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Elements that affect the relationship between registered nurses and healthcare assistants: A review of the literature

Jason Alcorn[1]
University of Huddersfield

Abstract

This paper reports on a literature review seeking to define what research states are the elements of the relationship between registered nurses and healthcare assistants (HCA). Registered nurses and HCAs have worked in partnership, caring for patients for over 100 years. Governmental policy regarding healthcare has attempted to shape their respective development, which will affect their relationship. However, there has been little research into this relationship area or how it affects patient care.

The databases, CINAHL, MEDLINE, Embase, PsycINFO, BNI, and HMIC were searched, including a footnote and internet search using the keywords, healthcare assistants, registered nurse and relationship. These were expanded to cover local and international variations. Studies published between 1995 and 2009 were included if they were reported in English. The information was synthesised using guidelines developed by Polit and Beck (2008).

Only six studies met the inclusion criteria. The following headings were used to group the findings, these are: interdependence and power, role understanding and patient care. Wide ranging outcomes were seen, showing healthcare assistants on a continuum from liabilities to helpers who gave good care (Orne et al., 1998).

Many elements affect the relationship between registered nurses and healthcare assistants. None of the studies looked solely at the relationship, elements. The research showed that if HCAs were trained and prepared, then they had good relationships with registered nurses.

[1] Email: Jason.alcorn@midyorks.nhs.uk

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Introduction

Much of the research literature concentrates on the nursing contribution to care, development, nursing outcomes, or multi disciplinary relationships. Very little research examines relationships between two of the most important groups delivering patient care - registered nurses and the healthcare assistants. This review will critically examine the literature for the elements that make up and affect this relationship. An initial examination of the literature found that the elements can be grouped into: interdependence and power; the role understanding; and patient care. It is important for this review to bring together the research and to establish the relationship elements to enable the nursing workforce to realise high quality patient care.

Background

As early as 1919,with the passing of the Nurses Registration Act, nursing was defined into two groups, those who had undertaken some form of hospital training became registered nurses and those who had not,became unregistered nursing assistants (Baly, 1995).

Recently, the Department of Health (DH) made recommendations in the paper, 'The New NHS: Modern and Dependable' (DH, 1997), for a support worker that could work across traditional boundaries. The nursing strategy was then outlined in, 'Making a Difference' (DH, 1999), which officially recognised the healthcare assistant as an integral part of the workforce and included them in national negotiations on pay and service. This suggested that the two nursing groups would work together on a higher level. Another of the main drivers behind the rise and development of the healthcare assistant role is the government's paper, 'The NHS Plan: a Plan for Investment, a Plan for Reform' (DH, 2000). Contained within this paper are recommendations primarily aimed at the critical care services, but have wider implications for other healthcare services. Recommendations were that provider units have a more flexible approach to staffing and the delegation of some skilled and non-clinical tasks to support staff, a view

supported by the Audit Commission (1999). 'Agenda for Change' (DH, 2003), has the same intention of allowing healthcare assistants to develop their skills to take on more nursing tasks under the supervision of registered nurses. This helps both groups work together through co-operation and collaboration, although controversially one group can be seen to be giving up parts of their profession. Through these governmental policies there appears to have been a lack of thought and understanding of what effect these policies would have on the relationship between registered nurses and healthcare assistants, and how, through the implementation of these policies, the relationship would develop.

Robertson (2007) found that many registered nurses felt threatened through workforce changes and developments with healthcare assistants. Also, there are developments for the registered nurses. Whilst the USA, New Zealand and Australia have had an all degree profession for some years, the UK is now aiming for an all graduate profession by 2013. This has implications for future HCA developments, as currently a NVQ level 3 allows entry to registered nurse education programs, it will not be enough in the future. Ramprogus and O'Brien (2002) argue that the perceived threat may be due to registered nurses working in different ways, and at higher levels as they take on higher order tasks. By taking on these higher order tasks it has led to an exacerbation of nurse shortages at lower levels. This shortage may also be partly due to poor workforce planning which in turn affected the low commissioning rates for nurse training places in the 1990's and 2000's, leading to the adoption of more flexible and ingenious ways of staffing clinical areas, including the employing of healthcare assistants on varying pay bands. Registered nurses have felt that healthcare assistants are taking over their role by unintentional stealth through managerial decisions (Thornley, 2000), leading to a possible breakdown in relationships. Thornley (2000), Mckenna and Hasson (2002) and Perry *et al.* (2003) found that there was considerable overlap in the work of registered nurses and healthcare assistant, which has been perceived as a threat by the registered nurses to their role (Workman, 1996; Daykin and Clarke, 2000). Mckenna *et al*. (2004) states that the NHS faces increasing employment difficulties. Historically, it is during these times that the healthcare assistants' role rapidly expands (Abel-Smith, 1960; Dingwall *et al.,* 1988; Stacey, 1988). Kingma (2001) argues that the NHS faces the challenge of providing high quality care within the environment of increased health costs and limited resources. During these times there is a need to increase cost

effectiveness, which inevitably leads to a redefining of skill mixes and potential employment of lower paid staff.

Debates about the lines of demarcation and deployment of the nursing workforce, both registered nurse and healthcare assistant, are long standing (Dingwall, 1988; DH, 1999; DH, 2000; Thornley, 2000; Wanless, 2002). Whatever the debate, patients are still to be cared for, as the number of registered nurses decrease and the number of healthcare assistants increase. The lack of consensus in titles for the healthcare assistant, leads to confusion for registered nurses and patients. Andalo (2003) states it is impossible to say how many are currently employed. However, the division of nursing work due to the changing ratios of registered nurses and healthcare assistants appears to be built on unconvincing arguments. Spilsbury and Meyer (2005) noted that one of the strongest themes within research involving healthcare assistants, and the least known about is their co-dependence on registered nurses. They also note that studies fail to take note of their relationship and how it controls the division of nursing work.

The review

Aim

The aim of this literature review was to identify research that looked at elements of the relationship between registered nurses and healthcare assistants. Also to critically evaluate the data collection methods used.

Design

The methodology for this review drew on systematic review methods developed by the Cochrane Collaboration (Higgins and Green, 2006). The method was to search, retrieve and appraise the quality and synthesise the findings of the research studies. Meta-analysis was impossible due to the heterogeneity of the results. The studies looked at varying aspects e.g. the introduction of healthcare assistants or established healthcare assistants; one study identified a specific element of the relationship to focus on. A narrative summary technique was used to synthesise the results.

Search methods

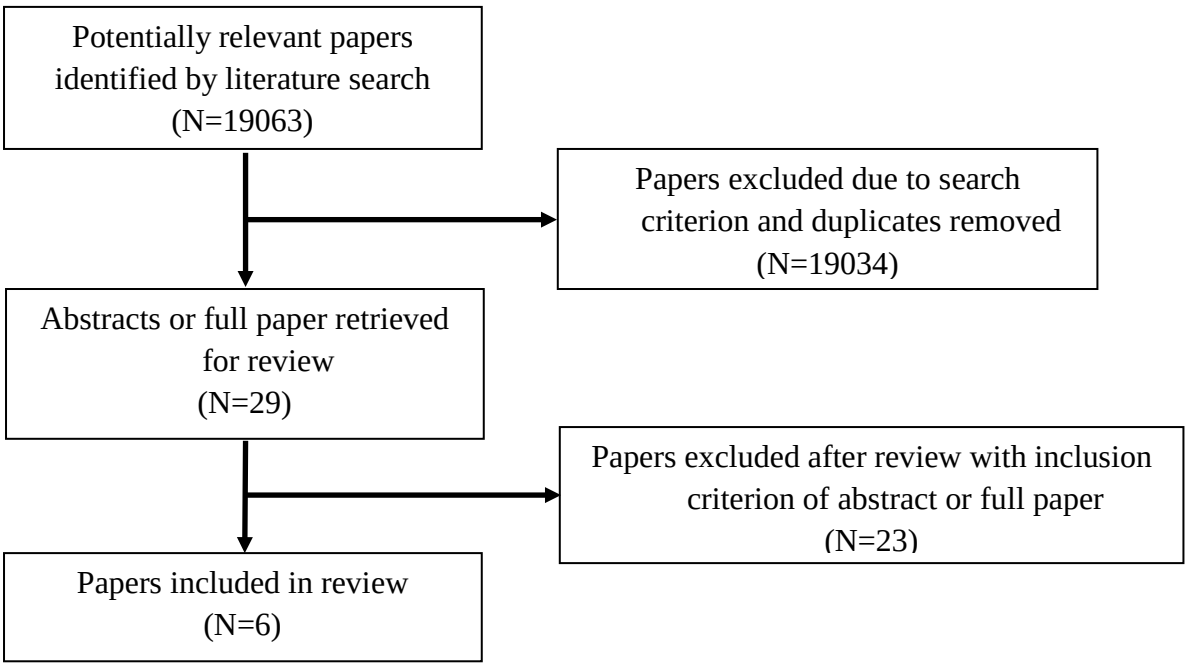
For review purposes, the following definitions were used: registered nurse, being a person who has successfully completed an approved education program and met the criteria for registration and holds a current registration with a regulatory statutory body e.g. the Nursing and Midwifery Council for the UK; healthcare assistant, being an unregistered person who assists the registered nurse; and relationship, being any form of interaction between the two groups. To understand the relationship between registered nurses and healthcare assistants, studies were sourced that included attitudes, views, interactions or hierarchy.

The author enlisted the help of a specialist NHS librarian to assist in the searching of databases. The following electronic databases were searched: Cumulative Index of Nursing and Allied Health Literature (CINAHL); MEDLINE; Embase; PsycINFO; British Nursing Index (BNI); Health Business Elite; and Health Management and Information Consortium (HMIC) through the National Library for Health website. An internet search was performed and a footnote search of literature already known to the author and from articles identified through the above searches. Three main search terms were used, relationship, registered nurse and healthcare assistant. These terms were expanded to cover variations in localised and international terms e.g. healthcare assistant (UK term), auxiliary nurse (local term) and unlicensed assistive personal (USA term). Each term was then exploded using the database's own search terms. Search alerts were set up, so that up to date research could be retrieved.

Search outcome

The initial search yielded 19,063 potentially suitable papers, shown in figure 1.

Figure 1 Flowchart of paper selection process



Search criterion used for the papers were that they had to be dated 1995-2009; written in English; and the research had to be between humans. By applying these search criterions and removing duplicates 19,034 papers were eliminated. The remaining 29 papers were retrieved for review of the abstracts or the full paper. These papers were reviewed by the author only. Further inclusion criterion was applied to the remaining 29 studies. The applied criterion looked for studies that reported on either registered nurses or healthcare assistants and then included any of the following: attitudes; views; interactions; hierarchy; or patient outcomes.'

Data from the included papers were synthesised into a narrative review to highlight and discuss the key themes that emerged: interdependence and power; role understanding; and patient care. These themes are discussed below.

Quality appraisal

The papers were reviewed by the author only, which can lead to a reduction in the quality of the review. Guidelines developed by Poilt and Beck (2008) were used to

review the papers, to determine the quality and to extract the findings and information. Analysis of the findings and information was undertaken by the author.

Results

All of the studies undertaken: Workman (1996); Chang and Lam (1997); Orne *et al*. (1998); Keeney *et al.* (2005); Spilsbury and Meyer (2005) and Standing and Anthony (2008) took place in an acute setting. Two of the studies were undertaken in the UK (Workman, 1996; Spilsbury and Meyer, 2005), two from the USA (Orne *et al*., 1998; Standing and Anthony, 2008), one from the Rep. of Ireland (Keeney *et al.*, 2005) and one from Hong Kong (Chang and Lam, 1997). The methods undertaken by the researchers ranged from qualitative to quantitative. All of the studies gained appropriate ethical approval. One or more of the following themes were found: role ambiguity; role expectation; role expansion; control; power; satisfaction; accountability; delegation; communication; supervision; race issues; conflict; attitudes; trust; and patient care.

A qualitative methodological approach to research was used by three studies: Workman (1996); Orne *et al.* (1998); Standing and Anthony (2008), the latter two employing a phenomenological methodology.

Workman (1996) looked at healthcare assistants' experience of working with registered nurses. Eight healthcare assistants responded out of a purposive sample of 16. All healthcare assistants had one years experience and had undertaken some form of training or National Vocational Qualification assessment. This qualitative study used a semi-structured interview format. Workman (1996) found that healthcare assistants felt that they supported registered nurses by acting as a link in the communication process, and by providing time for the registered nurse to undertake therapeutic activities. The relationship between the two groups was reported as being good (there was no indication of what good was). The relationship depended on how the registered nurse treated the healthcare assistant. If the registered nurse felt that the healthcare assistant was not fulfilling their role, then the healthcare assistant felt hostility. This negativity continued if registered nurses maintained the status differential, and if they thought that healthcare assistants threatened their role.

Orne *et al.* (1998), attempted to understand registered nurses experience of working with healthcare assistants. A purposive sample of 12 registered nurses with six or more years experience was selected. All had worked with healthcare assistants for at least four months and were women of varying educational backgrounds. Data was gathered through unstructured interviews and then coded and analysed using an adaptation of Colaizzi's six steps (1978). The researchers stated that they had used Burns (1989) as a guide for evaluating the evidence, and Colaizzi's (1978) methodological analysis. Orne *et al.* (1998) found that only two of the 12 registered nurses found the experience of working with healthcare assistants positive, the rest expressed strong reservations or opposed working with healthcare assistants. It was evident through transcript evidence, that there was role confusion and emotional turmoil within the teams as registered nurses struggled to maintain patient safety and quality care.

Standing and Anthony (2008) specifically looked at what delegation means to registered nurses within the acute setting. They used a convenience sample of 17 registered nurses, utilising a purposive and snowball sampling technique. Registered nurses had a mean length of 8.8 years experience and were educated to degree level. The sample was made up of 15 women and two men, mainly all white with one African American and one Asian. Data was gathered through structured interviews and then coded using Colaizzi's six steps (1978), similar to Orne *et al.* (1998) study. Findings were sent back to the participants to carry out a credibility check of the findings, to which all the respondents agreed. Standing and Anthony (2008) stated that they could produce an exhaustive description of delegation by using Donabedian's (1980) structure, process and outcome model as an organising framework. They also found that for the process of delegation to be successful there had to be good relationships between registered nurses and healthcare assistants, which centred on good communication. The relationship was also based on the structural themes of: the nature of delegation, taking into account the structure, process, delegation relationship, and communication; and the significance of delegation.

There were limitations to these studies. They all used relatively small samples, which Workman (1996) accepted as a limitation in her study. It could be argued, even though it was not indicated by the researchers, that the research had reached data saturation, and

that the sample size should be determined by the informational needs (Polit and Beck, 2008). The reliability and validity of the studies would have been further enhanced if there was triangulation with additional data.

Spilsbury and Meyer (2005) and Keeney *et al.* (2005) move towards quantitative research by using mixed research methods. The design of Spilsbury and Meyer's (2005) study took place over three stages. The samples for each stage were purposively selected according to the requirement for that stage. Stage one was to understand the demographic and biographic characteristics of the healthcare assistant workforce of a large UK teaching hospital, this involved using semi-structured interviews with 33 healthcare assistants,. The second stage involved participant observation of ten healthcare assistants, part of their selection was based on their demographic details. The researchers observed: day-to-day activity; supervision; tensions between healthcare assistants and registered nurses. The final stage involved various clinical levels of registered nurses taking part in four focus groups. A total of 69 registered nurses were selected for the groups, it is unclear whether the focus groups were divided by clinical level. Data analysis of the quantitative demographic and biographic details was undertaken using the Statistical Package for the Social Sciences (SPSS) (Version 9.0). The findings were not presented in the research paper. The qualitative data, interview transcripts and observational field notes, were analysed using QSR NUD*IST NVivo package (Version 1.0). Spilsbury and Meyer (2005) also used content analysis on documents and reports. The methodology used to frame this research was based on an interactionist perspective, drawing on the Chicago-school-influenced scholars (Hughes, 1984; Abbott, 1988). The work of healthcare assistants was explored using an embedded design (Yin, 2003). The study found that there are deviations from policy expectations of healthcare assistants. The work of healthcare assistants is shaped by informal negotiations with registered nurses and that the actual workplace has an effect on their work. There are implications on their role when there are changes with the registered nurse role. There appears to be a cascade effect as extra duties and responsibilities are passed down.

Keeney *et al.* (2005) utilised the same mixed methodology. This study was part of a larger evaluative study. The basis for the study was to understand registered nurse and midwives' perceptions and satisfaction with healthcare assistants in a regional hospital

in the Rep. of Ireland. The sample of 25 staff was taken from staff on duty at the time of the research and six patients who received care from healthcare assistants. Data collection utilised a self administered questionnaire with statements taken from the literature. The researchers utilised a semi-structured interview format. Analysis of the data was undertaken using the SPSS package (version 11.0) and the interviews were analysed using thematic analysis. The findings of the study indicated a general satisfaction with healthcare assistants, they contributed positively to patient care, and they supported the registered staff. Maternity patients reported that they found little or no difference between the care registered staff gave or the healthcare assistant. The study also indicated that some registered staff were reluctant to assume responsibility for delegated care. There were no limitations reported for either of the two studies above.

The final study in this review uses a quantitative research methodology. Chang and Lam (1997) looked at patients and registered nurses satisfaction with healthcare assistants. The study was undertaken in a large teaching hospital in Hong Kong piloting the use of healthcare assistants. The sample consisted of eight healthcare assistants, an unknown number of registered nurses and 149 patients. Similarly, to the Spilsbury and Meyer's (2005) study, this study was undertaken over two stages. Stage one was a review at three months and stage two a review at six months. In both stages data were gathered using a specifically designed questionnaire. Data analysis was not discussed in the research paper. However, the data were subject to statistical difference tests, Kruskal-Wallis test and the Mann-Whitney U test. The findings indicated that both nurses and patients were satisfied with the introduction of the healthcare assistant. Satisfaction and approval were indicators that there was strong participation and support between the two groups. Patients reported a high level of satisfaction with healthcare assistants contributing effectively to the care they received. Limitations to this study were the low numbers of healthcare assistants employed and the effectiveness of healthcare assistant as there were other support workers employed at the same time as the study.

Discussion

Limitations

This review is limited by a number of issues. The searches for literature may not have located all the studies due to time constraints and by limitations imposed e.g. the exclusion of papers not published in English. Insightful information could have been overlooked as the review searched for research papers only, some articles could have potentially yielded further information. The review of the literature was conducted by one person and may bring into question the rigour of the review.Likewise the search strategy itself did not include a review of the 'grey literature'which may have provided some useful localised studies which have not been published. Nevertheless, this review identified three themes, interdependence and power, role understanding and patient care which are set out below.

Interdependence and power

The relationship between registered nurses and healthcare assistants can be seen in terms of their interdependence between the two groups and the power that may be held by one group over the other. All of the studies identified this part of the relationship in at least one of the following forms: communication; delegation; supervision; race; conflict; attitude; trust; control; and power (Workman, 1996 (UK); Chang and Lam (1997) (Hong Kong); Orne *et al.* (1998) (USA); Keeney *et al*. (2005) (Rep. of Ireland); Spilsbury and Meyer (2005) (UK); Standing and Anthony (2008) (USA)).

The two groups appear to be dependent on each other for as Standing and Anthony's (2008) USA study found that the healthcare assistant's performance was linked to registered nurse performance. The dependence they showed could make either role easier or harder. As Spilsbury and Meyer's (2005) UK study found the relationship also depends on whether the registered nurse treated the healthcare assistant positively or negatively.When registered nurses maintain a status differential they found this had negative effect on the relationship. This power play materialises through this relationship as healthcare assistants are placed in powerful positions through controlling the flow of communication between registered nurses and patients (Spilsbury and Meyer, 2005; Standing and Anthony, 2008) and gives healthcare assistants an indirect influence on nursing care decisions. Conversely, the registered nurse could hold the

power, as they could control whether the healthcare assistant used skills or experience gained (Spilsbury and Meyer, 2005), which may work against the ethos of 'Agenda for Change' (DH 2003). Fear may play a part in this, as Orne *et al*.'s (1998) USA study found registered nurses fear losing their jobs, this may have an indirect effect on the power that is in play through whether tasks are delegated or not. This chimes with Robertson (2007) who also found that registered nurses felt threatened and had mixed feelings about HCA development. In contrast Alcorn and Topping's (2009) UK studyfound that registered nurses supported HCA development and that patient care was enhanced through their development. In this connection, Spilsbury and Meyer (2005) found that healthcare assistants actin subservient ways, which was a 'power of the lower participant' hierarchical structure, reminiscent of the 'doctor-nurse' game first described by Stein, in 1967. Race may also be an issue as found by Standing and Anthony (2008) in their study in the state of Ohio, United States of America where registered nurses are mainly white and the healthcare assistants are mainly African-American.

Role understanding

Both registered nurses and healthcare assistants were reported to be unsure about the role ofhealthcare assistants. In Workman's (1996) UK study, they were unable to identify expectations or identify appropriate activities for healthcare assistants. This role confusion may be due to the lack of training, skills and poorly defined boundaries (Orne *et al.*, 1998), which confirms the long standing debate identified by Dingwall (1997). The variety of job titles for healthcare assistants caused confusion in Orne *et al*.'s (1998) study, for both the patient and staff alike, the same was reported by Andalo (2003). Spilsbury and Meyer (2005) observed that healthcare assistants undertook direct-care activities other than what their job descriptions contained. This was more prevalent in times of shortages when they were asked to undertake activities outside of their role. This was then revoked when areas where fully staffed, reminiscent of the power control discussed earlier (Abel-Smith, 1960; Dingwall *et al.*, 1988; Stacey, 1988). Spilsbury and Meyer's UK study (2005) observed that registered nurses where moving away from directcare in pursuit of more technical roles. Ramprogus and O'Brien (2002) also stated that registered nurses were taking on higher order tasks and moving away from the bedside. Registered nurses felt this was involuntary due to the wider health care agenda, nevertheless they continued to protest that direct-care giving was central to their role, giving conflicting messages. An EC Directive led to a

reduction of junior doctors working hours within the UK (NHS Management Executive, 1991). This has meant that some roles and responsibilities have been taken over by registered nurses. Within non UK countries, where health care is provided under private medical cover, the roles and responsibilities of registered nurses may be passed to HCAs.

Orne *et al*. (1998) found that registered nurses were feeling devalued by the use of healthcare assistants. Daykin and Clarke (2000) also found that registered nurses felt threatened due to an overlap in roles.

Patient care

It was recognised by all the studies that healthcare assistants had some impact on patient care and safety, either positively or negatively. Workman's (1996) UK study found that patient care was a positive experience after the healthcare assistant undertook some form of training and were supported by registered nurses. This then seemed to increase confidence in patient care that was delivered by healthcare assistants (Workman, 1996). The biggest support and satisfaction of healthcare assistants was the introduction of the role in Chang and Lam's (1997) Hong Kong study. They found that registered nurses and patients were satisfied with the care that they gave. In contrast, Orne *et al.* (1998) found that registered nurses had conflicting opinions about patient care from healthcare assistants, ranging from liabilities to helpers who gave good care. Keeney *et al.'s* (2005) Rep of Ireland study also agreed with Orne *et al.'s* (1998) USA study and stated that healthcare assistants allowed registered nurses more time for direct-care giving. Orne *et al.* (1998) and Spilsbury and Meyer (2005) found that there were implications for patient care and safety, this was due to healthcare assistants working outside of their role which were not conducive with official policies.

Conclusion

This review of the literature has shown there are many elements involved in the clinical relationship between registered nurses and healthcare assistants. Although research studies have identified some elements of this relationship, none have looked solely at the relationship itself. Three major themes emerged from this review namely interdependence and power, role understanding and patient care. Findings seem to show

some confusion within the nursing world about the role and responsibilities of healthcare assistants. Also, that if healthcare assistants receive training and support, they can play a vital role in assisting registered nurses deliver high quality nursing care. It wouldseem that qualified nurses themselves also need to understand the healthcare assistant role and how to effectively delegate tasks. Furthermore, any training for healthcare assistants needs to incorporate communication skills and an understanding of the registered nurse role. Finally, this review has highlighted some of the relationship elements that make both roles co-dependent on each other in the deliverance of high quality care.

Implications for future research

This review has highlighted that there is a scarcity in the literature regarding the relationship between registered nurses and healthcare assistants. Future research needs to look at the actual relationship of the registered nurse and healthcare assistant and the components that make up this relationship.

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