IDENTIFYING CHALLENGES FACED BY HEALTHCARE ASSISTANTS IN ENSURING PATIENT COMFORT AND MANAGING PATIENT CARE EFFECTIVELY

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**Table of Contents**

[1.0 INTRODUCTION 1](#_Toc201303226)

[1.1 Research Context and Rationale 1](#_Toc201303227)

[1.2 Problem Statement 2](#_Toc201303228)

[1.3 Research Aim and Objectives 2](#_Toc201303229)

[1.3.1 Aim 2](#_Toc201303230)

[1.3.2 Objectives 2](#_Toc201303231)

[1.4 Significance of the Study 3](#_Toc201303232)

[2.0 LITERATURE REVIEW 4](#_Toc201303233)

[2.1 The Role of Healthcare Assistants in Residential Care 4](#_Toc201303234)

[2.2 Organisational Challenges 4](#_Toc201303235)

[2.3 Training and Professional Development Gaps 5](#_Toc201303236)

[2.4 Emotional and Psychological Strain 5](#_Toc201303237)

[2.5 Strategies and Interventions in Literature 6](#_Toc201303238)

[3.0 RESEARCH METHODOLOGY 7](#_Toc201303239)

[3.1 Research Design and Approach 7](#_Toc201303240)

[3.2 Data Collection Method 7](#_Toc201303241)

[3.3 Data Analysis 8](#_Toc201303242)

[3.4 Ethical Considerations 8](#_Toc201303243)

[4.0 DATA FINDINGS AND PRESENTATION 9](#_Toc201303244)

[APPENDICES 11](#_Toc201303245)

[Appendix – A: Data Extraction Table 11](#_Toc201303246)

# 1.0 INTRODUCTION

## 1.1 Research Context and Rationale

Healthcare Assistants (HCAs) form the first line of workers in residential care facilities who provide personal and practical assistance to the elderly and vulnerable. Their role covers a wide range of responsibilities, such as helping with hygiene and mobility, giving them emotional support and helping them with daily routines (Zysberg et al., 2019). HCAs, as Aicken et al. (2021) have highlighted, already play a valuable role in the comfort of patients through the establishment of close relationships of daily contact with residents, and frequently offer the first determination of change in behaviour or wellbeing. The HCAs fill the gap between professional clinical staff and the daily needs of patients and always being present, are paramount in ensuring continuity of care, even though they are not registered, like nurses (Cronin et al., 2020). Just et al. (2020), emphasised that the contribution that HCAs create within the nursing home setting is not just of a task orientation but of a very relational nature because most of the time HCAs are the source of emotional stability to residents who are in the process of decline, illness, or social detachment.

Although the role of HCAs is very important, most of them are exposed to significant challenges, which can affect their ability to provide effective person-centred care. Qahtani (2024) suggests that low payment, poor career mobility and inadequate training are some of the problems that contribute to a high turnover rate and burnout. In addition, Aicken et al. (2021) discovered that HCAs are frequently overworked due to insufficient staffing levels and models of delegation based on the tasks, which do not provide them many opportunities to focus on the comfort of patients besides performing their regular responsibilities. Another issue that is frequently mentioned is emotional labour: Zysberg et al. (2019) mentioned that HCAs are usually expected to treat traumatising experiences, such as end-of-life care or a resident with dementia, and lack the support tools in the form of psychological protection or debriefing mechanisms. The interactions of such systemic problems with inarticulate role boundaries and a lack of voice in care planning destroy job satisfaction and care quality (Qahtani, 2024). In this scenario, there is a need to explore the effects of such difficulties on the comfort of patients and the care provision process.

## 1.2 Problem Statement

Healthcare Assistants (HCAs) are critical to giving person-centred care in residential settings, although they regularly face obstacles, which negatively affect their performance. Younas et al. (2022) described that HCA usually constitutes most of the actual care delivery but is never involved in decision making and always feels undervalued and professionally invisible. Aicken et al. (2021) state that the inconsistency of care is the effect of unclear role definitions and a failure to provide formal lines of training, leading to variable care standards and resident outcomes. Moreover, it was identified by Tominson (2023) that chronic understaffing and workloads, as well as emotional burden, diminish the capabilities of HCAs to provide comfort-centred care, especially when it comes to complex cases or patients affected by dementia. Its effects on staff and organisational burnout are not the only drawbacks of these issues, as they also undermine the quality, continuity, and safety of care to the residents. These are the persistent challenges that need to be overcome to improve how care is provided and ensure that HCAs will be supported as key providers of critical care.

## 1.3 Research Aim and Objectives

### 1.3.1 Aim

The aim of this study is “to identify and evaluate the key challenges faced by Healthcare Assistants (HCAs) in ensuring patient comfort and managing patient care effectively in residential care home settings.”

### 1.3.2 Objectives

1. Identify and categorise key challenges faced by Healthcare Assistants (HCAs) in delivering patient comfort and managing patient care in residential care homes.
2. Analyse organisational and individual factors (e.g. staffing levels, training, teamwork, leadership, and emotional well-being) that influence HCAs’ ability to provide consistent, high-quality, patient-centred care.
3. Evaluate evidence-based strategies and interventions reported in the literature that aim to improve HCAs’ capacity to ensure patient comfort and effective care, and develop practical recommendations for care home settings.

## 1.4 Significance of the Study

This study is significant because it will increase the knowledge of systemic and daily issues that Healthcare Assistants (HCAs) encounter when they are working in residential care, especially to ensure consistent comfort and provision of proper care to patients. Determined to be the main participants of hands-on care, HCAs are not frequently reflected in the care planning, as emphasised by Cronin et al. (2020). This study will be able to contribute evidence that will lead to setting up practical interventions, such as better training, more explicit definitions of roles, and better emotional support systems. Finally, the study findings will be able to assist care home administrators and policy executives in establishing the environment which would not only improve the wellbeing of the staff but would also contribute to improvements in patient outcomes resulting in the rise of the quality of care, decrease in staff turnover rates, and the delivery of person-centred service.

# 2.0 LITERATURE REVIEW

## 2.1 The Role of Healthcare Assistants in Residential Care

Healthcare Assistants (HCAs) take a central position in the care delivery on a first-line basis in residential care homes, especially for older adults with personal and affective needs (Law et al., 2020). They usually support activities of daily living, i.e., provide support with bathing, dressing, mobility and feeding and companionship as needed to elicit comfort and dignity. Conyard et al. (2020) highlighted that, in residential care, HCAs are usually the main carers of the residents and have a greater spending time with them than with nurses or other clinical workers. Such closeness enables them to establish trustful relationships and monitor rather small changes in a resident's condition, which places them in an important position of ensuring continuity of care (Aicken et al., 2021). Younas et al. (2022) have also claimed that the role of HCAs in making residents emotionally stable is particularly central since many of them have cognitive impairments or do not see their families very often, so the role played by HCAs in ensuring their patient comfort is not only practical but highly relational. Their role, despite its significance, is usually undervalued in terms of its complexity and depth.

## 2.2 Organisational Challenges

Residential care homes' organisational structures have been found to be a great determinant of the effective, compassionate services provided by Healthcare Assistants (HCAs) (Law et al., 2020). Chronic understaffing, which contributes to working under large workloads and in haste routines, and restricts the time the HCAs could devote to attend to the needs of individual residents, can be listed among the most cited problems (Woolham et al., 2019). Rodger et al. (2019) concluded that poor staff-occupancy proportions compel HCAs to prioritise their duties before relationships, which leads to a lack of patient comfort and emotional support. Molloy and Phelan (2022) also observed that most of the time, HCAs lack clear roles and interdependent team structures, which limit their roles as far as quality care is concerned. It may cause frustration and a lack of motivation, particularly in cases when HCAs are not involved in interdisciplinary communication. As Norful et al. (2024) pointed out, when it comes to such structural matters, HCAs may become marginalised, and it may not be easy to pursue resident advocacy or initiate routine and person-centred care.

## 2.3 Training and Professional Development Gaps

Inadequate training and few chances of building up expertise are ongoing barriers to the supply of high-quality care to patients by Healthcare Assistants (HCAs). According to Cronin et al. (2020), a significant number of HCAs start the profession with a very low level of formal preparation, with most learning on the job via informal observation as opposed to the systematic transmission of information. Such unsteady onboarding results in practice variation and a lack of confidence, and this is especially valid for complex needs, including dementia care. The RCN (2025) emphasised that in the case of unclear career progression routes or the inability to complete specialist training, HCAs do not feel valued and experience a lack of skills to effectively deal with problematic situations. In addition, it was found that low availability of continuing professional development leads to low morale and career stagnation (Tominson, 2023). Residential care providers must think of staff retention and the ability to provide consistent and person-centred care, not only when investing in people but also when doing it overall and in a timely manner. This lack of investment affects the actual comfort and well-being of the residents in a residential care setting.

## 2.4 Emotional and Psychological Strain

Healthcare Assistants regularly deal with intense emotional and psychological stress because of their work in residential environments (Norful et al., 2024). Behavioural management of people with dementia, end-of-life care and emotional distress are some of the forces that can cause a heavy toll to the residents (Rodger et al., 2019). The most typical consequences include emotional exhaustion and compassion fatigue, which were pointed out by Cronin et al. (2020) in settings with under-resourced environments, where employees are not provided with much psychological support. The observation of HCAs suppressing their own emotional response because of a lack of access to supervision sessions or reflective practice experience was also found by Zysberg et al. (2019). Combined with the feeling of acknowledgement, such emotional overload may spawn burnout, absenteeism and poor quality of care (Norful et al., 2024). Despite HCAs being partially at the emotional forefront of resident relations, they are provided with structured wellbeing support on rare occasions, leaving them susceptible and less effective in providing compassionate care and comfort-related services, which their position requires (Tominson, 2023).

## 2.5 Strategies and Interventions in Literature

Several interventions are recommended to resolve the difficulties of the Healthcare Assistants working in residential care. Law et al. (2020) have emphasised mentoring programs and role definition activities as tools which are effective in enhancing HCA confidence and retention. The NICE (2023) advised regular training updates and the support of emotional wellbeing as the fundamental approaches to improving the quality of care and decreasing the risk of staff burnout. It was found that effective staff engagement and consistent care practices grow when there is integrated team communication and inclusive decision-making (Younas et al., 2022). As well, frameworks of competence that provide advancement opportunities supported by the NHS (2020) were linked to increased morale and lower turnover. All these strategies can enhance both the performance of HCAs and the comfort outcome of residents in residential care settings when the strategies are integrated.

# 3.0 RESEARCH METHODOLOGY

## 3.1 Research Design and Approach

A secondary research design is adopted for this study. Specifically, it is a structured literature review aimed at exploring the challenges faced by Healthcare Assistants in ensuring patient comfort and residential homes management (Phillips et al., 2023). Furthermore, this approach allows for a critical analysis of peer-reviewed academic publications. Sileyew (2019) stated that it is particularly suitable for investigating areas where direct access to participants may be limited and where policy, organisation and frontline perspectives are best captured through existing, ethically approved publications.

## 3.2 Data Collection Method

The data collection for this study involves the systematic search of academic databases such as CINAHL, PubMed and ScienceDirect. Keywords such as “Healthcare Assistants”, “patient comfort”, “residential care”, and “care challenges”. For the inclusion criteria, peer-reviewed studies published between 2015 and 2025 were focused on. Also, these studies involve HCAs in residential care settings, addressing issues of care delivery and patient comfort. Consequently, non-English studies, which are conducted outside the residential care context or lack a focus on HCAs, are excluded from the evidence base synthesis.

Table 1: Inclusion and Exclusion Criteria

|  |  |  |
| --- | --- | --- |
| **Criteria Type** | **Inclusion** | **Exclusion** |
| Language | English | Non-English |
| Publication Date | 2010–2024 | Before 2010 |
| Study Type | Peer-reviewed, empirical | Opinion pieces |
| Population | HCAs in residential care | Nurses or HCAs in hospitals |
| Topic Focus | Patient comfort, care delivery challenges | Studies unrelated to care management |

Table 2: Key Databases and Search Terms Used

|  |  |
| --- | --- |
| **Database** | **Search Terms Used** |
| CINAHL | "Healthcare Assistants" AND "patient comfort" |
| PubMed | "HCAs" AND "residential care" AND "challenges" |
| ScienceDirect | "care delivery" AND "emotional strain" AND "care homes" |

## 3.3 Data Analysis

For the data analysis, thematic synthesis was employed to identify recurring patterns across the selected studies on Healthcare Assistants in residential care. The extracted data were grouped into key themes based on similar patterns, such as organisational barriers, training gaps, emotional strains and communication challenges. Following this, each theme was reviewed to ensure consistency and relevance to the study’s aim. The CASP checklist was used as the critical appraisal tool to assess the methodological rigour, credibility and applicability of the studies. As such, this structured approach ensures there is a balanced synthesis of findings which inform evidence-based recommendations which are specific to Healthcare Assistants' roles in residential care homes (Tod et al., 2021).

## 3.4 Ethical Considerations

This study adheres to the established ethical standards of secondary research as explained by Yıldız (2019). No direct involvement of human participants, as only publicly available, peer-reviewed academic sources were utilised in this study. As Suri (2020) emphasised, Integrity is a very crucial concept which must be respected with respect to the original data by accurately representing data and avoiding misrepresentations. Additionally, no personal data was accessed as all information was obtained from studies which have been ethically approved. Proper citation was maintained, and plagiarism was also avoided with a critical appraisal of each source. Throughout the study, academic integrity and ethical transparency were upheld, in line with the NHS Health Research Authority's (2024) aim of conducting responsible and respectful secondary research in health and social care.

# 4.0 DATA FINDINGS AND PRESENTATION

Thematic analysis was adopted to synthesise the findings of the twelve selected studies, which also enabled the establishment of patterns that relate to the functions of healthcare assistants within the residential care settings. This approach allowed for a systematic comparison between various contexts and provided insights into shared experiences and lived challenges. Based on this analysis, four main themes were deduced.

1. Emotional Labour and Burnout
2. Communication and Team Integration
3. Training, Competence and Recognition
4. Contribution to Quality and Continuity of Care

Overall, these themes collectively explain the intricacy of the contribution of HCAs and the systemic improvements that should be made to help them in their efforts to succeed in residential care settings.

## 4.1 Emotional Labour and Burnout

## 4.2 Communication and Team Integration

## 4.3 Training, Competence and Recognition

## 4.4 Contribution to Quality and Continuity of Care

# APPENDICES

## Appendix – A: Data Extraction Table

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Author (Year)** | **Country** | **Study Aim** | **Design & Sample** | **Key Findings** | **Relevance to HCAs** |
| **Akram et al. (2017)** | Iran | To investigate factors affecting quality of life and marital satisfaction among married nurses and nursing assistants. | A cross-sectional survey involving 446 nurses and nursing assistants from three teaching hospitals. | * Number of children, night shifts, and spousal employment significantly influenced quality of life and marital satisfaction. * Nursing assistants reported a lower quality of life than nurses. | Highlights how work-life imbalance and job stress specifically impact nursing assistants' well-being in clinical settings. |
| **Aldaz et al. (2019)** | Spain | To assess how alexithymia and emotional intelligence predict burnout in nursing assistants. | Cross-sectional survey of 159 nursing assistants in nursing homes. | * High levels of alexithymia and low emotional intelligence predicted burnout. * Emotional clarity and emotional repair were protective factors. | Identifies emotional competencies as crucial to reducing burnout risk in HCAs. |
| **Bamonti et al. (2019)** | USA | To explore how coping mechanisms and emotion regulation predict burnout in certified nursing assistants (CNAs). | Cross-sectional survey with 56 CNAs in long-term care facilities. | * Problem-focused coping and better emotion regulation are associated with lower burnout * Sleep duration also played a role. | Suggests stress management training and promoting better sleep hygiene may improve well-being among HCAs. |
| **Blanco-Donoso et al. (2021)** | Spain | To analyse the impact of daily work-family conflict and burnout on leaving intentions and vitality. | Cross-sectional survey of 56 healthcare workers including nursing aides. | * Work-family conflict and emotional exhaustion strongly predicted intent to leave and low vitality. | Stresses how emotional demands and work-life conflict can lead to disengagement and staff turnover among HCAs. |
| **Carlebach & Shucksmith (2020)** | UK | To evaluate an out-of-hours palliative care service involving nurses and healthcare assistants. | Service evaluation using activity audit and 27 qualitative interviews. | * Users valued the ability to access proactive and individualised telephone-based care. * Carers appreciated the support and regular check-ins. | Shows how HCA roles in telephonic support and domiciliary visits can enhance perceived care quality in palliative settings. |
| **Cheong & Hsu (2021)** | Macao | To develop and evaluate a continuous education programme for HCAs. | Cluster-randomised trial evaluating training outcomes across multiple facilities. | * Training led to improved competence, confidence, and professional development among HCAs. | Supports the value of structured continuous education for skill enhancement and job satisfaction. |
| **Jansen et al. (2017)** | UK | To explore HCAs roles and experiences in pain management for people with advanced dementia at end-of-life. | Qualitative study with semi-structured interviews among HCAs in dementia care. | * HCAs provided critical observational insights and informal pain assessment, though often excluded from formal care planning. | Highlights the need to formally integrate HCAs experiential knowledge into multidisciplinary palliative care teams. |
| **McPherson et al. (2019)** | Canada | To examine the tasks and emotional labour of unregulated care providers (UCPs) in home palliative care. | Mixed methods: chart review, progress notes analysis, and interviews with 10 UCPs. | * UCPs performed physical care but also monitored emotional and clinical signs, acting as key informants for family and clinicians. | Demonstrates HCAs' multifaceted role and suggests they offer both practical and emotional support in community care. |
| **Molero Jurado et al. (2018)** | Spain | To analyse the influence of emotional intelligence, social support, and self-efficacy on burnout in CNAs. | Cross-sectional survey involving 278 CNAs. | * High emotional intelligence, better perceived support, and self-efficacy significantly reduced emotional exhaustion and depersonalisation. | Reinforces the protective role of psychosocial factors in preventing burnout. |
| **Navarro-Abal et al. (2018)** | Spain | To study relationships between engagement, empathy, resilience, and burnout among nursing assistants. | Cross-sectional survey with 128 nursing assistants in private healthcare settings. | * Engagement and empathy positively influenced resilience and inversely affected burnout dimensions. | Supports resilience training as a strategy to promote retention and wellbeing among HCAs. |
| **Yip et al. (2024)** | Hong Kong | To explore healthcare assistants’ (HCAs) caring experiences and their perspectives on resilience and self-efficacy during the COVID-19 pandemic in Hong Kong. | Descriptive qualitative study using semi-structured interviews. Purposive sample of **25 HCAs** from **public hospitals** in Hong Kong with at least 3 months’ clinical exposure to COVID-19 patients. Data collected via Zoom between March–December 2021 and analysed using **thematic analysis**. | * **Frontline Reinforcement** – HCAs experienced heightened anxiety due to PPE shortages and unclear communication, but were compensated by self-education. * Repetitive routines helped HCAs gain confidence in infection control skills. * Peer support, mentorship, and collaborative learning enabled them to grow despite stress. * Positive feedback cycles and spirituality helped HCAs become confident and flexible. * HCAs grew into more resilient and skilled professionals. | Highlights the **critical frontline role** of HCAs during public health emergencies. Demonstrates how **support systems**, access to training, and encouragement of **self-efficacy** can empower HCAs to adapt in crises. Shows their capability to grow under pressure and contribute meaningfully when given the right support. |
| **Schrader et al. (2023)** | Germany | To explore the stress experiences of healthcare assistants in general practice during the early COVID-19 pandemic | Mixed-methods study involving a cross-sectional survey and qualitative interviews with 49 healthcare assistants working in general practices in Germany | * HCAs reported increased emotional, physical, and organisational stress due to uncertainty, fear of infection, lack of protective equipment, and increased workload. * Emotional exhaustion was a common theme across narratives. | Highlights the urgent need for organisational support, clear communication, and mental health resources tailored to HCAs, who faced intense frontline pressures without sufficient institutional backing during health crises. |