

The role of the Healthcare Assistant in wound care

KEY WORDS

- ▶▶ Healthcare assistant
- ▶▶ Wound care
- ▶▶ Hospice
- ▶▶ Palliative care

This narrative review aims to discuss the development of the role of the Healthcare Assistant (HCAs) in acute and community settings, with particular reference to their expanding responsibilities. It also examines the existing perceptions of qualified nurses, patients and HCAs about their own roles. The purpose of this review — which is part one of two articles — was to provide a theoretical framework for a subsequent research study that examines the expanding responsibilities of HCAs in relation to the delivery of wound care in a hospice setting (part two of this article).

The role of the Healthcare Assistant (HCA) can be traced back to the Crimean War (October 1853 to February 1856), when they were then given the title of Nurses Aides (Stokes and Warden, 2004). The Health Care Act (1919) attempted, to define boundaries between those HCAs who were deemed competent and those that were not (Ministry of Health, 1919), and in 1955 the nursing auxiliary was given formal recognition in the healthcare setting (Thornley, 2000). In 1988, the National Vocational Qualification (NVQ) introduced the first NVQ, as a recognised qualification designed to improve standards of HCAs care delivery (NVQ 1988). In 2011, the NVQs were followed by the Qualifications and Credit Framework (QCF) (Department of Health [DH], 2011), the National Occupational Standards (NOS) (DH, 2014), and in 2015 the Care Certificate was introduced (Skills for Care, 2015). These all provided frameworks for the training of HCAs, however, none of them were made compulsory.

Regulation for HCAs was first referred to in the NHS Plan (DH, 2000), followed by the DH document (2004) entitled Regulation of Health Care Staff in England and Wales. This document set out proposals for extending regulation to those staff that have a direct impact on patients. At that time, it was felt that regulation should come under the remit of the Nursing and Midwifery Council (NMC) (O'Dowd, 2003). Similarly, the Royal College of Nursing (RCN) campaigned for the regulation of HCAs (McKenna et al, 2004); however, currently

HCAs remain unregulated and, therefore, are not professionally accountable, yet they are required to deliver unsupervised direct patient care (Duffin, 2001, Lloyd-Jones and Young, 2005). This aspect could account for some of the misgivings regarding delegation and expectation of roles (McKenna et al, 2004). Subsequently, in a survey of RCN members, most respondents stated that HCAs should be registered (RCN, 2009).

The law imposes a duty of care on all practitioners, regardless of qualifications, and according to the RCN (2011), all care providers are accountable to both the criminal and civil courts. In addition, all employees are accountable to their employer. Registered Nurses (RNs) are also accountable to regulatory bodies and remain accountable for delegation of tasks (RCN, 2006). This statement is also reflected in the NMC's Code of Conduct (NMC, 2015), whereby RNs are required to only delegate tasks and duties within the scope of competency of the delegated person, making sure that the delegated member of staff understands the qualified nurses instructions, and that the delegated person is supported. The RN is also required to ensure that the delegated task has been performed to the required standard.

Spilsbury and Meyer (2004) argued that the changing roles of RNs have directly impacted on the role of the HCA; as RNs now have extended roles, some of their previous tasks are now being carried out by HCAs. The role of the HCA in many working environments has grown in importance

LYNN CORNISH

Tissue Viability Lead, St Margaret's Hospice, Somerset

SAMANTHA HOLLOWAY

Reader, Programme Director, Cardiff, University School of Medicine, Cardiff

Box 1. Search Terms

`healthcare assistant' `wound,' `care,'
 `pressure ulcer,' `nursing assistant,'
 `relationships,' `registered nurses,'
 `healthcare assistants,' `perceptions,'
 `non-registered nurses,' `patient,'
 `experience,' `changing,' `role,'
 `registered nurses,' `phenomenology,'
 `qualitative'

Table 1. Search Strategy

Search Number	Search Strategy
Search 1	Role of HCA
Search 2	Search 1 and Perceptions by RNs
Search 3	Relationships between HCAs and RNs
Search 4	Search 1 and Patients' perceptions
Search 5	Search 1 and Phenomenology
Search 6	Search 2 and Phenomenology
Search 7	Search 3 and Phenomenology
Search 8	Qualitative Research
Search 9	Search 1 and Wound healing
Search 10	Search 1 and Pressure ulcer care
Search 11	Search 3 and Hospice
Search 12	Search 1 and Hospice

(Keeney et al, 2005) with many regularly performing wound care (Lloyd-Jones and Young, 2005), as well as undertaking clinical activities such as observations, phlebotomy, venepuncture and blood glucose monitoring (Spilsbury and Meyer, 2004). Evidence from current research suggests that qualified staff have mixed perceptions about the role of the HCA (Atwal et al, 2006; Petrova, 2010) and researchers have called for further studies in this area (Keeney et al, 2005; Petrova, 2010). Additionally, Maylor (2012) suggested that the training of HCAs within the workplace remains the responsibility of the RN, however, most training is not mandatory.

The review aims to identify what is already known about the role of the HCA, and the perceptions of RN, HCAs and patients have about the role, particularly within the delivery of wound care. The review explores aspects of the perceptions HCAs and RNs have towards each other, their working relationships as well as patients' perspective with regard to the role of the HCA.

SEARCH STRATEGY

A literature review was conducted in October 2016 using Medline, CINAHL, Google Scholar, Embase and the Cochrane Database. No date limitations were applied. Articles were limited to those in English and providing full-text articles. The search terms used are shown in *Box 1* and the search

strategy is summarised in *Table 1*.

The search identified eight articles, the main details of which are summarised in *Table 2*.

LITERATURE REVIEW

Pearcy (2000) explored clinical aspects of role identity through interviews with 25 RNs across 5 Trusts. The results suggested that most nurses did not perceive a problem with the expanding role of the HCA. Overall, the RN viewed the HCAs as a positive addition to the nursing team. The findings indicated there were some concerns that the role of the RN could be performed as effectively by an HCA, with the exception of the administration of medication. Pearcy's study highlighted that HCAs are making decisions previously made by RN, including deciding on wound treatment, dressing choice and advising about lifestyle.

Bowman et al (2003) undertook a national UK survey exploring the role of HCAs in critical care, as viewed by senior nurses. Questionnaires were sent to 645 senior nurses, of which 376 were returned (58% response rate). The results of the study indicated that there was confusion regarding the wide variances in both titles used, and the work of the HCA. The majority of senior nurses recognised the positive value of the HCAs role. However, some respondents were opposed to delegating nursing tasks to HCAs. Bowman et al also highlighted the conflicts that can occur between RN and HCAs

Table 2. Summary of studies included in the review			
Author/Year/ Design/Analysis	Sample	Results	Significance to current study
Pearcy (2000) Interpretive paradigm. Thematic analysis. Elements of Grounded theory	25 RGNs from 5 Trusts.	Themes of positive perception of the role of the HCA. Concerns of HCAs performing the role of the RGN effectively. RGNs having to give training alongside regular roles. No report on what education/training was provided for HCAs.	Demonstrates current perceptions of RGNs towards the role of the HCA.
Bowman (2003) Phenomenology Thematic analysis	645 Senior Nurses in critical care units across the UK.	Themes of confusion regarding the role of the HCA. Positive value of the HCA. RNs opposed to delegating to HCAs. Conflict regarding role of HCA.	Demonstrates the need for defined roles and competencies. Demonstrates the need for trusting relationships between RGNs and HCAs.
Reid (2004) Describes the approach taken to introduce and develop the role of the tissue viability nursing assistant role	3 Acute Hospitals	Demonstrates the advantages and disadvantages of trained HCAs and difficulties in maintaining boundaries.	Focused on the training of HCAs in a tissue viability role.
Spilsbury and Meyer (2004) A single case study design using mixed methods. Qualitative Interviews, observations and focus groups.	33 HCAs 70 RNs of different grades.	Focused on the informal negotiation of HCAs work within the workplace. Themes of misuse of the HCAs. RNs concerns regarding their role. Examples of RNs asking HCAs for guidance.	Focused on the relationships between RGNs and HCAs.
Hancock et al (2005) Qualitative design, using interviews. Thematic analysis	25 Nurses & Midwives. 6 women patients.	Re-occurring themes of the blurring of role boundaries. RNs fears of losing parts of their role. Concerns regarding responsibility. Highlighted the importance of trusting relationships.	Explored the impact of education on practice.
Keeney et al (2005) Qualitative Survey design.	Search 2 and Phenomenology	Re-occurring themes of recognizing the value of the trained HCAs, while some RNs reported contradictory concerns regarding the role of the trained HCA being detrimental to the RNs role.	Explored the perceptions of RNs, HCAs and patients towards trained HCAs.
Lloyd-Jones and Young (2005) Audit. Both acute and Community settings	128 questionnaires distributed. 102 returned	Recurring themes of HCAs performing tasks that are normally within the remit of the RN.	Focused on HCAs providing wound/PU care unsupervised, and the training/education they had received to perform these tasks.
Alcorn and Topping (2009) Qualitative approach using survey method, and a convenience sample.	219 RNs from directorate in one NHS trust.	Re-occurring themes of blurring roles between RNs and HCAs but could see differences. RNs fear of losing their role. RNs called for registration of HCAs	Explored the attitudes of RNs towards the role of the HCA.

when there are no clear guidelines regarding the role of the HCA.

Spilsbury and Meyer (2004) undertook a study in three phases to identify HCAs perceptions of their role, and to highlight any tensions between HCAs and RNs. A total of 33 HCAs took part in the study in the first phase. The second stage involved a purposive sample of 10 HCAs, who were observed in clinical practice for 220 hours, the purpose of which was to determine what their day-to-day tasks involve, the nature of their supervision, and to verify any tensions between HCAs and RNs. The final stage consisted of four focus groups with RNs of different grades working in different clinical areas in the hospital to gather their perspective of the HCA

role, supervision issues, and tensions. The findings of the focus group suggested dynamic patterns of use, misuse and non-use (sic) of HCAs.

Observation of HCA practice revealed that their work involved mainly care activities at the bedside, whereas the RN role was observed as moving away from the bedside to one that involves carrying out more technical duties. Some of the HCAs placed high regard on the delivery of bedside care and suggested that RNs might have changing perceptions on what might constitute important care for patients. HCAs perceived that their relationships with patients were different from those patient-RNs' relationships. For example, HCAs gathered a variety of information at the bedside, which was not always passed on,

and very much relied on the relationship between the HCA and RNs. Some RNs viewed HCAs as extra ears and eyes, while not all HCAs felt their knowledge was valued.

RNs admitted to asking HCAs to perform tasks outside the accepted HCA role, i.e. blood glucose testing, when training had not been provided, which usually occurred when the ward was busy. The responses indicated that HCAs were not rewarded for these extra duties, and when the ward was less busy, they were prevented from executing these tasks by the RN. HCAs were also responsible for the mentoring of newly qualified staff. There were also examples of RNs asking HCAs for advice and guidance, and HCA covering gaps in care. Spilsbury and Meyers' study highlighted that HCAs were being prevented from using skills that they possessed, and that RNs limited HCAs work even when the HCA was a trained dietician or phlebotomist. Overall Spilsbury and Meyers' research provided evidence of the complexities of the changing role of the HCA.

Hancock et al (2005) sought to evaluate the impact of a Development Programme for HCAs. For part one, data were gathered using semi structured interviews with four HCAs, eight of each of their colleagues and four patients. For part two, 12 HCAs were interviewed. Data were analysed following the principles of thematic analysis. Each HCA was assigned to an RN as mentor to facilitate working together, developing skills and competencies across a number of areas. The results showed that the HCAs had concerns regarding the changes to their role, however, the completion of the programme resulted in a sense of satisfaction and achievement. HCAs viewed the increased responsibility as part of their new role. Any concerns were balanced by an acceptance of responsibility, and a sense of reassurance about the support provided by the RN. Hancock and colleagues also found that patient dependency affected the level of input from HCAs, so that the more dependent the patient, the less they were involved in their care. Relationships between the HCAs and RNs influenced the HCAs' roles and appeared to be determined by the local experience of the HCA (in years). There remained a lack of clarity regarding the role of the HCA, in relation to what the HCAs could do, and the rationale upon which roles were allocated. Staffing levels resulted in

either, more or less, being carried out by the HCAs.

The HCAs reported both positive and negative views about the development of their role. Positive aspects included patient benefits and job satisfaction. However, they did express resistance by RNs to change. Negative comments included the right of patients to care provided by an RN. There was an overriding sense among the HCAs that if they were to develop their roles, they should be rewarded financially for doing so. RNs reported that they were happy to support the HCAs undertaking basic nursing care, however, many were reluctant to delegate core nursing activities, and they believed that HCAs should be under their direct supervision. This could be attributable to several issues including role boundaries, fear of losing part of their role and concerns about responsibility. Trust was central to the HCAs role, which was affected by their relationships with their colleagues. Those HCAs who consistently demonstrated their competence were more able to develop their role. In many cases, however, this did not happen. Rogers (1983) suggests that the need for power over others is based on a lack of trust and until trust is established, those in power will always feel it is their obligation to control. The findings of this study fuel the debate about the relationships between HCAs and RNs. The study highlights that while an educational programme brings benefits, the culture of an organization will affect the perceptions of both HCAs and RNs towards the role of the HCA.

Keeney et al (2005) explored how nurses, midwives and patients viewed trained HCAs in a sample of 25 nurses and midwives. The results showed that the majority of respondents (n=24, 96%) felt that trained HCAs provided valuable assistance to staff, allowing then more time for direct contact with patients. The data indicated that the RNs believed that they provided holistic care as opposed to the task-orientated care given by HCAs. The results also showed that 77.3% (n=17) of respondents indicated that nurses/midwives should be responsible for delegating tasks to HCAs, and concerns amongst nurses and midwives were that HCA training, delegation and supervision would impact on their time and their ability to carry out their day-to-day duties. In terms of patient perceptions, the results suggested that patients were happy with the care they had received from HCAs and expressed an opinion that they felt more confident knowing that the

HCA's had received training. Furthermore, results suggest that patients believed that the HCA's would not undertake a task that they were not qualified to perform. This study highlighted the importance of patient confidence in the person that is caring for them.

Alcorn and Topping (2009) used a questionnaire survey to elicit the views of RNs working within the NHS, regarding their responsibilities for HCA's in relation to delegation, development and accountability specifically. A convenience sample of 219 RN were included, which led to a 68% response rate (n=148). The results showed that 98% of RN felt that they were accountable for HCA's, and 91% of RN felt that HCA's should be registered. The majority of respondents (97%, n=144) felt that the development of HCA's should be supported, and (91%, n=135) agreed that the development of HCA's enhanced the nursing contribution to nursing care. Furthermore, most of the RN believed that their roles were quite different (90%, n=133).

ROLE OF THE TISSUE VIABILITY NURSING ASSISTANT AND HEALTHCARE ASSISTANT IN WOUND CARE

Reid (2004) developed a strategy for developing a tissue viability nursing assistant (TVNA) role at the University Hospitals of Leicester NHS Trust. Activities expected of the TVNA were classed as complex and non-routine. A Tissue Viability Nurse (TVN) was responsible for the training, education and assessment of the potential TVNA. Evaluation of the TVNA role centred primarily on the workload of the TVN, which included the types of patients seen and the time taken.

A positive impact was noticeable almost immediately after the introduction of the TVNA role which included; ability to communicate more effectively, impact on the service, and complete their assessments quickly, due to their prior knowledge of tissue viability. An increase in 50–70% in-patient visits were identified, and the impact of this resulted in the TVNAs time being spent more effectively, with more patients being seen, assessed and treated earlier. The TVNA also undertook the role of coordinator for the delivery, collection and maintenance of pressure relieving equipment. The authors reported that following the introduction of

the TVNA role there was a monthly cost saving of £800. Opinions of the wider Tissue Viability team indicated that they benefited from the appointment of the TVNA, feeling that they were able to function more as a team. The TVNs' perceptions of the TVNA role was that they had now been 'freed up' to make more appropriate use of their skills. However, there were potential challenges of possessing a good level of knowledge, but not the accountability to perform the task.

Lloyd-Jones and Young (2005) investigated the role of the HCA within two acute district general hospitals and one community setting in North Wales. The respondents were those working within a managerial role in both settings. The questionnaire comprised questions relating to a number of areas including; the role of the HCA within wound care, whether the HCA's were supervised by a RN, what guidelines or standards were in place, and if any of the HCA either held or were working towards their NVQ level 3. In total, 128 forms were distributed with an 80% response rate (n=102, 61 responses from the acute units, and 41 from the community setting).

The results showed that in the acute and community sectors 57% (n=35) and 83% (n=34) respondents respectively were responsible for dressing removal. With regards to wound cleansing there was quite a difference across the acute and community sectors, 18% (n=11) and 41% (n=17) respectively. There was a marked contrast with regards to dressing selection (13%, n=8 and 5%, n=2) and dressing replacement (70%, n=43 and 61%, n=25) in acute and community settings respectively.

As part of the same study 1,450 HCA's were sent a postal questionnaire to determine the range of tasks they were currently undertaking. In total, 486 (36%) questionnaires were returned. The results showed that HCA's from all clinical areas were performing wound care, often unsupervised. The data also showed that HCA's were responsible for caring for a wide variety of wounds, but only 78 (24%) had received training within the previous two years, and fewer reporting that they had any training (60%). Furthermore, within the community setting 59% (n=24) HCA's performed wound care unsupervised, with only 13% (n=8) HCA's being unsupervised in the acute setting. The importance

of this study was that it highlighted how untrained, unsupervised HCAs are performing wound care both in acute and community settings.

CONCLUSION

The overwhelming theme that emerged from the existing evidence was that RNs acknowledged the vital role HCAs play. However, this was juxtaposed with concerns RNs had about their own roles and the impact HCAs might have on their functions and responsibilities. One recurring theme was that RNs felt threatened by trained HCAs, which contradicted RNs reporting that there should be more training for HCAs. The studies also suggested a lack of structure related to the role of the HCA, and that HCAs are performing tasks outside of their expected roles — at times unsupervised, without necessary training. The evidence pointed towards the importance of trust as a vital component of working relationships, along with workplace culture. There was evidence examining the perceptions of patients regarding the role of the HCA. One study by Keeney et al (2005) identified that patients perceived HCAs as more visible and ready to help, however, when it came to medical procedures, patients preferred trained midwives to perform the task. These themes formed the basis of the aims of a research study using interpretive phenomenology to explore the perceptions of RNs and HCAs towards their roles and each other in a hospice setting. The specific research question was: What are the perceptions of RNs, HCAs, patients and relatives in relation to the provision of wound/pressure ulcer care by HCAs in a hospice setting? Part 2 of this article will present the results of the study.

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