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

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# 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