Greater clarity in roles needed

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The position of healthcare assistant (HCA) was introduced to assist registered professionals deliver patient care. However, since it conception, it has been subject to modification for a number of reasons (Stokes and Warden, 2004; Spilsbury and Meyer, 2005). Drivers for change, including amendments to preregistration nurse training (UKCC 1986) and modifications in the organization and delivery of nursing care (Department of Health (DH), 1999a; 2000; 2004), have all lead to the expansion of the role. Consequently, tasks that historically have been viewed within the registered and student nurse remit (Royal College of Nursing (RCN), 2003; DH, 2004; Watson, 2007; Hoban, 2008) are now being routinely undertaken by HCAs. This has occurred to the extent that reports have suggested that HCAs are replacing registered nurses (Bach et al, 2008; Kessler et al, 2010). Despite calls to standardize the HCA role, to date there are no nationally agreed guidelines. As a consequence, the development of the role has occurred in an ad-hoc way, resulting in a lack of uniformity as to the title, role and function on both a national and regional scale.

This lack of clarity is a continuing grey area that can be viewed by some as a key benefit. It allows flexibility to respond to service needs and the potential to create new role opportunities that evolve from localized, bottom-up developments. However, such advantages must be balanced against practical and professional challenges. For example, on a practical level, role ambiguity has the potential to lead to HCAs being exploited to undertake more tasks and responsibilities in areas where the registered practitioner can be replaced. For HCAs, this may result in pressure to develop new skills and competencies, an erosion of patient contact time and the potential of being asked to do two jobs without any formal recognition or remuneration.

Blurred roles can also result in inappropriate delegation by registered staff, causing HCAs to feel morally pressurized to undertake tasks which are beyond their competence and skill level (Oldfield 2009). This does, however, provide opportunities for some willing HCAs to perform tasks beyond their remit, without the registered professional’s knowledge (Thorley 2000; Kessler et al, 2010). For example, ongoing research by Hasson et al (2011) is finding that nursing auxiliaries and HCAs across different clinical sites are involved in day-to-day teaching and mentoring of preregistration nursing students. While respondents reported that many of these staff members assumed this role unofficially, others stated that it was undertaken with the direct approval of management. The delegation of such duties was found to be based mainly on the number of years in employment, not on a review of the skills and competencies of the HCA. For some, their involvement in mentoring may seem a natural progression of their role. This is based on the view that they are responsible for the majority of direct patient care and spend considerable amounts of time with students in the clinical setting. However, it has both positive and negative implications on the clinical learning experience of students and on the recognition, workload and responsibility of the HCAs.

On a professional level, the blurring in role demarcations impacts on the professional accountability for registered nurses. It also results in fragmented training and development for HCAs, as well as the potential to pose a significant risk to patient care (McKenna, 2004). It also has repercussions for team working and has been identified as a source of role conflict, strain and burnout among staff members (Hall, 2005). It is therefore unsurprising that tensions have been reported between HCAs, registered nurses (Spilsbury and Meyer, 2005; Petrova et al, 2010) and students (Wakefield, 2000; Hasson et al, 2011) with regard to roles and professional identity. As can be seen from these literature sources, these contentious issues have been around for a long time. It would seem we are no closer to seeking a resolution. To not do so is unfair on HCAs, registered nurses, students and patients.

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