



Healthcare Support Workers

The Development of the Clinical
Healthcare Support Worker Role:
A Review of the Evidence

Executive Summary

Introduction

The development of the clinical Healthcare Support Worker (HCSW) role has led to a number of questions being raised as to education and training staff receive and the subsequent roles they are then able to undertake.

These questions have become particularly pertinent in an evolving workplace where continuous improvement drives service delivery and the potential for role development for all healthcare staff across the Career Framework for Health. NHS Education for Scotland (NES), given its responsibility for supporting the education and development of HCSWs, was keen to seek answers to these questions and in so doing provide a firm evidence base on which to plan its educational support.

In order to investigate these questions a preliminary search of the literature identified fragmented pieces of evidence across a number of professions which needed to be collated to give a broader view of role and educational development of HCSW. As a result a narrative literature review was undertaken with a view to identifying, appraising and presenting the available evidence on HCSW roles. This literature review aims to increase NES's knowledge and improve its decision making in developing and supporting education for this group of healthcare staff. It is hoped that the review will also provide valuable information to others interested in the HCSW agenda. The literature review was devoted to clinical healthcare support workers working in nursing, midwifery and allied health professions roles.

Aims of the Literature Review

- to place the HCSW role in context
- to identify evidence around the HCSW role
- to identify best practice around the HCSW role
- to identify developments and intelligence around the HCSW role

Method

An electronic literature search was conducted using the following databases: Medline; All Evidence Based Medicine Reviews; British Nursing Index, ERIC, CINAHL.

No time limit was placed on the search but the most informative and relevant papers appeared from the year 2000 onwards. The initial search was supplemented by one carried out by the Health Management Library to ensure consistent coverage and lessen the possibility of relevant literature being missed. The resulting papers were analysed and categorised by the author in order to identify recurring themes. The themes are then described and illustrated by reference to the individual papers identified in the search.

Quality of the evidence

Given that this is a narrative review, the literature has not been subjected to the rigorous selection procedures associated with the methodology of a systematic review.

This means that the quality of the literature cannot be guaranteed to the same degree as that which appears in a systematic review. However the majority of the evidence presented here has been published in peer reviewed journals which provides a degree of assurance as to its validity.

Results

The literature is drawn from the year 2000 onwards with the earlier papers addressing the healthcare assistant (HCA) agenda. The research into the HCA role is largely transferable to the respective grades of HCSWs that have evolved from this original healthcare support role. Analysis of the literature identifies a number of clear themes and messages relevant to supporting the education and development of HCSWs.

1 Definitions of the HCSW role

There is no universal definition of a HCSW and various approaches have been used to categorise this workforce. This lack of consensus has a number of implications: “the lack of suitable and uniform definition prohibits clear identification of the role played by support workers, their boundaries for tasks undertaken and prevents rigorous measurement of their service performance” (CAHE 2006).

2 Workforce numbers

The different definitions of the HCSW workforce makes it difficult in establishing their precise numbers but it is clear they are a substantial and growing element of the NHS workforce.

3 Characteristics of the HCSW workforce

The literature paints a consistent picture of HCSWs’ demographics, work backgrounds and employment patterns. This group of healthcare workers are characterised as mature females with many years service in the NHS. The demographics and caring commitment demonstrated by a large proportion of the HCSW workforce has implications for arranging and supporting their training and education.

4 Education and training for HCSWs

The literature points to reliance on informal training for HCAs in earlier time periods with the introduction of formal qualifications for HCSWs in more recent times. Historically the education and training has been criticised for its lack of uniformity and consistency.

A number of individual case studies are presented which point to a number of key factors for consideration when designing training and education for HCSWs. These lessons include: the value of consulting stakeholders and service users in their design; the need to equip participants with study skills; the importance of establishing and having support systems in place e.g. dedicated mentors.

5. HCSWs’ Roles

A recurring theme in the literature is the exploration of HCSWs’ roles. The investigation has included studies of job descriptions in an attempt to clarify what tasks and duties HCSWs undertake. The exploration of HCSWs’ roles reveals a number of related issues which impact on how these staff and their registered colleagues interact and work together. These issues include blurring of roles between professional groups, boundary disputes and concerns over professional identity.

The literature reflects variation and confusion over HCSW roles which has consequences for the registered staff they work with. The clear implication from this is that HCSW roles should be clearly defined and just as importantly clearly understood.

6 Regulation of HCSWs

The literature embraces the long standing debate over the regulation of HCSWs outlining the rationale and benefits of moving in this direction. A consensus seems to have emerged from professional bodies in favour of such regulation. The move towards regulation has implications for standardising HCSW training and education.

7 Impact of HCSWs

There is limited evidence regarding the impact of HCSWs on a variety of outcomes including clinical practice. However this has been recognised and is currently the focus of a project in England funded by the Department of Health.

The evidence which currently exists tends to be of debatable quality and anecdotal in nature. That said however a number of benefits resulting from the employment of HCSWs are put forward. The establishment of robust evidence on the value of HCSWs will be important in consolidating these roles and maximising their potential.

8 Stakeholders' views on HCSW roles

The operation of HCSWs roles in multi-disciplinary teams is reflected in the range of insights to the role provided in the literature. The views of HCSWs themselves, their managers, mentors, supervisors, registered staff colleagues and service users are all presented. In terms of HCSWs themselves, their views have been largely gathered in relation to their experience of training and education rather than on the role per se. However collectively all these stakeholder insights are helpful in defining the role and in the context of education and training in identifying means of supporting those undertaking such development.

9 Development into registered roles

The literature suggests that a proportion of HCSWs have aspirations to develop their careers and also identifies barriers and enablers to them successfully attaining registered status.

10 Differentiation of HCSW roles in the literature

The development of clinical HCSWs roles on three career levels, as described in the Career Framework for Health is beginning to be reflected in the literature. This is evidenced by the number of more recent papers dedicated to examining the assistant practitioner role. This complements the existing body of evidence on healthcare assistants and support workers and gives a fuller picture of these respective HCSW roles and the relationship between them.

Conclusion

Looking forward, the literature review concludes by setting out the recommendations for future development of HCSWs' roles and highlights areas requiring further research.

One of the original aims of the literature review was to increase NES's knowledge and understanding of the issues around role development for clinical healthcare support workers. This aim has been fully achieved and NES are keen to remain engaged with and contribute to the emerging evidence base in this area of practice. We will work in partnership with NHS boards, researchers, learning and development colleagues and education providers to ensure a collaborative approach is taken.

The full review of the literature can be accessed at:
<http://www.hcswtoolkit.nes.scot.nhs.uk/resources/roles>