

"The Role of Health Assistant in Nursing"

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Abstract:

Concerns regarding professional identity, patient acceptance, cost-effectiveness, patient safety and delegation, training and competence, and workforce development are prompted by the introduction of healthcare assistants (HCAs) into general practice. Limited research has been conducted on the function of HCAs and their experiences, as well as those of other personnel who collaborate with HCAs in the field of general practice. Insights can be gleaned from their operational efficacy and the role they play in hospital environments. Threats to professional identity and ambiguous and disputed role boundaries are brought to light by such research, which has repercussions for patient safety, collaboration, and the quality of care provided. This paper argues that it is not possible to presume that evidence transferred from hospital settings can be applied to the context of general practice.

Keywords: Health Assistant, Scope of Practice, Interdisciplinary Team, Patient Outcomes

المخلص:

إن الاهتمامات المتعلقة بالهوية المهنية، وقبول المريض، وفعالية التكلفة، وسلامة المرضى والتفويض، والتدريب والكفاءة، وتنمية القوى في الممارسة العامة. تم إجراء بحث محدود حول وظيفة (HCAs) العاملة، يتم دفعها من خلال إدخال مساعدي الرعاية الصحية في مجال الممارسة العامة. ويمكن استخلاص HCAs وخبراتهم، بالإضافة إلى تجارب الموظفين الآخرين الذين يتعاونون مع HCAs الرؤى من كفاءتها التشغيلية والدور الذي تلعبه في بيئات المستشفيات. يتم تسليط الضوء على التهديدات التي تتعرض لها الهوية المهنية وحدود الأدوار الغامضة والمتنازع عليها من خلال هذه الأبحاث، والتي لها تداعيات على سلامة المرضى والتعاون وجودة الرعاية المقدمة. تقول هذه الورقة أنه من غير الممكن افتراض أن الأدلة المنقولة من إعدادات المستشفى يمكن تطبيقها في سياق الممارسة العامة.

الكلمات المفتاحية: مساعد صحي، نطاق الممارسة، فريق متعدد التخصصات، نتائج المرضى

Introduction

The nursing sector in the healthcare system is encountering substantial obstacles in order to meet the future demand and address personnel shortages. The healthcare system is facing increased pressure due to rapid population aging and rising levels of chronic diseases, as well as more complex and severe illnesses. Nurses on the frontlines of healthcare delivery frequently express worries that rising workload requirements and scarce resources affect the quality of care and patient safety. Patient care is negatively affected by poor quality, delays, interruptions, incompleteness, or omissions in nursing care, mostly impacting personal care tasks like walking, cleanliness, and feeding. These issues are linked to inadequate teamwork, limited resources, and high nurse workloads. Less than ideal clinical results and patient discontent frequently occur.

A health assistant in nursing, alternatively referred to as a nurse aide, healthcare assistant, or nursing assistant, is an essential component of the healthcare staff. Under the guidance of licensed practical nurses (LPNs) or registered nurses (RNs), they administer direct patient care. Their principal responsibility is to support nurses and other healthcare practitioners in the provision of high-quality patient care across a range of healthcare environments, including but not limited to hospitals, nursing homes, clinics, and home healthcare agencies (Hasson, 2013).

In support of patient care, health assistants commonly execute a variety of duties. These duties include aiding with activities of daily living (ADLs) such as dressing, feeding, and cleansing, monitoring vital signs, facilitating mobility, and offering emotional support. Additionally, they may assist with fundamental medical procedures, communicate with patients and their families, maintain patient records, and ensure a clean and secure environment.

Often acting as a vital liaison between patients and the rest of the healthcare team, health assistants are instrumental in ensuring the safety, comfort, and overall welfare of patients. Their contributions are vital to the efficient operation of healthcare facilities and the provision of superior patient care, although the precise responsibilities they undertake may differ based on the healthcare environment and the requirements of the patients.

In general, health assistants fulfill an indispensable function by providing assistance to nurses and other healthcare practitioners as they deliver holistic treatment to patients. The substantial contributions of their diligence, empathy, and meticulousness to the comfort and welfare of patients in healthcare environments are undeniable (Brant, 2009).

The problem of the research:

- **Insufficient Acknowledgment:** Health assistants frequently perform auxiliary duties that may not be as formally acknowledged as those of other healthcare professionals. This absence of acknowledgment might also manifest in the way academic institutions and funding agencies prioritize research in domains deemed more prestigious or influential.
- **The intricacy of the Function:** Health assistants in nursing perform a multifaceted function that is subject to substantial variation contingent upon healthcare environment, patient demographics, and regulations governing scope of practice. It can be difficult to design research studies that convey the diversity and complexity of this role precisely.

Notwithstanding these obstacles, investigation into the function of health assistants in nursing is indispensable for advancing healthcare delivery, bolstering the professional growth of health assistants, and augmenting patient care. Healthcare organizations and academic institutions can enhance comprehension regarding the critical function of health assistants within the healthcare system by admitting these obstacles and placing emphasis on research in this domain.

The objectives of the research:

- Understanding role responsibilities in nursing practice. This includes identifying their activities, scope of practice, and relationship to other healthcare professionals.
- Examining the effects of health assistant treatments on patient outcomes, including satisfaction, quality of care, safety, and clinical results. Research may examine whether health assistants improve patient experiences and outcomes.
- Workforce Dynamics by Examining healthcare workforce dynamics and health assistant roles in interdisciplinary teams. Team communication, teamwork, role clarity, and task distribution are examined.
- Promoting Professional Development in Exploring nursing health assistant career progression opportunities. This may involve researching career paths, certification, specialization, and advanced practice responsibilities.
- Equity and Diversity in Examining health assistant workforce equity and diversity, including education, employment, and career advancement gaps. Research may examine healthcare worker diversity, equity, and inclusion strategies.

The aim of the research:

Aim of conducting research on the function of health assistants in nursing is to produce insights grounded in evidence that can guide initiatives related to education, policy, and practice. These insights should aim to improve the efficiency and effectiveness of healthcare delivery and maximize the value of health assistants' contributions to patient care.

The limitations of the research:

Generalizability: The applicability of research study findings to specific healthcare settings or populations of health assistants may be limited. Constraints regarding the scope of practice, variations in healthcare systems, and patient populations may impede the applicability of research results.

Bias and Confounding Factors: have the potential to undermine the validity of research findings when they manifest in study design, data collection, or analysis. In addition, variations in personnel levels or patient acuity, which are confounding variables, may impact outcomes and impede the ability to establish causal relationships.

Ethical Considerations: In order to safeguard patient safety, privacy, and confidentiality, research involving healthcare providers, including health auxiliaries, must conform to established ethical principles. Ethical implications pertaining to patient autonomy, informed consent, and possible conflicts of interest may present obstacles for investigations in this field.

Measurement Challenges: Due to the intricacies of providing health care and the wide range of variables that can affect patient care, determining the impact of health assistants on patient outcomes can be difficult. In order to assess clinical outcomes, patient satisfaction, and safety, it may be necessary to employ rigorous study designs and validated measurement instruments.

The terminologies of the research:

Health Assistant: is a healthcare professional who, under the supervision of registered nurses or licensed healthcare providers, provides direct care and support to patients. Nursing assistants, nurse aides, and health care assistants are additional names for them (McKenna, 2004).

Scope of Practice: The authorized range of duties, responsibilities, and tasks that health assistants are engaged in within the healthcare environment. Regulatory bodies define the scope of practice, which may change based on education, training, and licensure requirements, among other things.

Interdisciplinary Team: A collaborative healthcare is made up of experts from various fields, including nursing, medicine, allied health, and support services, among others. In conjunction with other members of the team, health assistants deliver all-encompassing treatment to patients (Spilsbury, 2004).

Patient Outcomes: The health status, well-being, and contentment with care of patients as a result or consequence of healthcare interventions. Clinical outcomes (such as rates of recovery and complications), functional outcomes (such as the capacity to perform activities of daily living), and quality of life indicators are all examples of patient outcomes.

Literature review

Health Assistant in Nursing: a Victorian health service pilot

The nursing profession within the health system of Australia is confronted with substantial obstacles in its efforts to meet forthcoming demands and address workforce shortages. It is anticipated that Australia will encounter a deficit of around 85,000 nurses by the year 2025. Increasing levels of chronic disease, malady severity, and complexity, in addition to a rapidly aging population, are placing a greater strain on the healthcare system. Nurses who are at the vanguard of healthcare provision consistently express apprehension regarding the potential consequences of escalating burden requirements and constrained resource accessibility on the standard of care provided to patients and their safety. As a result of ineffective teamwork, resource constraints, and nurse workload, patients' personal care requirements, including ambulation, hygiene, and nutrition, are frequently compromised by substandard, delayed, interrupted, incomplete, or absent nursing care. Frequently, this leads to suboptimal clinical outcomes and patient discontentment.

The procedure for co-developing the role and assessing the pilot program to implement the new HAN role in three distinct ward types across three sites of a single large metropolitan health care in Victoria are detailed in this study. The aforementioned position superseded and expanded upon a previous Constant Patient Observer (CPO) role, which was employed to oversee patients at high risk of falling. The CPO role was characterized by limited scope and quality of activities, inconsistent standards of practice, and high costs. The purpose of the HAN was to supplement the registered nurse workforce, not to replace it.

Without compromising nurse satisfaction or burden, this pilot indicates that the HAN role has the potential to contribute to increased patient safety and decreased costs in hospital care delivery. The approach taken during its implementation was crucial to the pilot's success. Potential for sustained cost savings became apparent in the acute care industry as a result of the reduction in patient accidents. The favorable outcomes of this pilot study lend credence to suggestions that the HAN's function be expanded within the acute sector as a financially efficient method to enhance patient outcomes and staff contentment (Davies, 2017).

Healthcare assistants in general practice

In (Bosley , 2088) study it Concerns regarding professional identity, patient acceptability, cost effectiveness, patient safety and delegation, training and competence, and workforce development are prompted by the introduction of healthcare assistants (HCAs) into general practice. Limited research has been conducted on the experiences of HCAs and other personnel who collaborate with them in general practice. In hospital settings, their role and evidence of their efficacy provide valuable lessons. Threats to professional identity and ambiguous and disputed role boundaries are brought to light by such research, which has repercussions for patient safety, collaboration, and the quality of care provided. This paper argues that it is not reasonable to presume that evidence transferable from hospital settings can be applied to general practice. The benefits and obstacles associated with the expansion of the HCA role in general practice are examined in light of the scant research in this area. Regarding evolving skill-mix models, it is proposed that adopting a fluid and dynamic perspective on roles is more beneficial and more reflective of individuals' experiences, as opposed to attempting to enforce rigid role boundaries. In summary, HCAs have the potential to augment the skill set in general practice in a growing manner; however, further investigation and assessment are required to guide their development and training as members of the general practice team.

The role of the health-care assistant in general practice

The health care assistant (HCA) function has emerged swiftly in general practice and has transpired sporadically throughout the United Kingdom; the specific duties and ethos of individual practices have influenced the HCA's role. At present, the scope of the HCA function is not regulated and there is a scarcity of published materials on the subject. The purpose of this research was to delineate the viewpoints of general practice colleagues regarding the HCA role, ascertain significant domains of agreement and disagreement among professionals regarding this role, and explicate the probable consequences of these factors on the trajectory and growth of HCAs. Utilizing focus groups and semi-structured interviews, the research employed a variety of qualitative methods and was situated within the general practices of a single primary categorical trust. In addition to interviews with GPs and practice managers, the study included unprofessional focus groups comprised of practice nurses, HCAs, and practice managers. Constant comparison was used to analyze the transcribed material in order to identify robust themes. The discussions among the participants centered on concerns pertaining to communication and collaboration, as well as the influence of practice-specific factors on the evolution of the HCA role. In addition, concerns regarding the evolution and organization of the HCA role sparked extensive discussion. The research findings indicate that the evolution of the HCA role in overall practice is inconsistent, and the role's effectiveness within a practice is contingent upon thorough readiness for its future trajectory and the extensive participation of team members in deliberations and determinations pertaining to the role (Brant, 2009).

Methodology

Healthcare assistants in hospital settings

In published research, the function and/or education of HCAs in hospital settings are emphasized. Regarding the nursing care skill blend, the literature identifies a number of tensions and concerns as well as the value of HCAs' contributions. It has been demonstrated that healthcare auxiliaries perform emotional support and practical nursing care, including bathing, while allowing nurses to focus on therapeutic duties, medication administration, and paperwork. When alleviated of these mundane duties, nurses are appreciative and frequently depend on healthcare assistants.

Through their hands-on patient care, healthcare assistants have the opportunity to develop more intimate connections with patients and acquire valuable patient information beyond that of nurses. Healthcare assistants frequently perceive minimal distinctions between their responsibilities and those of nurses, except for matters pertaining to medication administration, documentation, and professional responsibility. Socially negotiated and contingent upon culture and the relationship between healthcare assistants and nurses rather than primary care trust (PCT) policy or the willingness of individual healthcare assistants to assume responsibility, role boundaries are ambiguous. For instance, in periods of heightened burden and nurse scarcity, technical responsibilities may be delegated to healthcare assistants. However, once professional staffing levels are reinstated, these duties are retracted. It has been discovered that healthcare assistants exceeded their authority by conducting electrocardiogram tracings and systematic observations, monitoring blood glucose levels unsupervised, drawing blood and dressing incisions, administering medications unsupervised, and operating clinics without a nurse present. It has been discovered that, apart from these advanced clinical responsibilities, they also engage in informal instruction of nursing students and newly-certified nurses and communicate with physicians. For healthcare assistants, the dynamic character of the position may be both beneficial and troublesome. Engaging in activities that they perceive as lacking sufficient training for can induce significant distress and potentially jeopardize the safety of patients and the standards of quality (Bojke, 2012).

Boundary disputes and professional identity

The nursing profession is currently facing potential challenges due to the expansion of healthcare assistant responsibilities beyond the scope of traditional nursing and the assumption of medical duties by nurses. Nurses establish their professional identity by providing comprehensive, patient-focused care, which they differentiate from the task-oriented approach that they associate with healthcare assistants. Nonetheless, numerous healthcare assistants dispute this differentiation, as they engage in patient interactions and establish connections in a manner that nurses are progressively unable to replicate. "Rolle deprivation" is a term used by nurses to describe the loss of patient relationships and hands-on

care. Certain individuals safeguard their professional identity by regarding healthcare assistants as subordinates, emphasizing their professional credentials, and invoking professional accountability and their expertise as justification for an alternative approach to tasks that healthcare assistants also perform. The experience, skills, and knowledge of healthcare assistants regarding the local community and organizations may be undervalued by nurses, who may also limit their participation in more advanced activities. There is evidence that healthcare assistants engage in boundary-work, despite their relatively weaker position, by exerting influence over inexperienced staff and, depending on their relationship with specific nurses, deciding whether to share or suppress patient and organizational knowledge. Such activities hinder the provision of effective patient care and hinder collaboration (McKenna, 2005). The transferability of evidence regarding the function of healthcare assistants from hospital settings to general practice is hindered by contextual and activity-based differences. Acute hospitals are less business-oriented and more community-oriented than general practices. Despite the fact that practices are apt to have vastly different cultures, teams are more cohesive and stable. The likelihood that support personnel reside and are well-known in the communities they serve is higher. The NHS Working in Partnership Programme and a few small-scale studies suggest that certain general practices appoint healthcare assistants from among their current reception, administrative, or clerical staff, as opposed to recruiting individuals with clinical support experience, despite the paucity of research on this subject. It is probable that duties differ among practices and are predominantly established by the practice nurses or delegating general practitioners.

Within the realm of general practice, healthcare assistants are frequently instructed in the execution of particular clinical procedures. These procedures encompass health promotion, urinalysis, weight and height documentation, ordering supplies, sterilising equipment, and phlebotomy. Some healthcare assistants and receptionists are employed in the same practice. Nonetheless, such overt conflation of functions may cause patients to become perplexed and undermine their faith in the competence of healthcare assistants. Individuals who have established, reliable connections with their general practitioner and practice nurse may experience apprehension or difficulty distinguishing between the responsibilities of a healthcare assistant and those of a healthcare assistant. Conversely, healthcare assistants may experience feelings of isolation in the absence of support and interaction from their hospital counterparts (Ramprogus, 2002).

Healthcare assistants in general practice

The scarcity of evidence regarding the effects of healthcare assistants in general practice in the United Kingdom reflects the relative novelty of this position. Five studies that examined the role or training of healthcare assistants were identified through an exhaustive review of the literature. Additionally, a rapid

review was conducted to assess the role and impact of nurses and healthcare assistants in general practice. At the present time, only one study has been published that specifically examines healthcare assistants." The aforementioned evidence suggests that healthcare assistants have the potential to enhance patient care. However, it also gives rise to concerns regarding the primary workforce's development, acceptability and cost-effectiveness, patient safety and delegation, training and competence, and patient safety and delegation (Hancock, 2006).

Healthcare assistants, according to the majority of practice managers and nurses, provide significant advantages to their organizations, such as shorter wait times, more convenient appointment scheduling, and additional time for highly qualified personnel to attend to patients with complex needs, including palliative care, mental health, and long-term conditions. Extended GP consultation periods and continuity of care may be facilitated by healthcare assistants. Additionally, they might be responsible for preliminary patient screening and the collection of patient data to fulfill the Quality Outcomes Framework (QOF) requirements. Healthcare assistants could provide smoking cessation, diet, and exercise recommendations, according to practice managers. Conversely, nurses and healthcare assistants reached a consensus that the responsibilities of healthcare assistants could encompass tasks such as dressing changes and blood pressure monitoring. Healthcare assistants, who are well-rooted in their respective local communities, might possess a more comprehensive comprehension of the cultural and social milieu of their patients in comparison to general practitioners and nurses who do not reside in the same vicinity. The utilization of these cultural and social assets is advantageous for fostering rapport and communication with patients, as well as establishing their trust (British Association of Critical Care Nurses, 2003).

CONCLUSIONS

According to research conducted in hospital settings, medical assistants contribute significantly to patient care. Research findings also indicate that healthcare assistants frequently exceed their designated duties, that the line between the roles of assistant and nurse is not well defined, that both professions employ boundary-working strategies to safeguard or expand their respective functions, and that the evolution of the healthcare assistant role poses a challenge to the professional identity of nurses. These concerns may also apply to general practice, as they affect patient safety, quality of care, and collaboration. Nevertheless, transferability cannot be presumed due to variations in context, culture, and the responsibilities of a healthcare assistant. Notwithstanding the scarcity of evidence regarding the impact or efficacy of healthcare assistants, general practice is advancing the role.

The aforementioned research, which is scarce and predominantly unpublished, suggests that the utilization of healthcare assistants in general practice could potentially decrease waiting times, facilitate appointment accessibility, and free up more highly qualified personnel to attend to patients with complex conditions and long-term ailments. A variety of factors may influence the suitability of incorporating the healthcare assistant role into general practice. These include patient demand, the practice's existing skill set, the attitudes of both patients and staff, the practice's culture and ethos, and the availability of personnel, time, and financial resources to invest in suitable training, guidance and oversight. The emergence of the healthcare assistant function is inextricably linked to broader concerns regarding the transformation of the skill mix in primary care. The concept of rigid role boundaries is losing relevance in general practice due to the potential for flexibility to enhance care quality and facilitate professional growth for personnel with limited credentials, who have historically had very few opportunities for advancement. While evaluating skill blend, the notion of "role" might hold greater significance than "job title." The term "role" designates a social position for the healthcare practitioner, who carries out a collection of responsibilities within a network of connections and exhibits a set of distinctive conduct. Facilitating dynamic, adaptable roles while minimizing boundary work and safeguarding patient safety constitutes a challenge. Fostering trust among staff groups, challenging unsuitable hierarchical structures to facilitate knowledge sharing and support for team members, recognizing the strengths and weaknesses of team members, ensuring timely and relevant training, and providing fair compensation for assuming responsibilities are all supportive conditions. One way to preserve occupational identities is to highlight the values and philosophical stances of various healthcare personnel. Nonetheless, these concepts require additional research, perhaps through a comparison of skill-mix models in various contexts, with professional and practice culture taken into consideration. This inquiry would ascertain and examine matters that are significant to both personnel and patients, while also creating frameworks that guide and supplement efficient modifications to the skill set, training, and regulation.

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