A study investigating the perceptions of staff, patients and relatives in relation to healthcare assistants performing wound care in a hospice setting

KEY WORDS
- Wound dressings
- Healthcare assistant
- Patients
- Perceptions
- Workforce

This small research study follows on from a narrative review published in the previous issue of *Wounds UK*, which found that increasing numbers of healthcare assistants (HCAs), assistant practitioners (APs) and nursing associates are delivering aspects of wound care which historically have been within the remit of the registered nurse (Cornish and Holloway, 2019). This study aimed to ascertain the perceptions of patients, families and staff regarding the delivery of wound care by non-registered nursing staff in a hospice setting. A survey, using mixed methods (interviews, questionnaires, and observations), was undertaken to establish whether this way of working was found to be constructive. Participants were selected from two separate in-patient units (IPUs). Our findings demonstrated that the delivery of wound care by HCAs and APs was accepted by patients and their relatives as well as trained staff in a positive way. The findings also provided evidence that competently trained non-registered staff can deliver wound care effectively and safely.

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In 2014, St Margaret's Hospices' nursing team identified that improvements to the delivery of wound care on the in-patient units IPUs could be facilitated by a change in who was responsible for this aspect of patient care. The aim was to provide wound care at a time and place convenient to patients and their families, and to avoid delays in treatment by not having to wait for a trained practitioner. To do so, all existing staff, including registered nurses (RNs) and healthcare assistants/assistant practitioners (HCAs/APs) needed to be trained to the same level. The change in practice would have to be implemented without causing distress to patients, their families, and also without causing discord amongst the workforce.

EXTENDED ROLES FOR HCAS AND APS

Previous research demonstrated that the introduction of extended roles for HCAs/APs can cause workforce confusion and discord, with some RNs feeling reluctant to delegate tasks viewed as those of an RN (Spilsbury and Meyer, 2004), effectively limiting the work of these individuals. Duffin (2001) and Lloyd-Jones and Young (2005) demonstrated that HCAs/APs are performing wound care, often unsupervised, and without the correct training and support. There was an inference that a lack of role clarity can cause friction and anxiety between registered and non-registered nurses, something which was identified in a study by Bowman (2003) who like Spilsbury and Meyer (2004), reported that some RNs were opposed to delegating nursing tasks to HCAs. Bowman also referred to confusion regarding the title and role of HCAs. However, in contrast, Pearcy (2000) previously reported that the majority of RNs did not perceive a problem with the expanding role of the HCA, including deciding on pressure ulcer treatment and dressing choice which are generally viewed as being the responsibility of RNs. However, in Pearcy's study (2000) it was noted that RGNs did have concerns for their own role and duties with the expanding role of the HCA.

A further study conducted by Hancock (2004) sought to evaluate the impact of a HCA Development Programme, HCAs were assigned an RGN as mentor developing skills and competencies

in the identified areas. Hancock's study (2015) showed that HCAs did have initial concerns regarding changes to their roles. HCAs reported both negative and positive views regarding their role development. RGNs in Hancock's study continued to believe that HCAs should be under their direct supervision (Hancock et al, 2015).

Reid (2004) developed a strategy for developing a tissue viability nursing assistant (TVNA), and activities that would be expected of the TVNAs were classed as complex and non-routine. A tissue viability specialist was responsible for the training and education. A positive impact was noticeable almost immediately, which included cost savings and the TVS being freed up to make more appropriate use of their skills.

Research carried out by Keeney et al (2005) explored how nurses, midwives and patients viewed trained HCAs. Data extracted from Keeney's study demonstrated that although the extended role of the HCA was viewed as positive, nurses believed that they provided holistic care as opposed to the task orientated care given by HCAs. Keeney's study once again provided evidence that the extended role of the HCA was again perceived to cause difficulties which related to trained HCAs being a threat.

The continued confusion regarding roles, responsibilities and accountability was further demonstrated in a study undertaken by Alcorn and Topping (2009), whereby RGNs continued to feel accountable for HCAs. In Alcorn and Topping's study 135 of the participants (91%) stated that the extended role of the HCA did enhance the nursing contribution, and very few RGNs (23) (28%) felt that the development of the HCAs would result in loss of patient contact for RGNs. Overall these studies highlight existing tensions concerning extending the role of HCAs, and how the acceptability of the extended HCA role can result in discord.

In 2014, a change in the way wound care was delivered within the hospice where the author works was introduced. This meant that following a jointly delivered programme of mandatory education and training, RNs and HCAs/APs became equally responsible for the provision of wound care. This study presents the findings of a review of the implementation of this new way of working.

METHOD

A mixed-method descriptive, observational study was conducted between the months of March – July 2017, in a hospice in the South-West of England. The data collection methods included; interviews, questionnaires and observations, with a purposeful sample of patients (n=5), relatives (n=5) and members of staff (n=68) ranging from Band 2 to Band 7. The aim and objectives of the study were to investigate the perceptions of patients, families and staff regarding the delivery of wound care by non-registered nursing staff in a hospice setting. The study also sought to identify how this approach to wound care had impacted on the patient experience, as well as workforce relationships and efficiency.

Inclusion criteria were that patients should be receiving treatment for a wound/pressure ulcer. Participants had to be over the age of 18, and able to give informed written consent and communicate their perspectives. With regards to the relatives, inclusion criteria were that they could give informed written consent, were over 18, and able to communicate their perspectives. Staff inclusion criteria included all RGNs and HCAs who could give written consent to take part. Exclusion criteria included patients who were unable to communicate their perspectives, and who were not receiving treatment for a wound or pressure ulcer. Exclusion criteria for relatives included those who were not cognitively able to take part in the research. Staff who were not either a RGN or HCA were also excluded from the study.

Ethical approval was sought and gained from the local Research and Ethics Committee (reference no: 17/SW0053). Full Health Research Authority approval was not required as the research would not be undertaken in a National Health organisation.

DATA COLLECTION METHODS

The study included three methods of data collection: interviews, questionnaires, and observation to identify how staff genuinely felt regarding the new strategy of providing wound care, both from a staff, patient and organisational perspective. Members of staff (n=68) were asked to complete semi-structured questionnaires. In addition, relatives of patients who were receiving wound care at that time were also asked to complete a questionnaire (n=5) *(Table 1)*.

Table 1. Subjects explored in the questionnaires	
Staff questionnaire topics	**Relative questionnare topics**
HCA autonomy	Roles of RGNs and HCAs
Education	Who performed wound care more frequently
Ward-based training	Do you feel involved and informed
Impact on ward efficiency	Did you receive PU prevention information
Competency of staff	What is your experience of the provision of wound care
Impact on number of hospice-acquired pressure ulcers	How does this compare with past experiences
Any changes needed	

Two RNs and two HCAs (one RN and one HCA from each IPU) were consecutively chosen, using a simple random sample technique whereby all staff (n-68) were allocated a number, and corresponding numbers were placed into a box, and chosen by an impartial and unconnected individual. These four members of staff then consented to be interviewed. Five patients and two relatives were also interviewed. All interviews were semi-structured and audio-recorded to facilitate data collection. Interviews lasted from 51–70 minutes.

Lastly, observations were conducted on both IPUs, the purpose of which was to observe RGNs and HCAs working relationships when delivering wound care, how this impacted on patient care and the psychological wellbeing of patients and their families. Also to ascertain if there were any differences/comparison in the delivery of wound care between RGNs and HCAs. These observations were undertaken for a full working shift on each IPU, from 07.30am–15.00pm. This was considered to be the optimum time of day, as most patients preferred their wound care to be performed post personal care in the morning. Staff were informed that they would be observed at some stage, but not informed on which day, thus encouraging normal working patterns/behaviours. Staff were also quite familiar with the researcher working on the IPUs, therefore any prempting of being observed should have been minimised.

DATA ANALYSIS

An interpretive-phenomenological (Reid, 2005) approach was used to analyse the data from the interviews. This enabled the researcher to describe and understand participants' experiences and to explore existing themes.

The data from the questionnaires were entered into a spreadsheet using Microsoft Excel. Descriptive statistics and frequencies of the findings were presented in the form of tables,charts and graphs. Observational data was documented in the form of field notes, a summary of which is presented in the results section of this study.

RESULTS

Patient interviews

Patient-participants (n=5) included two males and three females with an age range of 50-65. Data from the interviews generated 7 superordinate themes, with 23 associated subthemes *(Table 2)*.

All five patient-participants stated that they had no interest in pressure ulcer prevention on admission and held feelings of information overload. All five respondents reported a realisation after time that their wounds/pressure ulcers could be improved or healed which lead to them engaging with staff and taking control of their wound/pressure ulcers regimens.

Five patients reported that there was no difference in the provision of wound care regardless of who delivered it, and no patient reported preferences for either RNs or HCAs/APs. All five respondents reported that both RNs, APs/HCAs appeared equally knowledgeable and able to answer their questions without direction. Five respondents reported that RNs and HCAs/APs worked as a team to deliver wound care. HCAs/APs and RGNs would discuss the wound with no one individual taking the lead. Narratives from patient interviews included: *"There*

Table 2. The patients' perspective	
Patients' superordinate themes	**Patients' subthemes**
Information	Lack of understanding Information overload Not caring Part of being ill Becoming aware
Role of RGNs and HCAs	Difficulties distinguishing grades No differences noticed Ask each other
Visibility/availability of staff	Answering call bells Performing wound care No concerns Approachability
Accommodating needs	Dressing comfort The setting Timing Staff
Relationships	Patient-centred care Taking an active role Staff relationships
Previous experiences of wound care	Poor care Staff shortages
Present experiences of wound care	High standard of care Trust Friendships

doesn't seem to be one that takes charge, they pick each other brains".

No participant reported concerns with regards to HCAs/APs performing wound care.

When discussing visibility and availability of staff, all five respondents reported that HCAs answered bells more often and tended to perform most of the care. All five participants stated that all staff seem friendly and approachable at all times.

All five participants had spent time in the hospice previously. When asked about their current experience of wound care provision, they reported that they had noticed an improvement in several aspects of care, in comparison to other environments where they had previously received care. When discussing previous experiences with other healthcare providers, all five participants spoke of receiving 'poor care'. Participants justified this by stating issues such as staff shortages, with staff being "too busy to attend". Narratives from patient participant interviews included: *"I didn't want to come here, but I wouldn't be frightened to come again. My pressure ulcer has healed now, no more pain".*

The results from patient interviews provided evidence that their perceptions were that RNs, APs/HCAs were equally competent in the provision of wound care. Participant narratives also indicated that HCAs/APs, and RNs worked together as a team when delivering wound care: *"They don't do anything any different. They all do it the same I think". "They talk about my PU with each other when they're doing it, they do it together. I haven't noticed anyone being boss". "There doesn't seem to be one that takes charge, they pick each others' brains".*

RELATIVE INTERVIEWS

While the number of relative-participants is small, the data from the transcripts generated four superordinate themes, and eight subthemes *(Table 3).*

Both relative-participants reported reading the pressure ulcer prevention information on admission and that they found it clear and easy to understand. However, the difference in roles seemed to cause

Table 3. The relatives' perspective	
Relatives' superordinate themes	**Relatives' subthemes**
Information	Informative Easy to understand
The role of the RGN and HCA	Recognising uniforms Differences in roles
Delivery of wound/pressure ulcer care	Involement Timing
Present experiences	Care provision Equipment

confusion, with relatives stating: *"I didn't have a clue who was who, but you soon get to know them well, they all seemed so knowledgeable, whatever their grade".*

Participants also discussed the delivery of wound care, stating that it seemed to be to a high standard, regardless of who undertook the task. Relatives reported feeling involved and welcomed the opportunities to give their opinions. The timing of wound care was also important to both relative-participants with narratives from the interviews stating: *"I was surprised because in hospital you just have to do things when they come, but here they will go away and come back to do it".*

These quotes demonstrate that staff accommodated both patient and relatives' needs by performing wound care when/where and how patients and relatives preferred.

During the interviews, both relatives discussed how when they asked 'lots of questions' regarding their relatives' wound/PU that any of the nursing staff were suitably confident and competent to answer their questions and put their mind at ease. Results from the relatives' interviews suggested that the standard of care, knowledge and skills was perceived as equal and patient-centred, regardless of who performed the wound care.

RELATIVE QUESTIONNAIRES RESULTS

Five respondents completed the questionnaire. Relatives spoke of how knowledgeable all staff were, with no perceived differences between the different staff grades. They also spoke of how the care seemed holistic and patient-centred and that they felt involved in their relatives' wound management. Four relatives reported that they assumed that the HCAs/APs "were trained to deliver wound care, otherwise they would not be doing it". All five respondents reported that they felt the standard of wound care was higher than they had previously experienced in other healthcare settings.

HCA/AP INTERVIEW TRANSCRIPTS

Participants expressed initial concerns regarding responsibility and accountability *(Table 4)*. Participants were initially apprehensive regarding 'getting things wrong' and completing documentation using the correct terminology. Participants stated that any initial concerns dissipated after the joint education and training, which they reported as raising their confidence. The participants also stated that they believed that there were no differences in the delivery of wound care between themselves and the RNs: *"I don't really see any differences; we all do the same job to the same standard".*

All participants reported that they were satisfied with their level of autonomy, believing that the RNs respected their knowledge and skills, which helped them to work in their extended role. HCAs/APs stated that the RNs trusted them to undertake wound care tasks as equals and some RNs would ask for their opinion/advice. There was a belief amongst the participants that everyone worked as one team. Some HCAs/APs reported that new RNs displayed some resentment towards the HCAs/APs' extended role; however, their opinions changed over time and, like the longer-serving RNs, became accustomed to HCAs/APs delivering wound care.

Regarding the impact on patients and relatives, both participants stated that they felt that the QoL of patients and relatives had improved with the new strategy; reporting that dressings were done when, where and how patients/relatives wished and that patients were not kept waiting. Participants reported that they believed that because they were

Table 4. HCA/APs' perspective	
HCA/APs' superordinate themes	**HCA/APs subthemes**
Concerns	Accountability Getting it right Documentation
Role differences	Capabilities Autonomy Frequency of performing wound care
Education	Study days Ward based training Joint learning
Working relationships	Respect Trust Joint working
Impact on patients and relatives	Quality of life Wound healing

Table 5. RNs' perspective	
RN superordinate themes	**RN subthemes**
Concerns	Accountability
Role differences	Capabilities HCA autonomy Frequency
Education	Study days Ward based resources Joint learning
Working relationships	Respect Trust Team working
Impact on patients and relatives	Quality of life Wound healing

more knowledgeable, the incidence of avoidable pressure ulcers would decrease (which audits seem to confirm).

RNS' INTERVIEW TRANSCRIPTS

Analysis of the data from the RNs identified five superordinate themes, which were identical with the HCA/AP's superordinate themes, and twelve subthemes emerged *(Table 5)*.

Two RN participants reported initial concerns regarding accountability and role dilution/erosion. These initial concerns appeared to dissipate with time, with both RNs reporting that they trusted the HCA/AP to undertake all aspects of wound care unsupervised. The RN participants reported that there were no differences between the grades regarding the delivery of wound care, although RNs from one of the IPUs stated that they would ask to see complex wounds, but stated that this was not a reflection of their confidence in the HCAs/APs, but that it made handing over to doctors easier.

RNs also reported that HCAs/APs reported back to them after dressing wounds, and documented correctly, which was important to them. As with the HCA/AP participants, the RNs believed that the joint education and training had increased everyone's knowledge and skills which resulted in mutual respect, confidence and trust within the workforce. The RNs spoke of working as a team and helping each other as required for the benefit of the patient. RN participants also believed that patient care had improved along with QoL for patients and relatives, for the same reasons as the HCA/AP participants. The view of the RNs was that because wound care was delivered as required, factors which affect healing such as infection, maceration and exudate could be managed more effectively.

RN AND HCA/AP QUESTIONNAIRE RESULTS

Forty-five members of staff, representing 55% of RNs, and 70% of HCAs, responded to the questionnaire.

The findings identified a small number of staff were initially concerned about increasing the autonomy of wound care practice of the HCAs (n=6 RNs and n=14 HCAs/APs respectively). However, the majority of the sample reported that they no longer had concerns (n=44).

All respondents reported that the education and training they had received had equipped them to deliver wound care to the required standard. Respondents also stated that the autonomy of the

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HCAs/APs was of benefit to the patients and relatives, with care being given as required, and that RNs were free to perform duties that remain within the remit of RNs. All respondents reported that the strategy had positively impacted on the efficiency on the IPUs and pressure ulcer statistics and stated that they would not wish to return to what they called 'the old way of working.'

OBSERVATIONAL STUDY

Observational studies were undertaken on both IPUs. Slight differences in practice were observed; for example, it was observed on IPU A that some RNs would ask to see complex wounds if HCAs/APs were delivering wound care. This observation was previously noted in the staff interviews. Whilst observations on IPU B it was noted that HCAs/APs delivered wound care and then reported back to the RN. RNs did not routinely ask to see wounds. Both RNs, HCAs/APs checked with each other that documentation had been completed on both IPUs.

Observations on both IPUs revealed that RNs and HCAs/APs discussed patients' wounds, with mutual respect, with clear exchanges of views and opinions. It appeared that wound care was delivered equally competently, regardless of the individual's grade.

DISCUSSION

This study sought to ascertain the perceptions of staff, patients and relatives towards HCAs providing wound care. The results provided evidence to suggest that RNs/HCAs/APs can work to the same level in relation to the practical aspects of the delivery of wound care, it was evident from the observations, staff interviews and surveys that some individuals were more confident than others, however, this did not relate to the individual's grade. The relatives comments led to a change in the way information was given to patients and families on admission, to ensure that they were aware of the role of the HCAs/APs.

Evidence from previous studies suggested that the extended role of the HCA/AP may result in RNs feeling that their role and position was at risk and resulted in strained workplace relationships (Bowman et al 2003;Spilsbury and Meyer 2004;Hancock et al 2005;Keeney et al 2005). However, this was not reflected in the findings of the current study which showed that the new approach worked well within the hospice setting,

It was difficult to identify what training HCAs/APs received, or how it was delivered from previous studies. The results of the current study indicated that the joint training and education played a significant part in the acceptance of the extended role of the HCA, and the implementation and success of the new strategy.

The roles, responsibilities and accountability of HCAs and RGNs was very clearly defined within the new strategy that was investigated in this study. Data extracted from surveys and interviews demonstrated that any initial fears regarding boundaries and accountability were absent when the study was conducted

A strength of this study was the implementation of multiple data collection methods, which corroborated each other adding depth and quality to the study. A further strength was that all participants were receiving wound care at the time, therefore they were able to report on theircurrent experience which provided more validity to the findings. It is acknowledged that a limitations to the study is the small number of patient and relative participants therefore it is difficult to generalise too widely from the findings.

CONCLUSIONS

This research study examined the expanded responsibilities of HCAs to deliver wound care in a hospice setting. Previous research on this topic provided evidence of the complexities of introducing extended HCA/AP roles without causing discord, as found in earlier studies (Pearcy 2000;Bowman et al 2003;Hancock 2004;Spilsbury and Meyer 2004;Keeney et al 2005;Lloyd-Jones and Young 2005;Alcorn and Topping 2009). The current study provided a good level of evidence that with the correct education, training, implementation, and culture, it is possible for HCAs/APs to deliver wound care, without detriment to patients, relatives and workplace relationships, with RNs trusting the HCA/AP to undertake all aspects of wound care unsupervised. It is hoped that this study will encourage further research within this field and within different healthcare environments, which would assist in ascertaining if this strategy could be beneficial in other healthcare settings. WUK