Patient Education and Counseling xxx (2015) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Communication Study

Assessment of immigrant certified nursing assistants' communication when responding to standardized care challenges

Meredith Massey [a,b], Debra L. Roter [b,*]

[a] National Center for Health Statistics, Hyattsville, MD, USA
[b] Department of Health, Behavior and Society, The Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

ARTICLE INFO

Article history:
Received 20 February 2015
Received in revised form 5 August 2015
Accepted 6 August 2015

Keywords:
Certified nursing assistant
Immigrant workforce
RIAS
Computer simulation

ABSTRACT

Objective: Certified nursing assistants (CNAs) provide 80% of the hands-on care in US nursing homes; a significant portion of this work is performed by immigrants with limited English fluency. This study is designed to assess immigrant CNA's communication behavior in response to a series of virtual simulated care challenges.
Methods: A convenience sample of 31 immigrant CNAs verbally responded to 9 care challenges embedded in an interactive computer platform. The responses were coded with the Roter Interaction Analysis System (RIAS), CNA instructors rated response quality and spoken English was rated.
Results: CNA communication behaviors varied across care challenges and a broad repertoire of communication was used; 69% of response content was characterized as psychosocial. Communication elements (both instrumental and psychosocial) were significant predictors of response quality for 5 of 9 scenarios. Overall these variables explained between 13% and 36% of the adjusted variance in quality ratings.
Conclusion: Immigrant CNAs responded to common care challenges using a variety of communication strategies despite fluency deficits.
Practice implications: Virtual simulation-based observation is a feasible, acceptable and low cost method of communication assessment with implications for supervision, training and evaluation of a para-professional workforce.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

By 2050, there may be as many 27 million elderly Americans living in long-term care facilities [1] that provide assistance in tasks of daily living. Certified nursing assistants (CNAs) perform up to 80% of this care [2]. Although estimates vary, approximately 20% of CNAs working in US long-term care facilities are foreign-born [3]. While immigrant CNAs come from all over the world, they are most often from developing regions [4]. This workforce is diverse in terms of English language skills, linguistic background, education and work-related experience [5–7].

CNAs must be able to communicate effectively; they are responsible for reporting changes in health, functioning and behavior to supervisors and co-workers and they are often the primary source of social contact for the nursing home residents under their care [8]. Federal requirements for CNAs mandate a minimum of 75 h of training and completion of a state or federal approved competency evaluation. Individual states vary in how they implement the federal training and evaluation requirements; 30 states require training beyond the minimum federal level with some requiring as many as 180 h of training [9]. While there is no federal requirement for English language proficiency, CNAs are expected to be able to effectively communicate in English [10]. Some states have set minimum language requirements (e.g. California mandates 6th grade English language skills) but assessment tends to be informal and commonly judged as adequate or not by a program administrator [11].

Overall, CNAs do not typically spend much of their time communicating with nursing home residents while they are providing care. One observational study found that CNAs' were verbally engaged with residents for less than 12% of their work time [12] and most exchanges between CNAs and nursing home residents were focused on providing direct assistance with activities of daily living [13–17]. While some studies have

* Corresponding author at: Department of Health, Behavior and Society, Baltimore, MD, USA; The Johns Hopkins Bloomberg School of Public Health, 624N. Broadway, Baltimore, MD 21205, USA.
E-mail address: droter1@jhu.edu (D.L. Roter).

http://dx.doi.org/10.1016/j.pec.2015.08.010
0738-3991/© 2015 Elsevier Ireland Ltd. All rights reserved.

Please cite this article in press as: Massey M, Roter DL. Assessment of immigrant certified nursing assistants' communication when responding to standardized care challenges. Patient Educ Couns (2015), http://dx.doi.org/10.1016/j.pec.2015.08.010

reported CNA communication to be characterized as abusive or demeaning and leading to resistance and oppositional behavior [18,19], others have found that with theoretically-based communication skill training, CNAs can facilitate cooperative behavior and help sustain positive patient mood among patients with Alzheimer's disease [20–25]. For example, Roth et al. [21] found that socio-emotional communication initiated by CNAs decreased agitated behavior among patients with dementia and Sloan and colleagues have shown that bathing tasks can be performed more effectively for patients with dementia when a person-centered communication approach is used [22]. In the largest study of this kind, van Weert and colleagues describe and evaluate a CNA communication intervention for patients with Alzheimer's disease demonstrating that training led to verbal and nonverbal communication changes that were associated with positive nurse and patient outcomes [23].

None of the studies reviewed above examined the performance of immigrant CNAs or explored the degree to which factors related to second language fluency may affect ability to appropriately respond to care challenges. Moreover, the evaluation strategies used in these studies were largely limited to the performance of a particular task like feeding, dressing or bathing with relatively little focus on socioemotional or physically urgent challenges that CNAs are likely to encounter.

The present study was designed to make a contribution to this area through the accomplishment of two objectives. The first objective is to observe, describe and evaluate the quality of immigrant CNA communication behaviors in response to a series of routine care challenges that present varying degrees of medical and psychosocial challenge. The research questions examine the relationships between immigrant CNA communication in response to the care challenges, ratings of spoken English proficiency and expert ratings of response quality. Since relatively little research has been conducted on these questions, the study was designed to be exploratory in nature. Nevertheless, a positive association was expected between English fluency and ratings of response quality since immigrant CNAs report that language deficits are a source of negative appraisal by patients. We also anticipated a positive relationship between the use of psychosocial, emotionally responsive, positive, social and orientating elements of communication and quality ratings. These types of communication are associated with person-oriented communication and have and have been related to quality of care in the provision of assistance with morning routines to patients with dementia [16,23].

The second study objective is methodological in nature and can be considered a test of concept in exploring the feasibility, acceptability and utility of a novel form of virtual simulation presented within an interactive computer platform to address the research questions posed by the study. We chose to use simulation because it provides a reasonable strategy for the observation of CNA behavior across a variety of challenges that would not be logistically practical in the actual work setting. In light of successful earlier work that had examined patient response to experimentally manipulated physician style and identity characteristics through the use of physician videos and avatars [26–28] we took this opportunity to use a virtual simulation platform to describe the communication behaviors of health care providers in response to a virtual patient. Consistent with the response of participants in those studies, we anticipated high levels of acceptability and strong ratings of verisimilitude from the CNAs enrolled in the study.

2. Methods

2.1. Recruitment

Recruitment was accomplished through use of a recruitment table and flyers at a Community College with a CNA training program. The study was described as a 1½ h computer exercise designed to learn about how immigrant CNAs perform their work. Volunteers were compensated $30.00 for their time and effort. Eligibility criteria included: (1) certification as a CNA; (2) currently employed as a CNA in a long-term health facility; and, (3) immigrant status (defined as having been born outside of the United States).

The study was approved by the Johns Hopkins School of Public Health Institutional Review Board (IRB) and the IRB associated with the Prince Georges Community College.

2.2. Procedures

Eligible CNAs were scheduled for 1½ h time slots in a private room in the community college. After being given an overview of the study and consenting to participation, they completed a background questionnaire and were oriented to the interactive computer program. Participants were instructed to respond verbally as naturally as possible to a series of video recorded simulated care challenges and told that their responses would be captured through the computer's video cam. The exercise began with three practice simulations in which participants were asked to engage with a CNA colleague as a way of familiarizing themselves with the program. To diminish self-consciousness, the investigator left the room after verifying that the participant was able to operate the program and understand the instructions but remained outside the door to answer questions or address technical problems.

2.3. Creation of the simulated care challenge videos

Nine care challenges were designed to simulate situations that CNAs are likely to encounter in their day to day work in a nursing home facility. The scripts were developed by the first author (MM) based on conversations with two CNA instructors with over 5 years of supervision experience and several days of direct observation of CNAs at work in a long-term care facility. Once drafted, feedback on the scripts was elicited from the instructors to assure that the tasks represented important and common care challenges faced by CNAs and were authentic in regard to the speech used in their presentation. Suggested changes were incorporated into the final script and the video recorded clips underwent another round of reviews by the instructors before the study was launched.

Three actors were enlisted for video preparation; an African female (in her 20s) portrayed the CNA coworker, a white female (in her 70s) portrayed the nursing home resident and a white female (in her 40s) portrayed the accompanying family member. The actors were given the scripts, coached for accuracy, and then video recorded. The nine video simulations used for the study ranged between 10 and 20 s. Seven of these portrayed a 78 year-old, female, nursing home resident alone in her room and two included the resident with a visiting family member.

Each of the nine simulations followed a distinct script paired with orienting text as displayed in Table 1. The task challenges presented varying demands along the socioemotional/instrumental continuum. For instance, the sadness, loneliness and introductory scenarios called for a greater focus on socioemotional/psychosocial communication while the confusion and incapacity scenarios present the greatest demand for instrumental communication. The other scenarios called for both kinds of communication.

2.4. Data collection

2.4.1. CNA questionnaires

The CNAs provided information about their demographic background (age, race, and county of origin), education and

Please cite this article in press as: Massey M, Roter DL. Assessment of immigrant certified nursing assistants' communication when responding to standardized care challenges. Patient Educ Couns (2015), http://dx.doi.org/10.1016/j.pec.2015.08.010

Download English Version:

https://daneshyari.com/en/article/6152698

Download Persian Version:

https://daneshyari.com/article/6152698

Daneshyari.com