

HCA-RN Dyad

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Health Care Assistants – context

- Always been HCAs
- 400,000 HCAs in NHS (Unison 2018)
- Integral to nursing teams
- **team work or individualised patient approach**

Study aim

Explore how HCAs enacted their role in an adult, in-patient environment.

Methodology and methods

- Ethnographic study
- Data collection – observation immediately followed by interview
- HCAs, then interviewed the RN working with on that shift
- **148** hours of observation
- **108** interviews

Findings HCA-RN dyad

.....That the HCA and the RN working together in a bay worked as a **pair**.

Pair had more in common with each other than any other role in the environment.

= **A dyad**

Consisted of two parts;

- **Form** – what the HCA-RN dyad looked like
- **Function** – how the HCA-RN dyad worked

HCA-RN
dyad form

Pre-shift preconception and
gelling

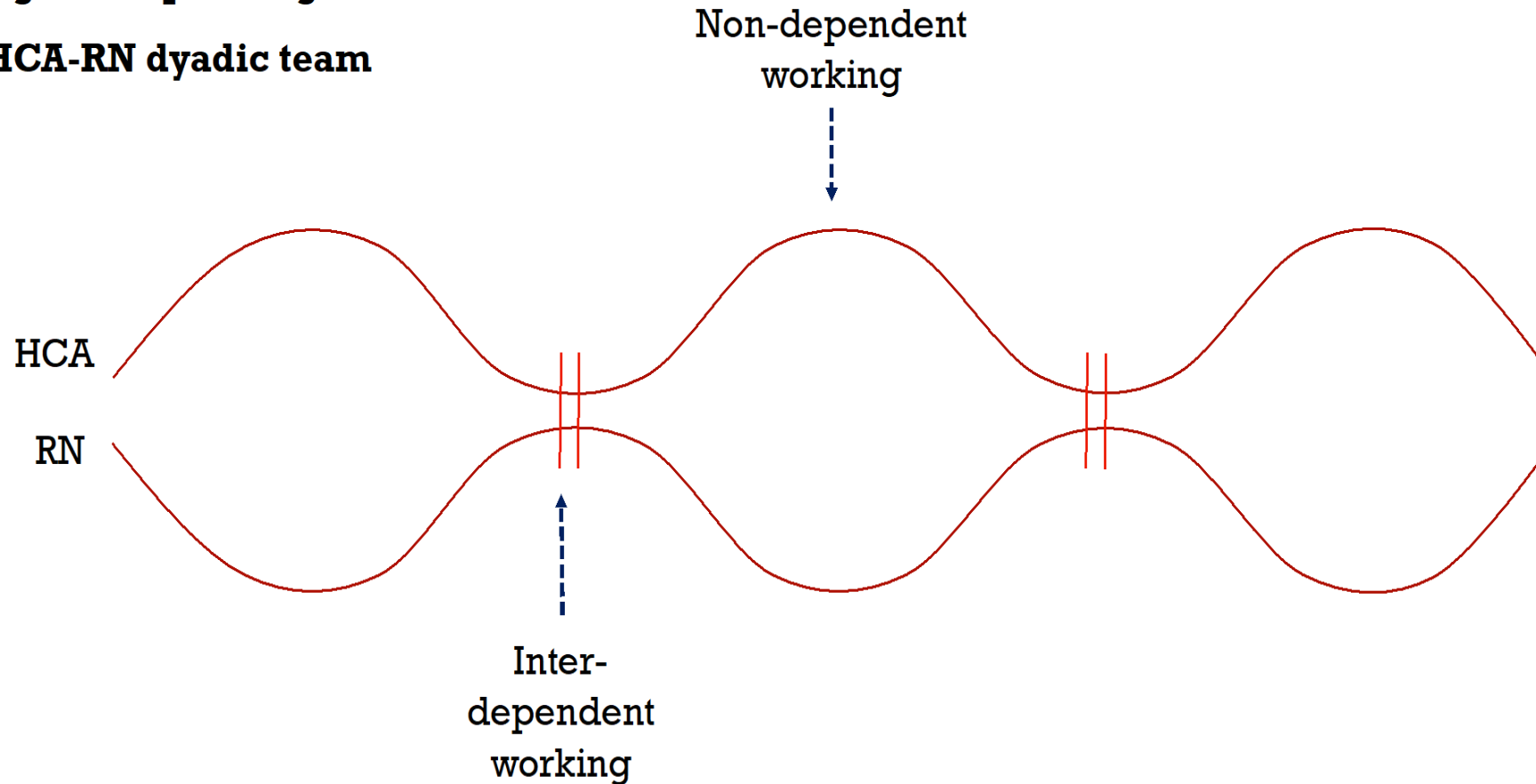
Hierarchical differences

Physical isolation

Concentrated relationship

HCA-RN dyad – function

**Joining and Separating
as a HCA-RN dyadic team**



HCA-RN dyad
function –

Non-
dependent
working

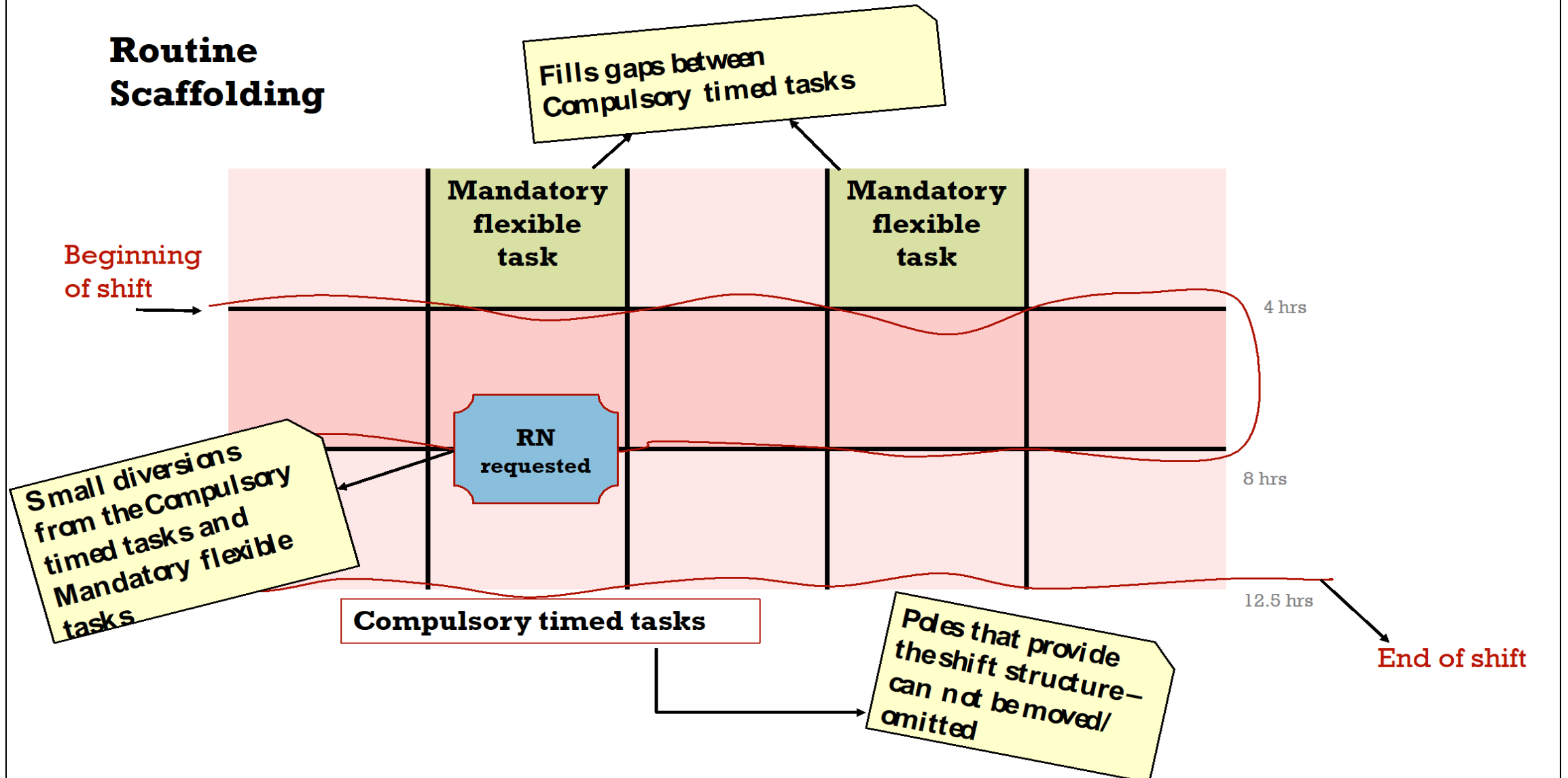


application of the routine
scaffolding



RNs trust the HCA to perform
with competence, confidence
and willingness

Routine Scaffolding



HCA-RN dyad function

Inter- dependent working



Exchangeable and distinguishable roles



Mini-meetings

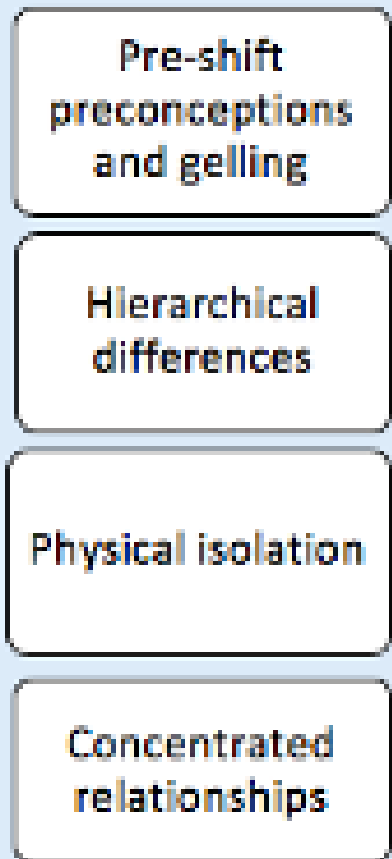


Reliance on the RN partner

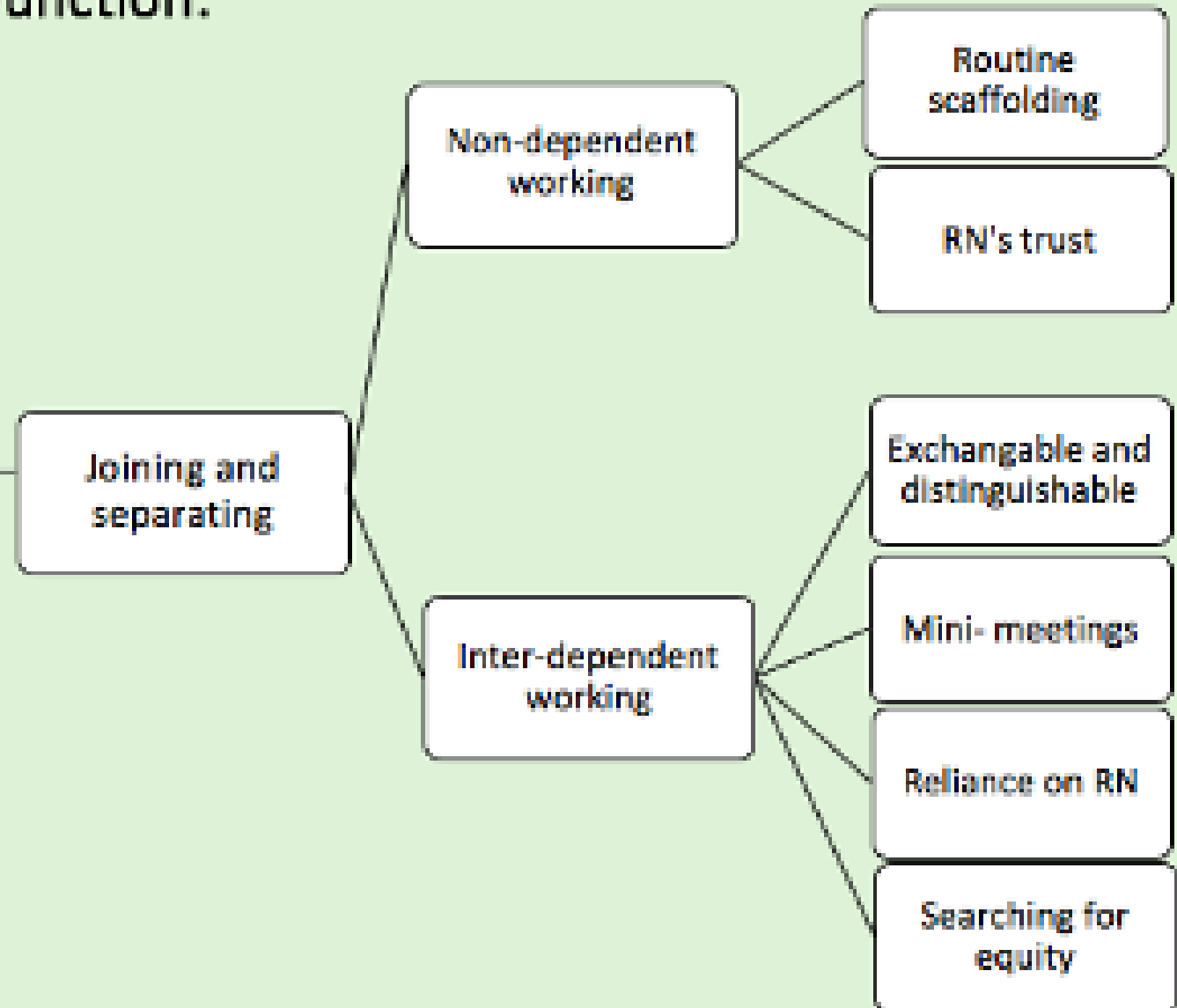


Searching for equity

Form:



Function:





Discussion; form

- Work in teams of two within wider cheerleading team
- Evaluated as whole team
- HCAs : base – consistent, does as expected/predicted
- RNs : flyer – adjust movement according to feedback from base


Discussion; function 1/3

HCA is working in a **task orientated** way;
Compulsory Timed Tasks required HCAs to

- perform measurement
 - record measurement
 - report measurement
 - respond to measurement (RN direction)
- ... In order for deterioration in health to be captured and managed



Discussion; form 2/3

- Fits with New Public Management way of working
 - Necessary for proving hospital quality and efficiency
 - Supported by new technology – red clocks
 - New tech for compulsory timed tasks (obs) not mandatory flexible (washes) = hierarchy of tasks
- 

Discussion; form 3/3

- Led to standardised nursing care
- Led to HCA's primary relationship being with RN not patient
- Effect on person centred care?



Task based work and Person Centred Care

- HCA best position to provide PCC
- Not connecting but directing - “announcements” (Daykin and Clark 2000)
- Minimum chat during task delivery - could get delayed
- “obs come first” impacted on doing “little things”.
- Some HCAs used small amount of time available for this
- RISK – could be busy when obs due. Enter... the sister.

Conflict in hospital philosophy

PCC aspirational
but needs time
and resources

Urgency placed
on
measurements

Why there is conflict in hospital philosophy


New Public Management - governance safe, efficient and cost effective care - financial penalties




'Obs' needed to come first.



Impact – lack of capacity to support and enable patients to participate in shared decision making



The organisation culture had a compromised link between policy and practice.



To continue to promote PCC suggests a lack of depth of understanding of the meaning and extent of the philosophy

A way forward?

- Pastoral care - few minutes. HCAs need scope to include this without fear of reprimand. Is this a possibility?
- What priorities would the public choose when an in-patient?
- Review function of in-patient care to explore the contradiction of PCC philosophy and audit culture realities



Summary – HCA-RN dyad

A high functioning HCA-RN dyad - less about hierarchy, more about skills and role contribution...

- about joining and separating
- ability to switch from exchangeable to distinguishable roles,
- plus use of mini-meetings



Summary HCA-RN dyad

This high functioning team originates from good dyadic form;

- positive previous experiences where gelling occurred,
- respect for position as contributing partner,
- clear physical boundaries
- and capability to maintain a concentrated relationship.

Any questions?

Thank you

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Care Home as Cinematic Community: Interdisciplinary research and co-design



Dr Ana Salzberg, Dr Jenna Breckenridge

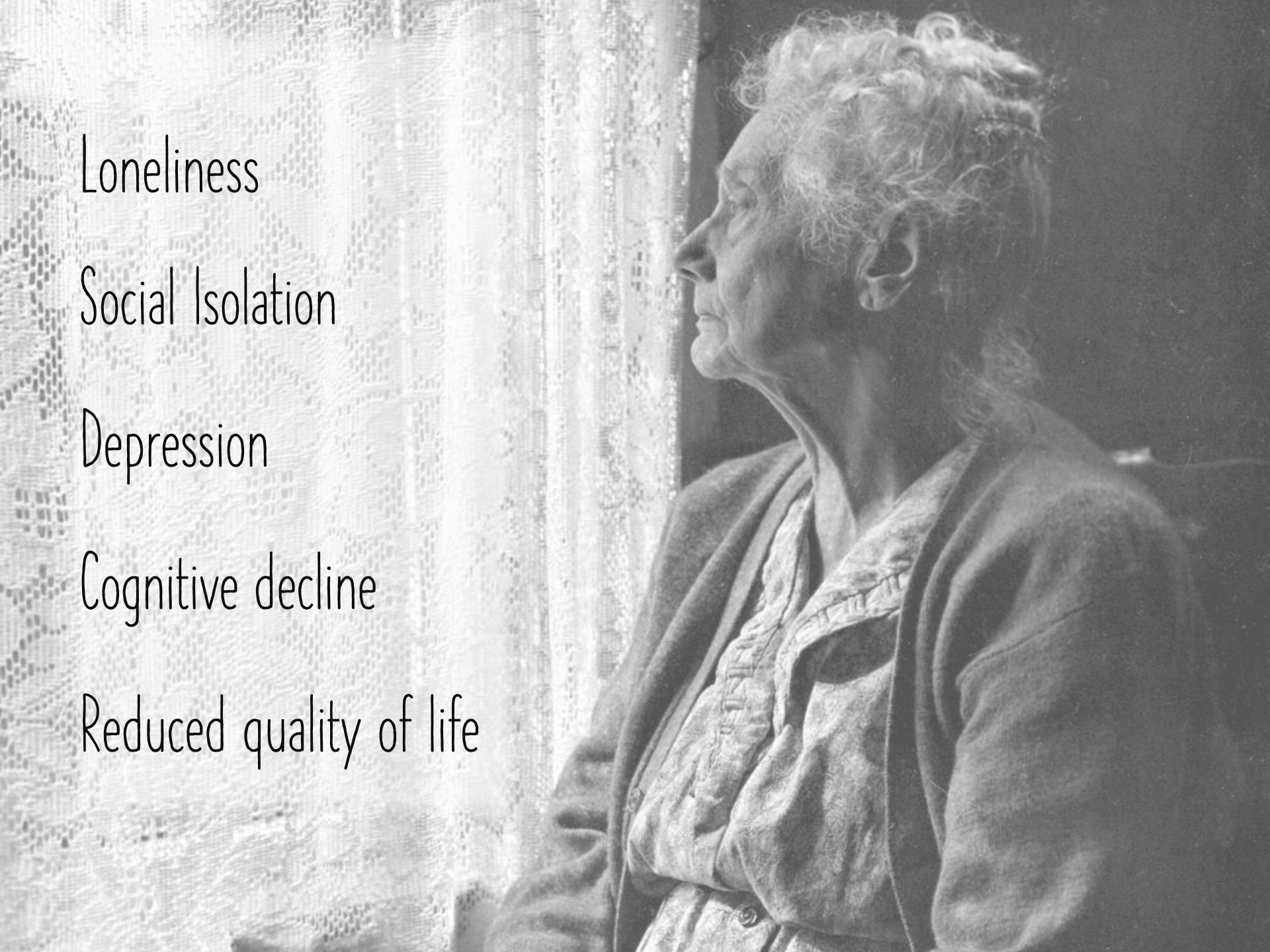
Loneliness

Social Isolation

Depression

Cognitive decline

Reduced quality of life





"CARE HOME AS CINEMATIC COMMUNITY"

**2 CARE HOMES 6 FILM SCREENINGS RESIDENT DISCUSSION GROUPS
STAFF INTERVIEWS STRUCTURED OBSERVATION 2016**



Remembering the past

It is good to see old films and to
remember them as we knew them
when we were young

(Person living in a care home)

I was a very young child and my grandpa
and my aunt took me to the pictures... when
[today's film] started I just had my grandpa
and my aunt beside me [gestures to the
empty space beside her and starts to cry]

(Person living in a care home)

Enhancing the present



It takes all your willpower to stay
in the armchair and not jump up
[to dance]!

(Person living in a care home)

What we usually do is half an hour
then we'll stop the film

(Person working in a care home)



Sharing the future

People in the home have been looking forward to what film they were watching. It's nice to give them that opportunity to make them feel that they are getting the choice

(Person working in a care home)

Do you ever go to the cinema on a date now? That's in the past for me, I am an old lady

(Person living in a care home)



2019-21

Care Inspectorate
Collaboration

4 Care Homes

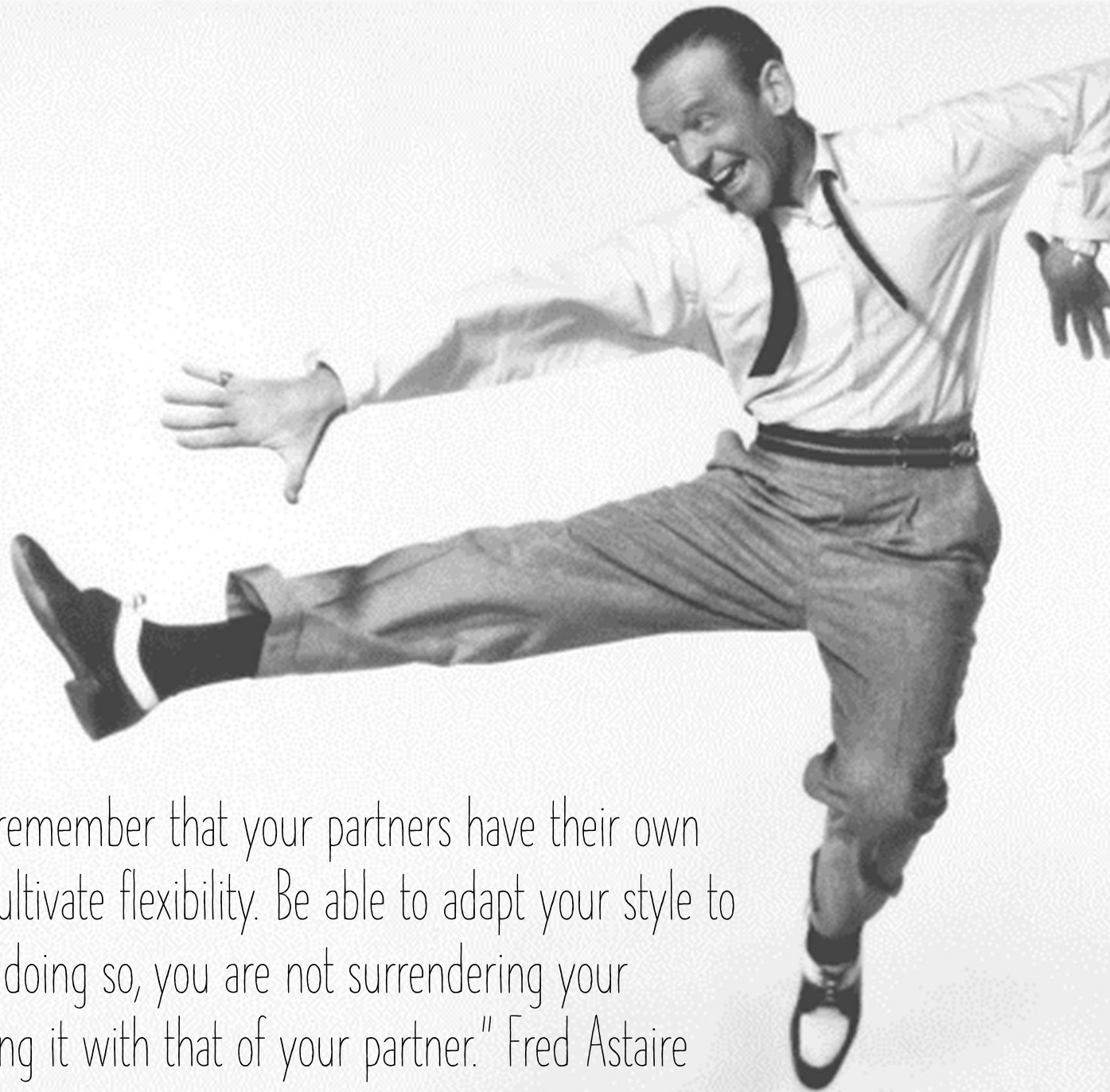
3 Co-design workshops

Improvement Cycles

Refining the Resource

Taking part has taught me to look outside the box. Films aren't just for putting on as entertainment, so it's about thinking of them in different ways... In terms of what it's brought to residents, we have one lady who has a terrible time trying to sleep and she managed to get sleep during the film. Another resident can be quite aggressive due to her dementia and we noticed that they were calm and smiling during the film. This was an unusual thing for them but it was fantastic to see. One lady with very advanced dementia was singing and that was a joy to see... so we have we have quite a few plans for different things we could observe such as fluid intake, agitation, impact on sleep reduction of medication etc

Staff weren't sure about taking part at first, as they worried it might take up too much time or it wouldn't make much of a difference, but they can see the benefits now. Taking part in Film in Care has let us see that we need to do these things for people in the home - it's not about what will be easier for staff, it's about the people living here



"For ballroom dancing, remember that your partners have their own distinctive styles also. Cultivate flexibility. Be able to adapt your style to that of your partner. In doing so, you are not surrendering your individuality, but blending it with that of your partner." Fred Astaire

Read our paper:

Breckenridge, J. P., Kroll, T., Wylie, G., & Salzberg, A. (2020).
Remembering the past, enhancing the present and sharing the
future: a qualitative study of the impact of film screenings in care
home communities. *Ageing and Society*, 1-26.
<https://doi.org/10.1017/S0144686X20000501>

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