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## Research Paper

## Perspectives on caregiving: A qualitative evaluation of certified nursing assistants

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## ABSTRACT

This study sought Certified Nursing Assistants' (CNAs) perspectives on the activities that compose quality care. CNAs provide the majority of hands on care in nursing homes positioning them to have a unique perspective on factors that constitute good quality care. Using semi-structured interviews, 23 CNAs from New York State nursing homes were asked to identify factors they felt were components of good care. Interviews were recorded, transcribed verbatim, and coded using open coding. Three themes emerged: (1) technical aspects of care; (2) care of the environment; and (3) a little bit more. Our results emphasize the complexities of providing care that go beyond items that can be regulated. Assessments of quality care should incorporate the voices of CNAs.

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## Introduction

The residents are the center of care in nursing homes. An individual resident spends more time with a certified nursing assistant (CNA) than any other care provider in the nursing home, as CNAs provide more than 80% of the hands on care.<sup>1</sup> Therefore the care provided by CNAs is an important part of overall quality of care. If we want to measure this aspect of care, more needs to be understood about it. CNAs are uniquely positioned to describe what makes up quality direct care and the barriers to providing that care well, based on their ongoing contact with residents. Researchers, providers, and regulators need this information to be able to best assess care and best support CNAs in their work.

Jean Watson's theory of human caring defines professional caring "as activities that promote healing, preserve dignity, and respect the nature of holistic nursing practice."<sup>2</sup> This study explored how CNAs describe the activities that make up quality care. The primary research questions were: (1) How do CNAs

describe their role in caring for nursing home residents; and (2) How do CNAs conceptualize quality care behaviors? The study was conducted in New York because the primary researcher was located in New York at the time of the study.

## Factors that influence quality of care provided by CNAs

Studies on quality of care often consider CNAs. A literature search in CINAHL of articles published in the last 10 years using the search terms "CNAs + Quality of Care" revealed 45 results. The last 10 years are significant because they represent 20 years since the passage of the Nursing Home Reform Act<sup>3</sup> which fundamentally changed expectations for care activities in nursing homes and created the survey and certification process. The studies that are conducted with CNAs focus primarily on retention,<sup>4</sup> work environment,<sup>5,6</sup> and job satisfaction.<sup>7</sup>

Job retention is a critical issue for quality of care because of the interpersonal aspects of caregiving. CNAs that work consistently with residents learn individual preferences and personal characteristics about them. It is knowledge of these that allows CNAs to provide individualized care. Turnover is consistently high in the CNA population, and when a CNA departs, so does their knowledge of individual residents. Lower rates of turnover are associated with better quality of care and fewer deficiencies.<sup>4</sup>

In a traditional, hierarchical nursing home, CNAs occupy the positions of lowest power. Others dictate when, where, and how they care for residents. They also dictate whether their observations

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and opinions on resident needs are acknowledged or heeded, and whether they feel appreciated.<sup>7</sup> It is not surprising, then, that the type and quality of the supervision they receive plays a critical role in their retention and job satisfaction. One of the most common reasons CNAs cited for job dissatisfaction and leaving their job is lack of appreciation and lack of respect from supervisors.<sup>4</sup> While all members of an organization influence organizational culture, managers/supervisors play a critical role in establishing a person-centered environment.<sup>6</sup> Though individual CNAs may gain satisfaction from providing good care, this is not enough to create satisfaction in the shadow of a manager who does not care or listen.<sup>6</sup> Workers identified listening, appreciation, and respect as three areas in which changes by their employers would improve their jobs.<sup>8</sup>

CNAs feel conflicted in cases when they are expected to nurture residents but do not feel cared for by their work environments.<sup>5</sup> CNAs identified that when they work in traditionally structured nursing homes, they are considered expendable and not valued and organizational change to a person-centered model for residents does not always extend to staff.<sup>9,10</sup> Participants identified the need for both physical and emotional components of care, but when CNAs were not valued, it impeded their ability to provide the emotional part of caregiving.<sup>5</sup>

Supportive supervision is one area that is shown to increase job satisfaction.<sup>4,5</sup> In the absence of good supervision, job satisfaction is derived from making meaning of their work. Some CNAs define their roles as doing good work, or God's work, describing it as a calling.<sup>11</sup> CNAs also came to value residents as like family or friends.<sup>12</sup> This allowed them to find satisfaction despite other job challenges.

Qualitative methods or open ended questions allow research participants to tell their stories in their own words. Since CNAs are in devalued positions that often give them little voice, qualitative methods are particularly important to ensure that their perspectives are incorporated into quality of care research. Overall, few of these studies used such methods. Notably, Chung<sup>13</sup> used a grounded theory approach to understand how CNAs conceptualized good care. She found that good care consisted of outcomes and processes; that is, care leads to particular desired results such as cleanliness, and it also consists of attitudes and mindsets that are demonstrated through the care delivery process. This study used qualitative methods to capture the CNAs perspectives on what direct care behaviors make up quality care.

## Methods & analysis plan

CNAs who participated in this study worked at nursing homes in a medium sized metropolitan area in Upstate New York. Since this was a descriptive qualitative study, sampling procedures were purposive and designed to ensure access to the population of interest. A letter was sent to every Nursing Home Administrator and Director of Nursing of the 33 homes in the county inviting them to advertise the study to the CNAs at their facility. Eight nursing homes (24%) agreed to distribute study information. Half the participating homes were in the city, half were elsewhere in the county. CNAs at the participating facilities were provided with a study description and a recruitment form with contact information for the primary investigator (PI) if they were interested in participating. Respondents were not asked at which nursing home they worked, but were asked for a work phone number, and from these we know that at least 5 of the 8 facilities were represented in the responses. Table 1 includes information about facilities in sample. Study procedures were approved by the Institutional Review Board at the State University of New York, College at Brockport.

**Table 1**

Sample employment characteristics.

Where employed	Expressed interest	Participated in study
Nursing home # 1	7	2
Nursing home # 2	10	5
Nursing home # 3	32	12
Nursing home # 4	1	1
Nursing home # 5	2	0
Unable to determine	7	3

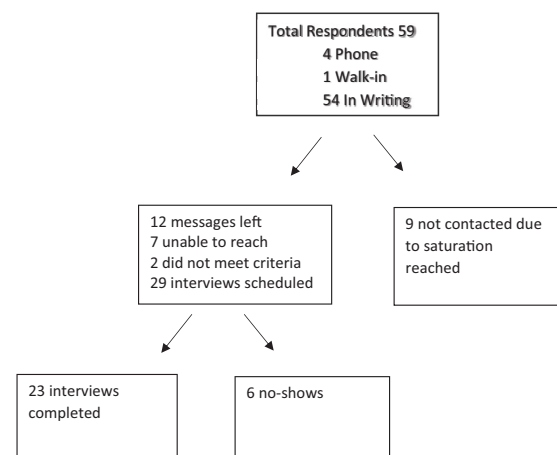
Inclusion criteria were (a) New York State certified nursing assistant, (b) currently employed as a nursing home CNA, (c) over age 18, and (d) English speaking. While each state certifies their own nursing assistants, all states require training that meets or exceeds federal minimum standards of 75 hours on a prescribed array of topics.<sup>14</sup> Nursing assistant responsibilities are similar throughout the country. New York State requires CNAs to receive 100 hours of training prior to certification.<sup>15</sup>

CNAs were contacted in the order in which they responded. Interviews were conducted at public places, such as fast food restaurants and public libraries, and at times that were convenient to participants. The locations outside of their workplace were chosen to allow the CNAs to answer questions without feeling pressured. Privacy was maintained by the overall busyness of the environments. In libraries that were quieter, the PI used corner tables or isolated areas. CNAs were recruited until saturation was reached, meaning that no new information was being added.<sup>16</sup> Participants received \$20 in cash after completing an interview. Interviews took place in the Spring of 2014. Fifty nine CNAs expressed interest in participating. Of those, twenty nine scheduled interviews and 23 interviews were completed. See Fig. 1 for full description of sampling procedure.

The interviews focused on what CNAs do for residents in a typical day and asked respondents to compare good and bad care. This study sought to understand the experiences of individuals who care for others in a professional setting. Since we were looking at the experience of CNAs caregiving, we chose a phenomenological stance.

## Measures

The interview guide was developed based on the principles of caring behaviors outlined in Watson's Caritas Theory.<sup>2</sup> The



**Fig. 1.** Diagram of participant flow.

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