAs) and their roles in care delivery, performance, and training were interviewed from health professionals working with, but also care recipients themselves, across most available settings. More HCAs on the ward meant higher patient satisfaction for various reasons. The findings suggest that HCAs promote a positive experience of care, particularly for older adults. All types of staff need to communicate positively with patients. When there are more HCAs available on a ward, this has a positive impact on other staff too, leading to higher patient satisfaction (Barnicot et al., 2020).

12.2. Final Thoughts and Implications

The role of healthcare assistants (HCAs) and supporting staff in healthcare settings has become increasingly important over the years, as they provide essential support to registered staff members. The quality of care provided to patients may be affected if these support roles are not filled adequately or if there is a lack of coordination amongst HCAs and registered staff members. In an effort to investigate this topic, qualitative interviews and observations were conducted in Ward A of an acute hospital in England, focusing on how HCAs and registered nurses perceive the impact of HCAs on the quality of patient care.

Registered nurses identified that HCAs could have both positive and negative impacts on patient care, however, many HCA responsibilities were viewed as essential and nurses were concerned about whether they would have the time to fulfil those responsibilities if HCA staff were reduced. Despite initial concerns about the ability of non-qualified staff to care for patients when care assistants were employed, it was found that HCAs could provide high-quality care. However, nurses felt that only registered staff should administer medication and undertake assessments, highlighting a role boundary for HCAs (Sarre et al., 2018). The struggle to maintain care standards with fewer staff was an ongoing concern for nurses in both hospitals. Although HCAs were seen to have a positive impact on care quality and patient safety in some instances, there were also concerns that the quality of care would fall without trained staff (Barnicot et al., 2020).

These findings highlight the importance of HCAs in supporting quality and safe patient care. However, there is a need for clarity around HCA roles and responsibilities to ensure patients receive the best possible care. There is ongoing variability in HCA training and development, raising questions about how patient safety in relation to untrained staff can be assured. With the increasing reliance on HCAs to fill the staffing gap in nursing, there is a need for research to identify how their training and development can most effectively replicate the care typically given by registered nurses.

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