

Comprehensive Review of Role Integration Between Nurses and Nurse Assistants: Bridging Gaps in Patient Care Through Collaborative Practices

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Abstract

The interpersonal relations between the nurses and the nurse assistants are very important for overall patient care delivery. This paper aims to analyse the interaction of those professions to elucidate current problems and possible improvements in their interaction. Conducting a multiple-source analysis of the current literature, survey, and case studies, we offer practical recommendations. Issues of communication, role definition issues, and the effect of teamwork on patients are some of the important findings of the study. Suggestions for addressing the gaps are improved training processes, rail implementation, and promotion of respect between the two categories.

Keywords: Nurses, Nurse Assistants, Collaborative Practices, Patient Care, Role Integration, Healthcare Teamwork.

Introduction

Inpatient and outpatient care involve coordination from several individuals because their specialties and skills are necessary to provide adequate patient care. Of all these working professionals, nurses and nurse assistants (CNAs) play highly strategic positions. Closely related to the core nursing skills, nurses are direct caregivers and care organizers, provide complex clinical work, and create care plans. NAs as aides on orientation, despite helping with ADLs and relieving the nurses of non-nursing tasks, keep the patient's day running smoothly and provide the closest connection the patient has to a human. There also exists clear domains of practice; however, blurred lines of reference and scope of practice call for interrelationships in delivering patient-centered care.

However, the unification of these two layers is not easy to accomplish. Lack of role definition, communication misconceptions, and organizational differences in healthcare facilities often hinder effective working relations between nurses and CNAs. Role conflicts may result in overlapping responsibilities or functions, underutilization, or complete omission of certain tasks that may harm patients' health. Likewise, a lack of communication leads to mistakes, long patient waiting times, and diminished interprofessional relations. Both hierarchical relations also intensify these difficulties, which include non-communication of

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discomfort or participation in the decision-making procedures by the NAs. Not only do these barriers jeopardize the team's effectiveness, but they also jeopardize patient safety and satisfaction.

The rationale for enhancing the cooperation of nurses and NAs can be attributed to the good health systems innovations and the advancing patient needs. Inter-professional working has been associated with error reduction, increased staff satisfaction, and patient outcomes. Models of effective integration, as denoted by the Collaborative Care Model, show that structured teamwork is very beneficial, concerning clear division of the tasks within the team, expected conduct, and communication protocols.

Consequently, this paper provides a synthesis of the research on role integration between nurses and NAs, emphasizing the research gaps and practical recommendations to close these gaps. The review analyses prior studies, identifies and analyses evidence-based practice interventions, and considers the effects of integrated delegation models on staff productivity and patient outcomes. By pointing out the above barriers to integration, this study aims to promote the idea of effective teamwork and the development of a supportive culture that will enable all the staff of the healthcare team (Barry & Seers, 2017).

The relevance of this study is centered on the possibility that it can impact policy and practice. Based on the conclusions, recommendations use findings to help healthcare institutions develop the right strategy to improve workforce integration workforce to increase the standard and safety of patient care. This paper intends to provide an addition to existing discourses within healthcare improvements by proposing an enhancement of the relationship between nurses and

Literature Review

Theoretical Foundations of Collaborative Practices

The overall framework of interprofessional collaboration in healthcare is based on a set of principles stating that all participants and team members share the same goals, respect each other, and make efforts to achieve successful communication. Some common models used for successfully developing teamwork are the Interprofessional Education Collaborative (IPEC) model and Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS). At the center of its strategy, IPEC centers competency in interprofessional teamwork to achieve a desirable end by enabling all professionals in the health sector-related fields to address this factor. TeamSTEPPS, founded by the Agency for Healthcare Research and Quality (AHRQ), focuses more on communication solutions such as situation awareness, team member support, and leadership in teamwork environments. Both models underline the use of organizational communication tools such as SBAR and huddles to ensure that those whose actions are involved agree with those set goals and objectives. These theoretical models prove that for collaboration in a clinical setting with nurses and CNAs to be effective, there must be recognition and appreciation of the roles and responsibilities of both the teams and the advancement of interprofessional communication.

Roles and Responsibilities

The separate but complementary functions of nurses and NAs are the foundation of the patient care approach. Registered nurses are senior caregivers who have completed advanced education and passed exams to become licensed to practice clinical procedures. They monitor patient status, create and manage treatment plans, prescribe drugs, order tests and investigations, and teach patients/families about health conditions and treatments. Another important role frequently attributed to nurses is the role of a coordinator; it means that a nurse defines the required course of action to ensure that all the patient needs match the determined treatment plan.

NAs are only responsible for patients' basic needs, including feeding, bathing, or moving them from one position to another. They offer key assistance in terms of observing patient comfort, reporting any changes in the condition of the patients, and ensuring that the surroundings are clean and safe. Compared to nurses, NAs have a narrow area of responsibility; they are still irreplaceable assets for continuity.

Though nurse practitioners and clinical nurse specialists are given different responsibilities, there is hardly a domain in which their work does not overlap, such as at the bedside, where collegial collaboration is mandatory. Two or more people may do activities including turning, checking of pulses, and reassuring patients. These areas of collaboration maximize work performance and offer sound achievement of quality care since patients need all-round attention. Nonetheless, when the various tasks seamlessly intersect, there may be uncertainty and a lack of coordination in the work done.

Challenges in Role Integration

Role Ambiguities

Another hindering factor in role integration is the nondifferentiation of function between the nurses and CNAs. Lack of work specialization is marked by confusion as to who is supposed to do what due to a lack of clear assignment of roles. This is well illustrated in situations where team members working under a certain amount of pressure may be compelled to make a decision, for instance, within a limited amount of time without seeking the team members' opinions. Such an environment is also bad for avoiding role confusion that leads to duplication of tasks or neglect, which will reflect on patients and teams.

For example, one of the important nursing duties may include taking a patient's vital signs, and if nurses and NAs assume that it was the other party that took the measurements, patients with poor health may not be detected. On the other hand, if both try to do the same thing, it will even be time-wasting and energy-consuming. Solving these issues implies regular job descriptions, using protocols to perform tasks, and daily meetings to discuss responsibilities.

Communication Barriers

Interpersonal communication is the foundation of collaborative practice, but interactions may be challenging in interventions by RNs with NAs. Disparities in educational attainment mainly cause such issues. As Morse and colleagues have also emphasized, since nurses are typically more advanced in training and assume greater responsibilities than both MNs and NAs, these caregivers may use medical terminology or employ communication strategies that are less understandable to NAs. However, NAs might have the problem of not uttering remarks or asking questions since they feel there is a distinction of power between the organized teams involved in the healthcare provision. When different elements of an organization are arranged in a hierarchical structure, the communication process becomes even more challenging. Many NAs could experience being overlooked or not considered relevant for the decisions being made within settings; this leads them to be demotivated and reluctant in their involvement. These challenges are worsened by insufficient time due to serious work commitments, rarely allowing for good discussion. Lack of communication is detrimental to teaming as it also opens the floodgates for error since some essential details may be skipped or misinterpreted.

Workload Imbalances

Another major issue with the routers of nurses and NAs is workload distribution. If one

individual gets more work than the other, the consequence is burnout, low job contentment, and tension between team members. Some of the attested facts about the working conditions of the registered nurse reveal that the nurses complain of inadequate time to attend to the patients since most of their time is spent running around attending to administrative and clinician workloads. On the other hand, NAs may be expected to perform many physical tasks and not acknowledged for that work offer or achievement (Bronkhorst & Vermeulen, 2016).

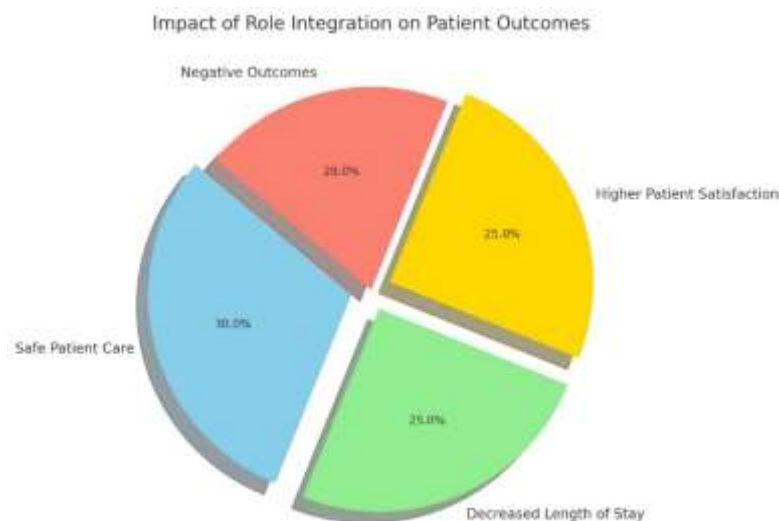
The workload is equally felt in the areas with scarce staff, especially for the nurses and NAs, where everyone is forced to work harder to fill the vacant positions. This might lead to frustration and a diminution in morale and would still further strain collaboration. Both roles have to be equally involved and their efforts balanced if they want to build a healthy relationship with the other partner in the work process.

Impact on Patient Outcomes

The difficulties experienced in this aspect of role integration have close links to the quality of patient outcomes. Many studies were conducted, and it appeared that good relationships between nurses and NAs lead to safe patient care, decreased length of stay in the hospital, and higher patient satisfaction. When nurses and NAs are well coordinated, individually, they can meet the patient's needs, thus minimizing faults and complications.

For instance, research has shown that formats like SBAR can improve the relaying of critical information between caregivers in care teams, hence improving the implementation of care interventions. Likewise, more integrated approaches using mutual communication and consideration for people as a strategy can enhance patient confidence and satisfaction levels (Bronkhorst & Vermeulen, 2016). This means that pharmacy staff can improve patients' perception of care quality by identifying and observing the cohesiveness of effort among their caregivers.

On the other hand, they posited that poor collaboration can result in negative outcomes. Lack of understanding between the staff or the staff and the patient can result in medication mishaps and failures in treatment and patients' needs. Not only are these issues detrimental to patient safety, but they also put great psychological and physiological pressure on the healthcare teams.



The chart highlights the positive and negative effects of role integration on patient care (Zeller & Perreira, 2020)

Strategies for Addressing Challenges

Role Clarity

The clarification of organizational roles and tasks for nurses and NAs is highly important in an attempt to reduce confusion. There are issues related to the inclusion of new hires; human resource departments and management should enhance complete job description documents that should also be accompanied by training that promotes the distinctiveness of each position. Many of these guidelines can be supported by holding regular team meetings and debriefing sessions.

Communication Training

The authorities can use communication training like TeamsSTEPPS to widen the gap in the

Relations between the nursing personnel and NAs. Such programs should include issues of assertive listening, open communication, and using tools like the SBAR format. Several organisational culture initiatives also involve valuing and listening to minorities in the workplace.

Equitable Workload Distribution

Healthcare institutions must properly balance employee load, especially nurses and NAs, to avoid burnout or raise worker resentment. This may include working on changing staffing ratios, decentralizing administrative tasks within an organization, or adopting different types of staffing structures. It can also improve morale and motivation in the assigned job by properly acknowledging the efforts of both positions.

Interprofessional Education

Another important training strategy that might enhance the current relations between the nurses and NAs is to organize joint attending of educational classes (Murray & Atkinson, 2017). Such programs should use elements such as simulation, workshops, and cases while focusing on the values of teamwork and teamwork

Methods

Research Design

This work uses a mixed research method to combine qualitative and quantitative methods for a more senior exploration of nurses' role integration with NAs. This research design is a suitable strategy for examining the research questions because it offers the generalizability of the quantitative approach with the richness of the qualitative approach. The study aims to integrate information and findings from various sources to analyze patterns, evaluate the efficiency of collaboration processes, and offer practice-oriented suggestions.

Data Collection

Literature Analysis

An initial research question to sensitize this integrative review was to develop a theoretical basis up to 2023 from peer-reviewed research journals, reports, and policy documents published from 2010 onwards and to triangulate the research question by looking for any existing literature that addressed the following research question: Among them, the issues of cooperation between representatives of different professions, the definition of roles and responsibilities, the use of communication tools and techniques, and patient experience were discussed. Articles publications that were searched include PubMed, CINAHL, and Scopus, which provided articles using the words “nurse collaboration,” “nurse assistants,” and “healthcare teamwork.”

Surveys

The questionnaires were administered to 200 nurses and 150 nurse assistants of different healthcare facilities such as hospitals, LCCs, other related healthcare organizations, offices, and outpatient clinics. Specifically, the surveys included closed questions that allowed quantifying the existing levels of role clarity, communication efficiency, and workload distribution, as well as open questions focused on participants' specific experiences and concerns in teamwork.

Case Studies

The three healthcare institutions whose implemented models are further investigated in this research are healthcare institutions with differing levels of integration. These institutions were collaborative care, performing hospitals, a moderately integrated community health center, and a center one had seen having

a problem on communication between the nurse and NA. Such data sources for these case studies were policy document analysis, direct observations of team functioning, and staff surveys.

Data Analysis

Qualitative Data

Interviews, questionnaires, and case study observations were analyzed for themes using the Coding and Categorization strategy. In this method, consistency in the descriptions made by the participants regarding collaboration and integration of roles was sought. The categories of communication, power distance, and organizational improvement were indicated as primary topics.

Quantitative Data

The quantitative data from the survey was analyzed using SPSS. Categorical data gathered demographic information and response patterns. In contrast, inferential data used the chi-square and Pearson correlation tests to establish the pattern between roles, workload balance, and perceived patient outcomes.

Using qualitative and quantitative data provides a rich appreciation of the facilitators and barriers to interprofessional collaboration between nurses and NAs and the identification of practical reform opportunities. This methodological approach is in harmony with an objective approach to the study and its conclusion and recommendations.

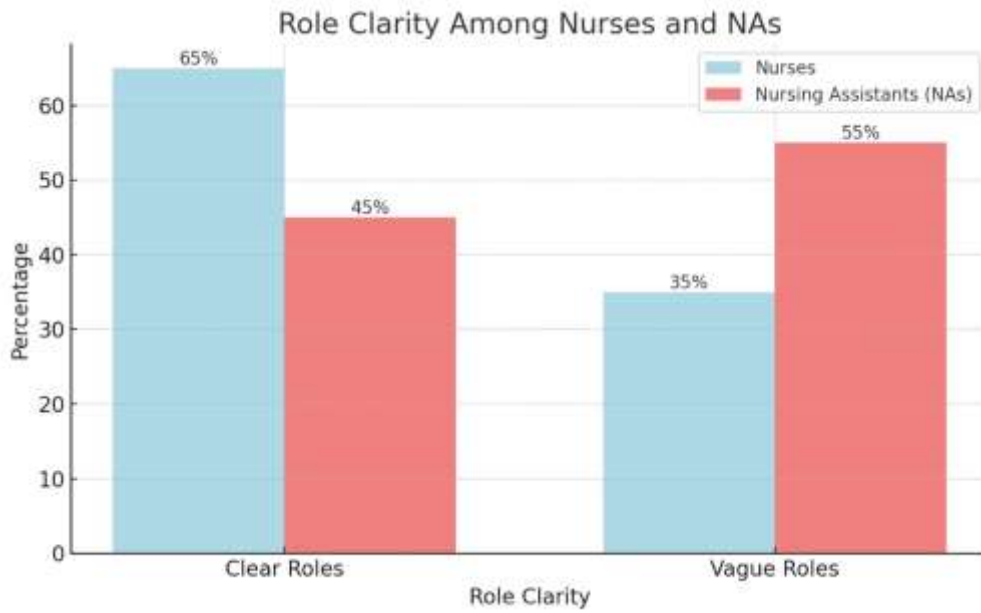
Results and Findings

Survey Results

Survey results offered an important understanding of the attitudes and practice concerning integrated roles and teamwork of the RN and NAs.

Role Perception

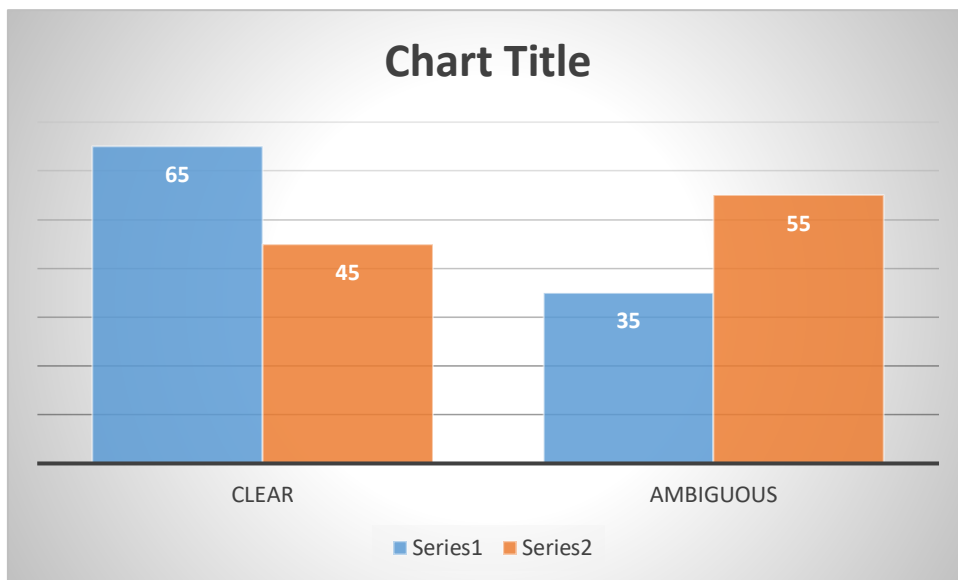
Role clarity was one of the areas of emphasis at the different levels of the organization. From the data presented in Table 1, two findings are noticeable. There is a clear shift of the nurses to clarify their roles and responsibilities as 65% of the respondents claimed to understand their roles and responsibilities at work, while only 45% of the NAs. On the other hand, 35 % of the nurses and 55 % of the NAs identified their roles as vague (King & Redwood, 2016). This situation best illustrates the obverse side of the much-discussed role ambiguity problem, perhaps more pronounced for NAs as they seem unsure whether their responsibilities are spelled out for them or conflict with their nursing responsibilities.



(King & Redwood, 2016)

Table 1. Role Perception among Nurses and NAs

Role Clarity	Nurses (%)	Nurse Assistants (%)
Clear	65	45
Ambiguous	35	55

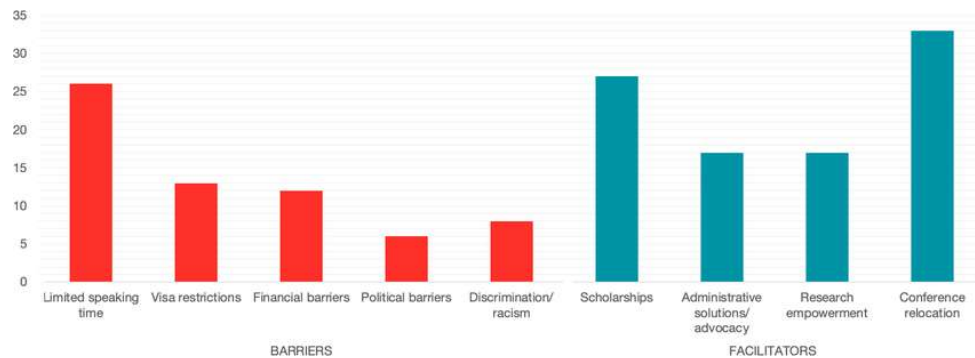


(Jacob & Athanasiou, 2017)

Communication Challenges

Some of the challenges mentioned by the respondents, which were classified according to the degree of difficulty and their importance, include the following. As has been highlighted in Figure 1, the primary issues were as follows: lack of feedback (35%), insufficient time (30%), and perceived hierarchy (20%). Such problems usually originate from variations in education and the incumbency of a rank system in organizations where communication between nurses and NAs is not encouraged. The respondents commented that reducing these barriers could greatly improve teamwork and the quality of patient care.

Figure 1. Communication Challenges Ranked by Respondents



Graph illustrating barriers such as lack of feedback, time constraints, and perceived hierarchy (Huston & King, 2018).

Case Studies

The analysis of three healthcare institutions revealed contrasting levels of collaborative integration and their respective impacts on outcomes.

Institution A: High Collaboration

This hospital is a model of effective collaboration between nurses and CNAs. Organizing staff ‘huddles’ and shared practice sessions and maintaining courtesy and rapport as their integral components were identified as particularly important strategies. The results were compelling: reduced patient falls by 25% for six months and improved staff satisfaction rates. Nurses and NAs expressed similar scores on feeling valued and supported in their roles to voice concerns, which supported more teamwork scores.

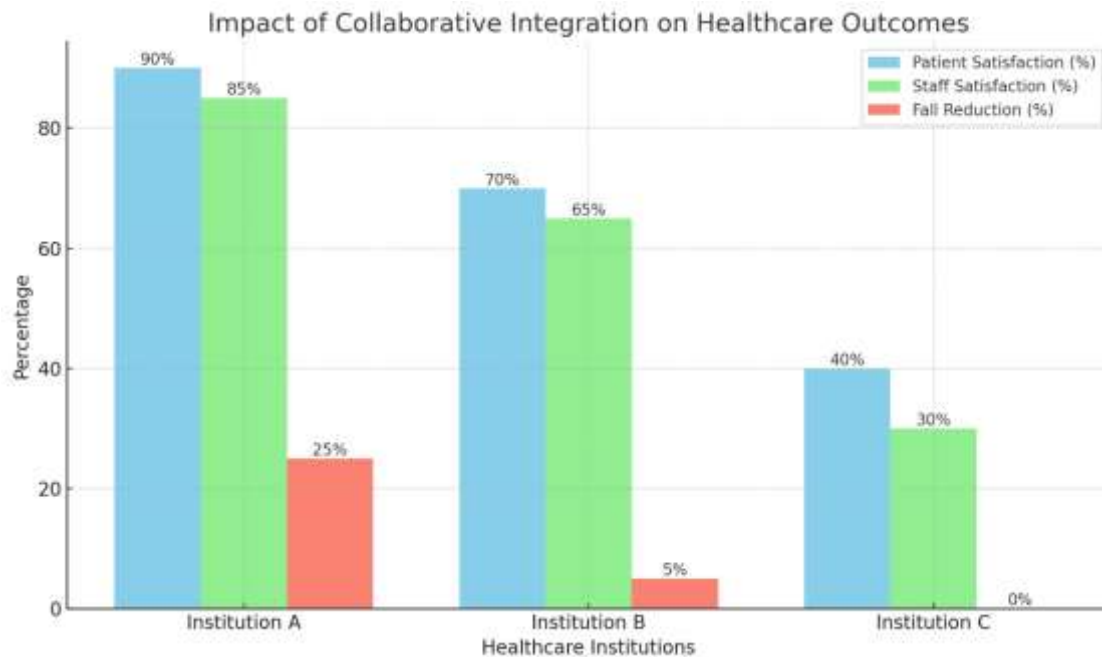
Institution B: Moderate Collaboration

Ambulatory health centers with infrequent shared activities and episodic interprofessional interactions were considered moderate on the continuum. Some means of promoting teamwork were apparent as informal but were not very well organized, and not all the classes included them. The results were, therefore, also suboptimal, and only a marginal uplift in patient satisfaction scores was achieved (Fletcher & Cooke, 2019). Talking to the staff members, they pointed out that there should be more formalized communication procedures and definitions of responsibilities to experience increased effectiveness.

Institution C: Low Collaboration

That was the state of affairs in this facility where the division of labor demonstrated that nurses and NAs had little interaction to work through problems. Employees stressed that people in the organization cannot trust each other, and there is a lot of misunderstanding, so many staff members resigned. At the same time, patients become more dissatisfied with the service. In the current study, the nurses and the NAs complained of a perceived lack of support and coordination, sometimes resulting in service duplication or unaddressed patient' needs. Lack of cohesiveness has led to the provision of disintegrated care, which affects both the morale of the workers and the quality of care to the patients.

In surveys and case studies conducted to assess the main factors of improvement in such care and staff satisfaction, respondents' findings stress the importance of teamwork. Organizations with well-developed and supportive collaboration patterns scored significantly better than organizations with marginal or no integration. The outstanding institutions revealed some real improvements, like a decrease in patient fall rate, an increase in the scope of staff participation, and an increase in the frequency of patient satisfaction. On the other hand, the facilities that had common collaboration issues always resulted in worse situations, such as high turnovers and general dissatisfaction among patients and facility staff.



(Grinspun & Bajnok, 2018)

As such, it is suggested that the identified work interdependence issues, including role ambiguity, communication, and workload conflict, should be resolved for successful collaboration (Grinspun & Bajnok, 2018). They also suggest that there is a need for healthcare institutions to adopt ways of enhancing role definition, including having periodic team meetings and joint training. The findings suggest that there can be a fairly optimal convergence of care quantity and quality when nurses and NAs are in harmony within their respective care delivery teams.

Discussion

Addressing Role Ambiguities

Role ambiguity is among the greatest challenges in nurse-NA relations that hinder cooperation. All the above consequences imply that when roles are not defined well, there will be cases where some tasks will be repeated or, in the extreme, neglected, which results in an inefficient flow of work and delivery of services to the patients. Some possible solutions for handling role conflict include the development of a clear outline of the formal roles, which provides a clear description of the responsibilities of the nurses or NAs. Your role definition minimizes incidences of conflict, with the beneficiary having adequate information on what their specialized practitioner is to do.

Another important approach is the cross-training programs offered by Dima Poddubny. Cross-training improves the two teams' understanding of each other's capability by the two teams and thus eliminates servile respect, enhancing collaboration. A competency-based framework is also useful since it not only defines organizational roles and responsibilities of separate employees but also guarantees that each nurse

and NA has relevant competencies for efficient job practices. By tabling In terms of understanding certain competencies needed in each position, healthcare institutions can mitigate confusion and improve collaboration.

Enhancing Communication

Communication is the most critical determinant among the barriers to role integration, as the following steps imply. Research has found that in healthcare, solving the problem of team communication, it is useful to apply regular templates like the SBAR one, which stands for Situation, Background, Assessment, and Recommendation. Information passed during SBAR is brief and unambiguous, thereby enabling all participants, including the nurses and NAs, to have the same understanding of the patient's status and his/her requirements. The implementation of standardized communication tools reduces the product or service being delivered from differing forms, reducing the instances of misunderstandings, especially in frantic healthcare settings where errors can lead to more harm. Further, creating organizational psychological safety is essential to enhancing the communication relationship between nurses and CNAs. Psychological safety is a concept that deals with an organizational environment in that nobody is penalized for voicing an issue, asking a question, or offering a suggestion (Finn & Walsh, 2016). When the nurses and NAs are listened to, there is the likelihood that they will open up more on issues affecting them, the institution, and the patient, hence solving the problems better.

Balancing Workloads

In this case, the importance of equitable work allocation could be explained due to the rational use of skills and to avoid overloading the health workforce. It thus becomes unbalanced, and Algunas staff are overworked and will get bored of working, which decreases their job satisfaction. Tasks should, therefore, be distributed in a manner that recognizes the competencies of a registered nurse, a nurse aide, the understanding of patients, and the flexibility of the total staff strength. There is a way of setting the task delegation to involve distributing roles based on each team member and the patient's needs to avoid extreme fatigue.

Policies on workload should be laid down in healthcare organizations to protect nurses and NAs from coping with their work stresses. Therefore, workload allocation should be considered periodically, and adjustments should be made based on patients' severity and team balance.

Implications for Training and Development

Skills training and other forms of employee development are important in promoting effective working relations between nurses and CNAs. One of the methods is initiating and implementing inter-professional education (IPE) to start developing teamwork from the curriculum point of view in both Nursing and NA education. The modern IPE allows students to be introduced to collaboration early enough. It challenges them to gain insight into the importance of collaboration with other students per given roles. This early exposure also assists in reducing the silo mentalities and promotes great teamwork in the healthcare sector of the patients.

On-the-job training should bring out such principles by having oriented examples of work events that emphasize cooperation, communication, and consensus decision-making. Enhance Student Participation through attitude enhancement recommendations: Besides, hope should be placed in daily practice or subsequent structured workshops that involve practical joint training activities and simulation rehearsals with the participation of both NAs and nurses to enhance team dynamics, which defines their clinical work interrelations (Cook & Thomson, 2018). Effective healthcare teams require constant professional and personal development to meet changing needs in healthcare delivery and provide optimal care to clients.

Thus, reducing role conflicts, increasing communication, elaborating work and time-sharing, and improving training can improve collaboration between the two professionals. In other words, through institutionalizing these strategies, healthcare institutions achieve a better constructed and informed

atmosphere that reinforces positive outcomes and positive growth in patient relations and improved satisfaction amongst the nurses and NAs doing their obligations as healthcare providers.

Conclusion

The roles of nurses and nurse assistants (NAs) must have an optimal relationship for improving quality and patient-centered care. These two groups must work together not only to increase the quality of patient care but also to increase the high levels of satisfaction with the work of the healthcare team. But still, problems like role conflicts, lack of communication, and unequal distribution of load persist to distort efficient collaboration. Overcoming these challenges is crucial to facilitating proper collaboration between nurses and CNAs.

These challenges require proactive approaches such as role definition, implementation of communication templates, and assignment and delegation of fair and rights responsibilities. Prioritizing responsibilities and tasks, dependence on documented organizational and operational department objectives, standardization of job descriptions, and relevant cross-training will minimize team members' misunderstandings in role responsibilities and objectives. In the same regard, other actions, such as implementing SBAR and enhancing psychological safety in intra-professional relationships, also enhance information sharing, which is crucial in the work setting.

More so, investing in training and professional development is also essential. On the one hand, it will be possible to implement the elements of interprofessional education (IPE) into the curricula of nurses and NAs and provide them with on-the-job practice (Baldwin & Clarke, 2018). Therefore, by encouraging relations and proper communication between the nurses and NAs, improved relations enhance health care institutions and patients' needs.

Therefore, the gaps between the nurses and NAs can be closed by implementing the above strategies; a cohesive and integrated work team will record improved patient outcomes, diminished medical errors, and overall, effective teamwork in the care delivery system.

Recommendations

- *Policy Development:*

Nursing administration in healthcare institutions should require coursework that promotes collaboration between the registered nurse and the nurse assistant (NA). These programs ought to be structured to foster the perception of common objectives between the two groups; that is, to appreciate each other's work and functional responsibilities and realize the need for cooperation in the health systems. Such training can only be effective if it is standardized across different settings in the health care delivery system and promotes effective teamwork.

- *Technology Integration:*

Real-time messaging and communication platforms like collaborative care management systems can help improve nurse and NA communication. The above tools will help eliminate the social loop since everyone in the team will always know about the patient's needs and thus enhance overall patient care.

- *Performance Metrics*

Finally, it is suggested that healthcare institutions introduce assessment programs to ensure cooperation tracking and awarding results. Such systems could include performance appraisal on teamwork, communication, and distribution of tasks, with some reward systems for teams. Appreciation of teamwork roles and the compensation that comes with good results will enhance the importance of teamwork among the staff members.

- *Leadership Support:*

Central is that leadership is an effective tool to promote collaboration. Managers should set the necessary behavioral example, encourage teamwork initiatives, and become advocates for workers' respect and appreciation for each other (Anderson & Kodate, 2015). In essence, leaders should start modeling the collaboration, then gradually turn it into a tradition that would benefit the organization and, ultimately, the patients that ME residents serve.

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