Original Article

Experiences of Iranian Nurses in Employing Nurse Assistants: A Descriptive Phenomenological Study

Abstract

Background: The integration of nursing assistants into care delivery systems presents considerable challenges for healthcare teams, particularly in upholding care standards and preserving professional boundaries. These challenges are especially evident for nurses, whose lived experiences have not been sufficiently explored. Given their central role in patient care, this descriptive phenomenological study investigates the experiences of nurses and the challenges they encounter when working with nursing assistants. **Materials and Methods:** This qualitative study was conducted from August 12, 2023 to January 11, 2023 at a hospital in Lorestan Province, Iran. A descriptive phenomenological design was applied, and 14 nurses were recruited through purposive sampling. Data collection involved semi-structured, in-depth interviews, and analysis was performed using Colaizzi's seven-step method. MAXQDA software facilitated data management. **Results:** The study involved 14 nurses, with a mean (SD) age of 35.86 (3.89) years. Their experiences with nursing assistants were categorized into five overarching themes: reactions to their presence, diminished professional value, dilemmas of role and identity, attitudinal and interactional conflicts, and perceived injustice. These were further divided into 19 subthemes. **Conclusions:** The presence of nurse assistants in clinical environments introduces both advantages and challenges. Despite reported benefits, participants voiced concerns about role ambiguity, absence of legal accountability, and adverse effects on the professional identity of nurses. The findings highlight the importance of clear job descriptions and structured training programs. These insights may inform targeted educational initiatives and support policy reforms to address nursing workforce shortages, thereby improving service quality and optimizing healthcare team performance.

Keywords: *Nurses, nursing assistants, qualitative research*

Saeedeh Piri[1], Alireza Khatony[2,3], Rostam Jalali[4]

[1]Student Research Committee, Kermanshah University of Medical Sciences, Kermanshah, Iran, [2]Social Development and Health Promotion Research Center, Health Institute, Kermanshah University of Medical Sciences, Kermanshah, Iran, [3]Infectious Diseases Research Center, Kermanshah University of Medical Sciences, Kermanshah, Iran, [4]Department of Nursing, School of Nursing and Midwifery, Kermanshah University of Medical Sciences, Kermanshah, Iran

Address for correspondence:
Dr. Rostam Jalali, Department of Nursing, School of Nursing and Midwifery, Kermanshah University of Medical Sciences, Kermanshah, Iran.
E-mail: ks_jalali@yahoo.com

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Introduction

In recent decades, nurses have encountered escalating workloads due to increasing healthcare demands and a persistent shortage of qualified professionals.[1] To address this issue, healthcare assistants—referred to as Certified Nursing Assistants (CNAs) in the United States, unlicensed assistive personnel, and nursing assistants in Australia—have been incorporated into nursing teams.[2-4] The number of healthcare assistants has grown substantially,[5] with approximately 1.73 million CNAs in the United States in 2019 and 4.67 million in the European Union in 2018.[6] Notably, healthcare assistants comprise nearly 42% of the total healthcare workforce and represent one of the most rapidly expanding sectors within the profession.[7]

Healthcare assistants are selected based on their competencies and ability to collaborate with nurses. They perform a range of patient care responsibilities, including both direct tasks (e.g., assisting with nutrition, daily activities, and monitoring vital signs) and indirect tasks (e.g., transferring patients, changing bed linens).[8,9] Their integration is intended to improve efficiency by allowing nurses to focus on complex responsibilities that require advanced clinical expertise.[9,10] Studies have shown that nurses value delegating routine, labor-intensive, and nonprofessional duties to healthcare assistants as it enhances job satisfaction and professional identity while also reducing the likelihood of leaving the profession.[11]

Despite these advantages, in many countries, the practice of nursing assistants is not governed by standardized professional or governmental oversight, resulting in wide variability in their training, competencies,

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and roles across clinical environments.[3] In Australia, the United States, and England, nursing assistants complete training programs offered by private or nonprofit institutions, delivered through in-person or online formats.[2] In Iran, training programs for nurse assistants—referred to as *Behyar* (nurse assistant) and *Komak Behyar* (associate nurse assistant)—are conducted annually by nongovernmental bodies such as the University Jihad Organization and the Iranian Nursing Organization.[12] *Behyars* and *Komak Behyars* represent two distinct categories of support staff who assist registered nurses (RNs). *Behyars* undergo more comprehensive training, either through a 1-year course following an examination administered by the Ministry of Health and Medical Education (MoHME) or through a 3-year program initiated at the high school level. In contrast, *Komak Behyars* complete shorter training programs ranging from 2 to 6 months.[13]

Evidence suggests that nurse assistants in Iran often have varied educational backgrounds and may lack sufficient practical training.[14] Training programs have been criticized for inadequate alignment between theoretical instruction and clinical responsibilities, potentially resulting in compromised care and increased medication errors. Moreover, the combination of short-term instruction and assignment of advanced clinical duties, such as medication administration and intravenous catheter insertion, raises concerns about the safety and reliability of care provided.[15]

A study by Jacob *et al*.[16] (2015) indicated that the integration of nursing assistants can lead to longer hospital stays, higher complication rates, and potential disruption of nurses' professional roles. Nurses frequently report concerns that delegation of responsibilities may diminish their professional autonomy,[17] lead to fragmented care, and complicate their accountability for patient outcomes. Additionally, the supervisory demands of working with nurse assistants can contribute to dissatisfaction among nurses[18] as they remain ultimately accountable for all care delivered by assistants, often beyond their core clinical responsibilities. This dual burden exacerbates dissatisfaction by imposing managerial duties alongside nursing tasks.[19] The resulting strain may negatively affect the quality of care and compromise the physical and psychological wellbeing of nurses, increasing the risk of stress and burnout.[20,21] It may also hinder communication with patients and impair the identification of their needs.[22]

To improve workplace conditions, healthcare systems should define the roles and responsibilities of healthcare assistants clearly, ensuring a distinct separation from the scope of nursing practice. Such role delineation is crucial as ambiguity in responsibilities and inconsistent educational backgrounds can impair teamwork, communication, and nurses' overall satisfaction with nursing assistants.[19,23,24]

Due to the limited body of research exploring Iranian nurses' experiences with nurse assistants—and the lack of comprehensive identification of the associated opportunities, challenges, and risks—this study was designed to investigate the lived experiences of nurses employing nursing assistants. The findings aim to provide a realistic understanding of the current challenges and to inform improvements in policies, management approaches, and clinical care protocols to enhance patient care quality.

Materials and Methods

This qualitative study was conducted from August 12, 2023 to January 11, 2023, employing a descriptive phenomenological approach, specifically using Colaizzi's seven-step method, to explore and understand the lived experiences of nurses in their interactions with nursing assistants. Phenomenology is a research methodology that seeks to uncover the essence of a phenomenon by examining the perspectives of individuals who have directly encountered it, thereby capturing the subjective meanings attributed to the phenomenon by participants.[25] Descriptive phenomenology focuses on the exploration, analysis, and direct articulation of specific phenomena to maintain objectivity and reveal the inherent and intuitive dimensions of the phenomenon under investigation. In this study, a three-stage descriptive phenomenological process was applied, involving intuiting, analyzing, and describing the phenomenon.[26]

The participants were selected from nurses working in various departments of a teaching hospital in Lorestan Province, Iran. This facility serves as a provincial trauma center and a referral hospital for trauma cases in western Iran. A total of 14 nurses were selected using purposive sampling. Nursing administrators and hospital supervisors were asked to identify individuals with substantial experience working with nursing assistants, strong communication skills, and the ability to articulate their experiences. These individuals were deemed reliable sources of information on the phenomenon under study. Arrangements were made via telephone, and nurses received comprehensive explanations regarding the study's objectives and procedures. Sampling continued until data exhibited sufficient depth, richness, and abstraction.[27] Data saturation was reached during the fourteenth interview. Inclusion criteria required participants to hold at least a bachelor's degree in nursing, possess a minimum of 3 years of clinical experience, and express a willingness to participate. Maximum variation was achieved in terms of gender, age, educational background, workplace, and professional experience.

Data collection involved face-to-face, in-depth, semi-structured interviews, which are commonly employed in phenomenological research to elicit participants' perspectives and insights.[28] Prior to the interviews, written informed consent was obtained. Interviews were conducted in a dedicated classroom within the hospital's education unit

to provide a quiet and suitable environment. The average duration of interviews ranged from 30 to 45 minutes.

Interviews commenced with open-ended prompts, such as, "What does the presence of a nurse's assistant in the clinic mean to you?" "How do you perceive the presence of nurse's assistants in the clinical setting?" and "Please describe your experiences with nurse's assistant presence there." Follow-up questions were then posed to explore the lived experiences of nurses regarding the use of nurse assistants. To ensure accuracy and facilitate analysis, interviews were recorded using digital audio recorders and transcribed verbatim. All interviews were completed in a single session, and no follow-up interviews were required. The interviewer made a conscious effort to bracket any prior assumptions regarding the research topic. Participants were informed of the study's focus during in-person sessions. All interviews were conducted by the first author, a 34-year-old female PhD candidate in nursing, under the supervision of two nursing professors with expertise in qualitative methodology.

Interview data were analyzed using Colaizzi's seven-step method, a widely accepted approach for extracting meaning in phenomenological research. In the first step, completed interviews were repeatedly reviewed. In the second step, verbatim transcriptions were produced to ensure an in-depth understanding of participants' narratives. Statements directly related to the phenomenon were identified in step 2. In the third step, meaning units were extracted from significant expressions, with the researcher engaging in reflective bracketing of personal biases. Step 4 involved clustering emergent themes into thematic categories. In step 5, these categories were synthesized into a comprehensive description of the phenomenon. In step 6, a refined and structured narrative of the phenomenon was articulated, including only the essential elements. In the final step, the findings were returned to participants for validation as qualitative studies ensure rigor through member checking.[29] Data management was facilitated using MAXQDA 2020.

To ensure methodological rigor, the criteria of credibility, dependability, confirmability, and transferability, as proposed by Lincoln and Guba, were applied.[30] Credibility was enhanced through prolonged engagement and sustained observation in the clinical setting. Dependability was addressed by documenting each stage of the study in detail to support the external audit. Confirmability was achieved by sharing recorded interviews, transcriptions, and coding strategies with experienced qualitative researchers, who verified the accuracy of the process. To ensure transferability, participants were purposefully selected to maximize variation (e.g., age, gender, education, work experience, and practice setting). Moreover, participants reviewed the coded transcripts to validate congruence between the interpretations and their actual experiences.

Ethical considerations

This study was approved by the Ethics Committee of Kermanshah University of Medical Sciences under the ethics code IR.KUMS.REC.1402.192 (Approval date: 2023-08-01). Participants were thoroughly informed about the study's objectives and methodology. Throughout the research process, strict adherence to confidentiality principles was maintained. Written informed consent was obtained, interviews were recorded with permission, and data privacy was safeguarded. Participants were informed of their right to withdraw from the study at any stage. To protect anonymity and maintain confidentiality, each participant was assigned a unique code or identifier.

Results

This study included 14 participants, with a mean (SD) age of 35.86 (3.89) years and a mean (SD) work experience of 13.14 (3.54) years. An equal number of participants held either a bachelor's degree 7 (50%) or a master's degree 7 (50%) in nursing. The majority were female 9 (64.3%) and married 13 (92.5%) [Table 1].

Thorough data analysis and interview review yielded 221 key phrases. After eliminating duplicates, 183 unique and meaningful units remained. Further examination of these units led to the identification of 19 subthemes and five overarching themes. These main themes were: reactions to presence, loss of professional value, role and identity dilemmas, conflict in attitude and interaction, and perceived injustice [Table 2].

Reaction to Presence

One of the prominent themes emerging from participants' narratives was *Reaction to Presence*, encompassing five subthemes detailed below.

Emotional Turbulence

Participants reported a range of emotional responses arising from confusion and ambiguity about the role of nurse assistants in clinical environments. These reactions included feelings of helplessness, despair, aversion, resentment, humiliation, frustration, job dissatisfaction, anger, confusion, ambivalence, and even physical symptoms. Participants articulated their perspectives as follows: *"If the nurse assistants were efficient and helped reduce our workload, there would be no problem. But when they only handle basic service tasks, it becomes frustrating. I've developed a sense of aversion and even disgust toward them." (P. 2)*

"Being a nurse doesn't mean much to me anymore. Nowadays, anyone caring for children or the elderly is called a 'nurse,' even without proper qualifications. It's frustrating. When someone asks about my job, I hesitate to say I'm a nurse. I'd rather just say I work at a hospital. Nurse assistants have devalued our profession." (P. 13)

Table 1: Demographic characteristics of participants

Participant No	Gender	Age (Year)	Marital Status	Education	Workplace	Job Experience (Year)
1	Male	34	Married	Master	Emergency	12
2	Female	35	Married	Bachelor	NICU*	12
3	Female	28	Single	Master	Children Ward	8
4	Male	36	Married	Master	ICU*	13
5	Male	37	Married	Bachelor	Internal Ward	14
6	Female	39	Married	Master	CCU*	17
7	Female	40	Married	Bachelor	NICU	17
8	Female	32	Married	Master	Neonatal ward	9
9	Male	33	Married	Master	ICU	11
10	Female	38	Married	Bachelor	Emergency	13
11	Male	38	Married	Master	CCU	14
12	Female	42	Married	Bachelor	Surgical	20
13	Female	31	Married	Bachelor	Women ward	8
14	Female	39	Married	Bachelor	Internal ward	16
Mean (SD)		35.86 (3.89)				13.14 (3.54)

*Neonatal Intensive Care unit, *Intensive Care Unit, *Cardiac Care Unit, *Standard Deviation

Table 2: Themes and subthemes extracted from nurses' experiences of utilizing nursing assistants

Themes	Subthemes
Reaction to presence	Emotional turbulence
	Supportive
	Stress burden
	Insecurity
	Distrust
Loss of professional value	Erosion of status
	Distorted image
	Threats to nursing
	Decline in care quality
Role and Identity Dilemmas	Ambiguity in legal responsibilities
	Role ambiguity
	Role deviation
	Communication struggles
	Professional inadequacy
Conflict in Attitude and Interaction	Incorrect thinking
	Lack of commitment
	Disappointment
Perceived Injustice	Inequity
	Dissatisfaction

Stress Burden

Participants consistently identified nurse assistants as a source of stress. Concerns were linked to their limited training and lack of preparation for complex clinical scenarios. Key stressors included inadequate scientific and practical competencies, misinformation given to patients, delays in task completion, safety concerns, and the expectation that nurses remain accountable for assistants' actions. The following statements illustrate this collective sentiment:

"I feel like I'm carrying an extra burden when I have to juggle my responsibilities while monitoring the nursing assistant to avoid mistakes." (P. 14)

"When a nursing assistant lacks knowledge, all the stress and responsibility fall on the nurse—and ultimately, it's the patient who suffers." (P. 8)

"Nursing assistants are of no help to us. They're just an added stress and burden for the staff." (P. 14)

Supportive

Several participants acknowledged the benefits of having nurse assistants, which reduces their workload and enables more time for specialized patient care. Positive feedback emphasized improved responsiveness and task delegation: *"The presence of nurse assistants helps nurses focus on more critical patient care and saves time." (P. 10)*

"Nurse assistants are an extra pair of hands for nurses—they help ease our workload." (P. 11)

Insecurity

Some nurses reported a sense of insecurity due to perceived inadequacies in the skills or performance of nurse assistants. These concerns were often linked to incidents involving clinical errors: *"After the nursing assistant administered the wrong medication, I spent the entire day feeling anxious and afraid. I was overwhelmed by a deep sense of insecurity." (P. 3)*

Distrust

Trust is foundational in healthcare team dynamics. However, participants highlighted a lack of trust toward nurse assistants, citing insufficient knowledge, poor understanding of patient conditions, inadequate execution of tasks, deviation from care standards, and recurrent errors. As one nurse expressed: *"When I return to the ward*

after a break, I have to double-check everything the nursing assistants did to ensure it's done correctly." (P. 5)

Loss of Professional Value

The integration of nurse assistants into clinical practice was perceived by nearly all participants as a threat to core professional values in nursing, making it a major theme in this study. This theme comprised four subthemes, described below.

Erosion of Status

A recurring subtheme was *erosion of status*. Participants expressed concerns that the involvement of nurse assistants undermines the perceived significance of the nursing role. This perceived devaluation was associated with a reduction in professional expectations and recognition, ultimately diminishing nurses' status within the healthcare hierarchy. The following excerpts illustrate this sentiment: *"In my view, having a nursing assistant undermines the importance of a nurse's role. It's like people assume nursing is just about giving injections, as if anyone could do what we do." (P. 5)*

"I think the Ministry of Health introduced nurse assistants just to downgrade nurses' standing. It's as if they're saying nurses aren't doing anything unique—that someone with two months of training can do what we do. It's like we're being told not to expect any respect." (P. 9)

Distorted Image

Participants believed that the presence of nurse assistants has contributed to a blurred and unprofessional public image of nursing. The misuse of the term *nurse* by assistants has led to confusion among patients and the general public, weakening the perceived distinction and credibility of professionally trained nurses, as illustrated by the following statements: *"I spent four years of my life studying, working exhausting shifts for years, and now I call myself a nurse with pride. But these people start calling themselves nurses without earning it, and it confuses everyone about what nursing actually means." (P. 7)*

"Many nurse assistants introduce themselves as nurses, both in the hospital and outside. The problem is, patients and people can't tell the difference—so they just call everyone a nurse, and that's upsetting." (P. 6)

Threats to Nursing

Participants viewed the employment of nurse assistants—particularly those lacking adherence to professional standards—as a structural threat to the nursing profession. One nurse remarked: *"They brought in nurse assistants just to cover the nursing shortage. It's like they've been placed in our hierarchy, and now they're undermining the entire profession." (P. 1)*

Decline in Care Quality

Concerns about care quality were widespread. Participants expressed serious doubts about the safety and competence of care delivered by nurse assistants, citing potential complications and risks to patients. One nurse reflected: *"Nurse assistants don't know how to reposition patients properly based on scientific technique. For instance, when they need to move a patient up in bed, instead of lifting correctly, they drag them, which can damage the skin." (P. 5)*

Role and Identity Dilemmas

Most participants identified a range of complex challenges and uncertainties encountered by nurse assistants, including ambiguous legal responsibilities, unclear role definitions, role deviation, communication difficulties, and professional inadequacy. These inconsistencies, varying across clinical settings, were collectively framed as *role and identity dilemmas*.

Ambiguity in Legal Responsibilities

Participants emphasized that the absence of clearly defined boundaries between nurses and nurse assistants—and the lack of legal accountability for assistants—leaves nurses fully responsible for the actions performed by nurse assistants. One participant shared: *"When I'm working as a nurse, I know exactly which patients I'm responsible for. But that's not the case for nurse assistants—they don't have the same legal obligations or autonomy. In the end, we're the ones held accountable for what they do and how they do it." (P. 7)*

Role Ambiguity

Nurses described the job roles of nurse assistants as inherently vague. This lack of a structured job description often confuses both assistants and nurses. While assistants are mainly assigned basic care and service-related tasks, staffing shortages often lead hospitals to reassign them to broader responsibilities. As noted by participants: *"Even the nursing assistants are confused—they don't know whether they're here to assist or just perform service duties. Their supervisors expect one thing, and as nurses, we have our own expectations." (P. 9)*

"The assistants don't have a clear idea of their responsibilities. There's no defined job description. They end up doing everything from moving patients to delivering lab samples and managing medication requests." (P. 2)

Role deviation

Many participants reported that nurse assistants often operate beyond their designated scope of practice, encroaching upon nurses' responsibilities and, at times, delivering misinformation. Some explained: *"They constantly interfere in our duties. For example, when a newborn is admitted after a C-section, they might tell the parents everything's fine and there's no need for the admission, creating unnecessary confusion. They even give inappropriate advice, acting like doctors." (P. 8)*

"During training, they learn procedures like giving injections or dressing wounds. So, when they start working, they expect to do advanced nursing tasks right away." (P. 12)

Communication struggles

Participants repeatedly highlighted communication difficulties. Nurse assistants were perceived to struggle with patient interaction, which could affect care quality. As one participant noted: *"Some of the nurse assistants are poor communicators. They can't engage with patients and sometimes speak to them inappropriately." (P. 4)*

Professional inadequacy

Participants consistently pointed to nurse assistants' lack of professional competence, attributing it to factors such as limited knowledge and skills, ineffective training programs, and unregulated recruitment practices. For instance: *"Nursing assistant courses are short and superficial. They used to be in-person, but now they're online." (P. 13)*

"The selection process for assistants is completely unstructured. People are accepted into the profession without any real evaluation of their qualifications." (P. 5)

Conflict in Attitude and Interaction

Another key theme identified in the study was *conflict in attitude and interaction*, encompassing three subthemes discussed below.

Incorrect Thinking

Some participants noted that certain nurse assistants perceived their duties as serving the needs of nurses rather than patients. This perception fostered a sense of rivalry and resentment toward nurses. One participant explained: *"Nurse assistants think their work benefits the nurse more than the patient. This mindset makes it difficult for them to develop a good working relationship with us." (P. 6)*

Lack of Commitment

Participants reported a lack of commitment among some nurse assistants, reflected in negligence, poor task execution, and avoidance of responsibility. Delegation of duties to colleagues and frequent blame-shifting were also observed. One participant shared: *"Some nurse assistants feel they didn't choose this profession but are stuck in it, so they do their jobs without interest or attention. When I think of nurse assistants, I think of people who avoid responsibility, shift their work onto others, and blame the previous shift for mistakes." (P. 11)*

Disappointment

A majority of participants believed that many nurse assistants lacked motivation and experienced discouragement and hopelessness, which adversely impacted their job performance, learning efforts, and interactions with nurses. Participants stated in this regard: *"Nurse assistants have come to believe that they're not important and that little is expected of them. Since they don't fully grasp their legal responsibilities, they're not motivated to perform well." (P. 5)*

"In my view, nurse assistants feel demoralized and hopeless. That's why they don't do their jobs properly or make any effort to improve their knowledge and skills." (P. 3)

Perceived Injustice

Perceived injustice emerged as a key theme in the data, comprising two subthemes: *inequity* and *nurse dissatisfaction*.

Inequity

Participants perceived the deployment of nurse assistants in clinical settings as unfair to professional nurses. Concerns centered on competency disparities and risks to patient rights. One participant expressed: *"It's simply unfair to assign patients to nurse assistants who haven't received proper training. It undermines the effort we put in as nurses and compromises patient rights." (P. 14)*

Dissatisfaction

Participants voiced frustration over nurse assistants receiving the same organizational recognition, pay, and benefits as RNs, despite their differing educational qualifications and responsibilities. One nurse commented: *"It's disappointing that nurse assistants are included in the nursing organizational structure and counted the same as us when calculating staff. They get the same salary and benefits as I do—but let's be real, our workloads aren't equal. Do they carry the same legal responsibilities? It's disheartening." (P. 8)*

Discussion

The objective of this study was to explore nurses' experiences in working with nursing assistants. Analysis of the data revealed five core concepts: *reaction to presence*, *loss of professional value*, *role and identity dilemmas*, *conflict in attitude and interaction*, and *perceived injustice*.

The emergence of *reaction to presence* represented a prominent finding, encompassing subthemes such as *emotional turbulence*, *support*, *stress burden*, *insecurity*, and *distrust*. In line with these findings, Alcorn (2010) reported that only a small proportion of nurses described positive experiences with nursing assistants, whereas the majority expressed confusion and emotional distress.[31] A qualitative study examining nurses' experiences with nursing assistants found that while these assistants were often regarded as "an extra pair of hands" that eased nurses' workload and enabled focus on more advanced clinical responsibilities, some nurses remained concerned about the need for continuous supervision and quality assurance. The presence of nurse assistants was, in some cases, perceived as a source of additional stress.[32]

Although their assistance was acknowledged, several nurses raised significant concerns regarding the quality of care delivered by nursing assistants. In a separate study, participants described heightened insecurity and uncertainty

regarding the role and presence of nurse assistants. These sentiments included anxiety, doubt, fear, and a need for clearer information, largely driven by concerns about competence and clinical preparedness. In more severe cases, these apprehensions contributed to broader concerns over the perceived devaluation of nursing as a profession.[33]

Within the present study, participants demonstrated varied responses to the presence of nursing assistants. Some acknowledged their supportive contributions and valued them as complementary members of the care team. Others, however, reported discomfort and emotional distress—citing feelings such as frustration, helplessness, humiliation, and anger. For some, the presence of nurse assistants represented an additional burden, particularly in relation to the time and effort required for oversight and supervision.

Loss of professional value also emerged as a key theme, encompassing subthemes such as *erosion of status*, *distorted image*, *threats to nursing*, and *decline in care quality*. The integration of nurse assistants into the healthcare system has significantly impacted nurses' professional identity and values.[34] In a qualitative study by Petrova *et al*.[33] (2010), participants articulated similar concerns about the diminishing distinctiveness of nursing, describing sentiments such as "we are nothing special anymore" and "we are almost equal to nurse assistants". This conceptualization of professional devaluation corresponds with findings in the present study, particularly regarding perceived erosion of nurses' status within clinical teams.

The issue of declining care quality associated with nurse assistants has been highlighted in numerous studies. Several investigations have reported associations between the involvement of nursing assistants and adverse patient outcomes, including resuscitation failure, urinary tract infections, and fall-related injuries.[8] In a study by Calderon-Margalit *et al.*[32] (2017), which explored nurses' attitudes and behaviors toward unlicensed auxiliary personnel in Occupied Palestine, participants noted a distancing of nurses from core clinical responsibilities and straightforward patient care. This distancing appeared to widen the experiential gap between nurses and patients. These observations align closely with the current study's findings.

In addition, scholars have described the expanding role of nurse assistants as contributing to the "fragmentation" and even "dehumanization" of care—both of which may compromise patient safety and the integrity of nursing practice.[35] In the present study, nurses expressed substantial concern regarding how the presence of nurse assistants impacts their own professional role and identity. These concerns were closely linked to broader anxieties about care quality, patient safety, and the additional burden of monitoring and supervising assistants.

Another significant finding pertains to *role and identity dilemmas*, which included subthemes such as *ambiguity in legal responsibilities*, *role ambiguity*, *role deviation*, *communication struggles*, and *professional inadequacy*. Several studies have underscored the absence of clearly delineated legal and professional responsibilities for nurse assistants, despite their involvement in direct patient care.[35,36] This lack of definition has contributed to a perceived absence of professional accountability.

As a result, nurses frequently express concern over the potential for errors by nurse assistants[37] and the need for subsequent corrective actions to mitigate such incidents.[38] Role ambiguity and deviation further compound these challenges. Sarabi *et al*.[39] (2021), in a study conducted in Iran, found that the existence of multiple job titles and the delegation of patient transport and general service tasks to nurse assistants created substantial role confusion. Such ambiguity can disrupt interprofessional collaboration and compromise the quality and coordination of care.[40]

The literature suggests that poorly defined job boundaries can lead to role substitution between nurses and nurse assistants,[34] occasionally resulting in assistants performing duties beyond their authorized scope of practice.[32] In the present study, participants reported that nurse assistants often lack a clear understanding of their own responsibilities and are uncertain about expected tasks. This confusion may result in overstepping boundaries, interfering in clinical and medical activities, and engaging in unauthorized care outside hospital settings. These role deviations may, in turn, increase the risk of errors, missed care episodes, and compromise overall patient safety.

Accordingly, establishing precise job descriptions and performance expectations for nurse assistants is essential. Clear delineation of roles, supported by structured supervision and regulatory oversight, can mitigate ambiguity, reduce risk, and enhance role clarity within healthcare teams.

Participants emphasized the professional inadequacy of nursing assistants as a major concern. Currently, there is no structured system in place to evaluate the competency levels of these personnel.[36] Many nursing assistants lack formal professional credentials, raising questions about their ability to perform essential care tasks effectively.[34] These findings underscore the inadequate attention given to the clinical preparedness of nursing assistants within hospital settings.[39]

Evidence suggests that nursing assistants often possess limited professional experience and rely heavily on employer-centered training programs.[2] This lack of competence may lead to task errors, diminished trust among nursing staff, and a weakening of the assistants' intended supportive role. Establishing standardized educational pathways and accreditation mechanisms is essential for improving the clinical capability of nursing assistants and ensuring the quality of patient care.[41]

Within this study, nurses consistently identified insufficient competence as one of the most urgent challenges. From their perspective, this deficiency included poor knowledge and skills, low-quality training, and the absence of systematic performance evaluations. Therefore, regular assessment of nursing assistants' competencies is imperative to ensure they meet minimum professional standards and are adequately prepared for clinical responsibilities.

Improving training not only safeguards patient safety but also protects nurses from stressful work environments, high-risk situations, and potential legal consequences.

Additionally, findings from this study highlighted persistent *communication struggles*. In a study by Wu *et al*.[42] (2025), poor communication was identified as a substantial barrier in the training of nursing assistants. Nurses in the present study perceived that, due to limited exposure to professional hierarchies, a relatively low level of clinical knowledge, and a predominantly service-oriented mindset, many nursing assistants demonstrate disrespectful or unprofessional behavior when interacting with patients and colleagues.

Another major theme was *conflict in attitude and interaction*, comprising subthemes such as *incorrect thinking*, *lack of commitment*, and *disappointment*. Prior studies have shown that nursing assistants often lack agency within their work environments,[43] leading to emotional responses such as guilt, inadequacy, sadness, inefficacy, and dissatisfaction.[44]

In a qualitative study titled *Job Satisfaction and the Intention to Leave Among Nursing Assistants*, participants expressed feelings of being trapped in roles with no opportunity for career growth—echoing the subtheme of *disappointment* in the present study.[45]

Some nursing assistants, despite holding university degrees and aspirations for roles in other fields, may accept their positions solely for financial reasons. As a result, they experience organizational dissatisfaction, professional disillusionment, and a diminished sense of purpose.

This lack of role clarity can further contribute to poor motivation, low commitment, and inconsistent task performance. Moreover, when nursing assistants perceive their duties as serving nurses rather than patients, feelings of resentment and competition may arise. Providing constructive feedback and positive reinforcement can foster a sense of security and professional value among nursing assistants.

The final theme identified in this study was *perceived injustice*, comprising the subthemes of *inequity* and *dissatisfaction*. The dissatisfaction voiced by nurses in this research contrasts with findings reported by Davies *et al*.[46] (2017), who observed greater satisfaction with the integration of nursing assistants. From their perspective, incorporating assistants into nursing teams improved collaboration, balanced workload distribution, and expanded the scope of patient care services.

Although fairness and justice are foundational principles in healthcare systems, nurses in the present study described feeling discriminated against regarding the deployment of nurse assistants. Their concerns focused on role overlap, unequal accountability, and pay parity. Many perceived the integration of nurse assistants into clinical care roles as unjust and detrimental to their own professional standing.

In light of these concerns, the development of transparent, equitable policies for task allocation and responsibility delineation—alongside robust oversight mechanisms—is essential for promoting fairness and preserving professional integrity.

This study employed a qualitative methodology, which by nature limits the generalizability of its findings. Furthermore, the research was conducted within a single healthcare setting, where variables such as the number and distribution of nurse assistants across units may have influenced participant experiences. While purposive sampling is integral to phenomenological research, it may introduce selection bias as participants may not fully represent the broader nursing workforce. To mitigate this, the study sample was deliberately varied in terms of education level, gender, work experience, and clinical setting.

Conclusion

This study revealed diverse perspectives among nurses regarding the presence of nurse assistants in clinical practice. While participants acknowledged the potential benefits of nurse assistants in reducing workload, they raised significant concerns about the absence of legal accountability and threats to professional identity. They compromised patient safety. Additional concerns included role ambiguity, lack of standardized job descriptions, and inadequate training structures.

Participants described confusion among nurse assistants due to vague role expectations, which further complicated collaborative care efforts. These findings provide critical insights for policymakers and healthcare administrators into the real-world challenges surrounding the employment of nurse assistants. The results underscore the urgent need for comprehensive planning, including policy reform, clear role delineation, and the implementation of structured training programs.

Importantly, the study findings do not support the use of nurse assistants as a viable long-term solution to nursing workforce shortages. Further research is warranted to deepen understanding in this area and inform evidence-based workforce strategies.

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Conflicts of interest

Nothing to declare.

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