

The Work Experiences of Certified Nursing Assistants in New Hampshire

Report Submitted to the New Hampshire Community Loan Fund

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Table of Contents

| | |
|---|----|
| Executive Summary | I |
| Purpose and Overview of the Research. | 1 |
| Method of Data Collection | 2 |
| Method of Analysis | 2 |
| Participants | 3 |
| Reasons for Becoming a CNA | 4 |
| The Nature of Health Aide's Work | |
| Nursing Homes | 5 |
| Home Health Care | 7 |
| Qualities of Competent CNAs | 8 |
| Turnover | |
| Training | 9 |
| Supervisory Relationships | 10 |
| Wages and Benefits. | 12 |
| Physical Injury | 12 |
| Emotional Stress | 13 |
| Recommendations | 17 |
| Conclusion | 18 |
| Appendix 1: Interview Guide | 20 |

Executive Summary

This report summarizes findings of an investigation of the work experiences of Certified Nursing Assistants (CNAs) in New Hampshire. In response to the growing shortage of paraprofessional health care workers in the state, the New Hampshire Community Loan Fund and Department of Health and Human Services sponsored this investigation to help identify strategies for improving worker recruitment and retention. The aim of this study is to learn how paraprofessional health care workers view their work, what they think would improve the quality of their job, how workers can be attracted into the field and how turnover can be reduced. This information was gathered through three focus groups and ten individual interviews with people currently employed as health aides in New Hampshire. While this sample is too small to be considered representative of the larger population of all health aides in the state, the views expressed by individuals in this sample present and illustrate some of the important issues and point to areas where policy changes could be effective.

Key Findings

The most frequently reported motivation for initially becoming a CNA is a desire to help others. Participants' statements reveal a sense of empathy for those who are sick or disabled, an awareness of what it feels like to be hurt or suffering, and enjoyment in relating to other people.

When asked what qualities are necessary to be a good CNA, focus group members' responses centered on interpersonal skills and qualities of empathy and compassion. Given the symmetry between what attracted many study participants into the field and what constitutes a competent CNA, it appears the right type of people are becoming CNAs. Yet turnover rates of CNAs are very high. The majority of individuals interviewed do not plan on remaining CNAs in the future. Some aspire to become nurses, but many intend to leave the field of health care.

One theme evident in the interviews and focus groups is that the challenges associated with a health aide's job vary depending on the type of setting he or she works in. The participants in this study work in a variety of settings: in private homes, nursing homes, rehabilitation facilities, hospitals and mental health facilities. Many participants described certain advantages to working in nursing homes as opposed to home health care, which include higher wages, more comprehensive benefits, and the opportunity to obtain assistance from coworkers. The primary advantages of home health care work as opposed to nursing home work are more flexible work

schedules, having more time to spend on each client, and therefore, being able to provide better quality of care.

The most common complaint heard from CNAs working in nursing homes is a lack of time for proper client care. Many CNAs employed in nursing homes talked about having too many clients assigned to them, too many tasks to do, and too few staff members to accomplish them. Participants described the consequent short cuts taken by CNAs, which pose various degrees of risk to client comfort and safety.

Other features of the job that contribute to turnover relate to aspects of pre-employment and on the job training, relationships with supervisors, wages and benefits, physical strain and emotional stress. Problems in these areas often stem from the problem of insufficient staffing and in circular fashion then contribute to further turnover and greater staff shortages. For example, several participants felt their training did not prepare them for the reality of the work conditions. They report a lack of time to carry out procedures the way they were taught. Also, emotional stress is heightened by insufficient staffing causing one to rush through tasks and neglect clients' needs.

Relationships with nurse supervisors were described by many as a source of frustration on the job. Several participants feel nurses and other administrative supervisors do not respect CNAs.

Another important issue is that CNAs frequently suffer work-related injuries. Participants reported that the physical demands of the job cause workers to leave the field.

Participants also described several sources of emotional stress associated with health aide work. Observing human suffering and death, and witnessing and partaking in inadequate patient care contribute to "burn out" among CNAs.

Study participants were asked what they thought would improve working conditions. Recommendations suggested by participants are listed in the last section of this report. Ideas for improving the job and making it more attractive to potential employees fall under four broad areas: quality assurance, employee compensation, training and staff development, and job organization and career structure.

Health care organizations in New Hampshire are finding it increasingly difficult to recruit and retain paraprofessional health care workers. Facilities that employ large numbers of Certified Nursing Assistants (CNAs) or personal care assistants experience very high turnover rates. This puts a financial burden on the facilities and the state in addition to negatively impacting the quality of care patients receive. State policy makers are growing increasingly concerned as demographic trends forecast simultaneous growth in the elderly population and decline in the number of potential young workers.

In response to this concern, the New Hampshire Community Loan Fund together with the New Hampshire Department of Health and Human Services sponsored an investigation to identify short- and long-term solutions to increase the supply of health aides in the state. As part of this effort, the sponsoring agencies commissioned three focus groups and 10 individual interviews with men and women working as health aides in New Hampshire. This report summarizes what was learned from these focus groups and interviews.

Purpose and Overview of the Research

In considering policy changes and strategies for increasing the supply of health aides in the state, the New Hampshire Department of Health and Human Services and the New Hampshire Community Loan Fund believed it was important to gain the perspective of one set of experts: the people who actually do the work. To help ensure that policy makers focus on the crucial issues, and thus increase the likelihood that any changes made will be effective in improving retention and recruitment of new CNAs, the ideas and views of current health aides were obtained in focus groups and individual interviews. The aim of the focus groups and interviews was to shed light on the following research questions:

- How do CNAs describe the nature of their work?
- What attracts CNAs to the job?
- What are the qualities that make for a competent CNA?
- How are CNAs trained for their jobs and what are their perceptions of this process?
- How do CNAs experience the working relationships with co-workers and supervisors?
- What contributes to high turnover among CNAs?
- What are the recommendations that CNAs give to improve their jobs?

After providing details of the methods used to collect and analyze the information obtained from CNAs, this report then summarizes a number of issues that emerged from the data, and concludes with recommendations for better recruitment and retention of health aides.

Method of Data Collection

Focus groups were co-facilitated by Karen Hicks of the Department of Health and Human Services and Paul Bradley of the New Hampshire Community Loan Fund. The groups were held in three areas of the state (Dover, Lancaster and Nashua) and took place in January and March 2000. Approximately ten people participated in each focus group. These participants were volunteers recruited primarily from newspaper advertisements. All focus group participants were reimbursed fifty dollars for their time and effort.

The ten individual interviews were conducted by five graduate students at the University of New Hampshire under the advisement of Cynthia Duncan, professor of sociology. Each interviewer conducted two interviews in March 2000. Participants for the 10 interviews were obtained from a list of individuals who had responded to the newspaper advertisement requesting volunteers to participate in one of the focus groups, but for various reasons (e.g. they responded too late), did not end up participating in the group. The interviews generally lasted about an hour for which participants were reimbursed twenty dollars. Interviewees were generally open and eager to talk about their job experiences and to share their views on the health aide profession.

After obtaining informed consent, all sessions (interviews and focus groups) were audio-recorded and transcribed by a professional transcriber. Participants were guaranteed anonymity and pseudonyms were assigned to each interviewee before audio tapes were sent to the transcriber.

The focus groups and interviews consisted of open-ended questions, but to maintain consistency across individual interviews, an interview guide was constructed and utilized by each interviewer (See Appendix 1). The interview guide was designed to cover the following topics: personal background information, work history, and characteristics of paraprofessional health care jobs and work settings. In an effort to get ideas about how to better recruit and retain quality health aides, we obtained information about how people got into the health care field and about the positive and negative aspects of the work.

Methods of Analysis

The interview and focus group data were analyzed with a computer software program designed for qualitative data analysis (QSR Nudist, Nvivo). This program allows synthesis of the information obtained by sorting and categorizing the content of the focus groups and interviews. Trends, patterns and recurrent themes were then identified. In presenting the findings, specific

quotations (shown in *Italics*) from the transcript of interviews and groups will be used to illustrate the points discussed. (All names attributed to quotes are pseudonyms.)

Before reporting the results of these analyses, some features of the data should be noted. Contrary to our initial plan, all of the interviewees were not currently employed as health aides, and a few who were working as personal aides were not technically working as CNAs. (By definition CNAs work under the supervision of an RN or LPN.) Therefore, some of the interviews focused on interviewee's current work, whereas others necessarily focused on past work experiences.

More importantly, the size of the sample of health aides we spoke to (in interviews and focus groups) is obviously too small to be considered representative of the larger population of all health aides in New Hampshire. However, the views expressed by health aides in this sample present and illustrate some of the important issues, and point to areas to focus on in improving recruitment and retention of quality CNAs in the state.

The next section of this report provides an overview of characteristics of the participants in this study, including information about their education and work history, career goals and what attracted them to the field of health care.

Participants

The following socio-demographic description of study participants primarily pertains to the ten interviewees, as some of this information was not accessible from the focus groups. All interviewees are white women who live in the Seacoast area of New Hampshire. Only two of the focus group participants are male. Interviewees range in age from 26 to 60, with an average age of 38. Their education levels range from a Graduate Equivalency Degree (GED) to a college degree. Participants varied greatly in the number of years they have worked in health care (either as CNAs or general health aides), ranging from 2-24 years.

Participants in the study presently work in a variety of settings: in homes as private duty aides, home health aides and for hospice care. Others work in nursing homes and one participant works in a "share home" (a group home for adults who require some assistance with daily living tasks). Still other participants work in rehabilitation facilities, hospitals and mental health facilities. One participant (a health aide by training) currently works for a school district as an educational aide to a child receiving special education services. Some of the current participants work in a variety of settings on a per diem basis for an agency that provides nursing aides in

multiple settings depending on facilities' needs. A small number of participants are currently unemployed but have worked as health aides recently. Only three of those interviewed are currently working as CNAs. The majority of participants who are not currently using their certification in their jobs are still doing some type of caretaking work.

The participants in this study have former work experience in a variety of settings and occupations: as candy strippers, telemarketers, waitresses, parents, childcare providers, and as individuals who have helped to care for sick or aging relatives. Out of the ten interviewees, only two stated that they wanted to remain CNAs in the future. Four of the women interviewed aspire to be nurses in the future. One woman is pursuing a Masters degree in social work. Another plans to continue and expand her work in cosmetic sales. The others did not know what they wanted to do in the future, but stated they did not want to continue or return to paraprofessional health care.

Reasons For Becoming a CNA. Study participants entered the field of paraprofessional health care for a number of reasons. Several participants expressed ambitions of becoming a nurse. They see working as a certified nursing assistant as a step toward this ultimate goal. Some participants were attracted to the job because of the flexible schedule; others for the opportunity to learn how to deal with medical emergencies. The most common overarching reason given for becoming a CNA is the desire to help others. As one participant explains: *...it just kind of started as a helping thing...And I think it's because I like to chit chat so I like the fact that I can involve myself in somebody else.*

Several women have personal experience caring for an ill family member which they found rewarding and thus led them to this type of work. Other participants stated they enjoy caring for people and are passionate about doing so. Joanne explains: *I have a big heart and I don't like to see people be by themselves, to suffer. I took care of my first husband. When we were 24, he got cancer, and he died...It's a talent I have inside of me. You know, taking care of people...I know what it's like to suffer, I know what it's like to hurt, and it's not a nice feeling. People need to be taken care of.* Liz said she got into the field because of *...people. I like to work with people. I also wanted to work with the elderly because I am elderly and I can relate a lot to some elderly patients.* Kate described herself as having a *motherly instinct* and that caring for the elderly was *one way to filter my emotions and my caregiving...*

These comments reveal a sense of empathy for those who are sick or elderly, an awareness of what it feels like to be hurt or suffering, and an ability to relate to others. Many participants said they envisioned themselves in their patients' situations some day and they wanted to provide the type of care to others that they themselves would like to receive in the future. While not all study participants cited it as the reason for getting into the health care field, compassion for others and the desire to help was one frequently repeated theme.

The Nature of Health Aides' Work

One theme that was clear in the interviews and focus groups is that a health aide's job varies substantially depending on the type of setting he or she works in. The following discussion highlights the job responsibilities and some of the differences of working in a nursing home as opposed to home health care.

Nursing Homes. Certified nursing assistants have a number of responsibilities regarding patient care in a nursing home. CNAs are responsible for answering call bells, taking vital signs and feeding patients. They take care of patients' toileting, bathing, oral hygiene and other personal grooming. Furthermore, range of motion exercises, transferring patients (for example from the bed to the bath or wheelchair) and associated lifting are all part of the job. Therefore, CNAs must have knowledge of the required equipment. They are also expected to provide emotional support to their patients. In addition, CNAs are often responsible for tasks such as collecting and cleaning laundry, serving and cleaning up after meals, socializing with residents, cleaning rooms and providing postmortem care. Finally, they must attend to service documentation and other paperwork.

Our participants described a number of advantages to working in a nursing home as opposed to other settings. Nursing homes often provide higher wages and more comprehensive employee benefits than home care. In nursing homes, one has co-workers on site if assistance is needed with a patient (for example, if a patient needs to be transferred or lifted).

Working in a nursing home also has its disadvantages. For CNAs working in nursing homes, the most common complaint is that there is not enough time to spend on each patient. One focus group member reports: *...what bothered me the most working in a nursing home was some of the clients just want your time and you don't have time. You know, it's like an assembly line, we don't stop. We don't listen to them; we don't have time to talk with them.* This is the result of having a large number of assigned tasks and not enough staff to accomplish them. Many

CNAs in nursing homes told us it was impossible for them to provide adequate care. This is a circular problem, with the shortage of CNAs making the work more difficult and unpleasant, and the level of difficulty exacerbating the problem of CNA recruitment and retention. Many of the problems health aides in this study reported are the result of staff shortages. While this problem is already known, providing examples of the ways in which the staff shortage impacts the work life of CNAs and the quality of care given to patients may point to areas in which to focus policy changes.

One CNA who worked at a nursing home recalls that the allotted time to get a client out of bed and ready for the day was 28 minutes, which proved to be impossible (especially when clients wanted do any part of the tasks themselves). In nursing homes, participants report that the CNA to patient ratio is as high as 1 to 20. Residents in the nursing home typically need more intensive care and it is often the case that more than two aides are required for certain patient care tasks. When this occurs, it further limits the time CNAs have to care for other patients.

There was one lady, she only weighed like 90 pounds. It took four of us to pick her up because she was one with the frail skin and you had to roll her a certain way. Two people had to hold her in the front while you pushed her in the back. That's four people right there. Now, if you want your four girls on that shift, and you're all in that one room giving this one lady a bath, what's happened to all those people who are ringing their buzzers for the bathroom?

Our biggest problem is it takes two to operate [the Hoyer lift] and because we always considered ourselves short staffed when having five people to do forty-eight people, having to try and find somebody to help you when they're trying to do ten people of their own, [is] like running around [like] a chicken with its head cut off. By the time you leave, you're ready to collapse. It's just too much. And between that you have the call lights going off. You're trying to answer those; you're trying to get your people into bed for the evening.

Because of the multitude of tasks CNAs are required to complete, they often create shortcuts or leave out less important tasks. Some CNAs are so frazzled with additional tasks that they end up intentionally neglecting portions of the patients' care. As a result, patients suffer.

If somebody was scheduled for a tub bath, which was a major procedure...because you'd have people [who] couldn't get into the tub by themselves; they had to go into a lift. You had to get the tub water right... It was a long procedure to do a tub bath. [CNAs] would talk residents out of it. [They would say] "You don't feel like having a bath today, do you?" Then they would just fudge their notes and say "resident refuses."

As the above implies, the quality of care given to patients is compromised as a result of the shortage of staff. One respondent explained how her patient had a black tongue due to the consistent neglect of oral hygiene.

Nursing home work also tends to be impersonal concerning relationships with patients. Jane tells us that *in a nursing home you can't spend any time with anybody... You don't sit and chitchat. I could tell you their room numbers. I couldn't tell you what they...cause I have to get in there, I have to bathe them, I have to get them dressed. And I have to be out of there within fifteen, twenty minutes. They do actually have a set of time things. And you don't know the people, you don't even get to know the people.* This is another example of how work in a nursing home is hectic and fast-paced. The human or social component of the job is often the first thing to be neglected when the worker is short on time.

Home Health Care. Like nursing home aides, home health aides have a wide range of responsibilities. Their responsibilities are often referred to as providing “total care” to patients.

In a home you've got to look at safety issues, fire issues... food issues. As a CNA going into a home, you're looking at total care. You're not working in an environment that makes sure these people have dinner and makes sure that there are two people on to lift. You've got to do it. ...that' s all that person has is you. So, you have to be strogg.

This care is entirely done on a one-on-one basis. Home health aides are responsible for getting the client up to start the day, including bathing, toileting, dressing and grooming. Home health aides check vital signs and they look for any bruises or open wounds. They perform range of motion exercises, do transfers and lifts. They must be knowledgeable about the patient's equipment. Home health aides make sure their patients are safe and secure for the day. Participants report that providing emotional support is also part of their job. Finally, homemaking services are part of home health aides jobs. *Homemaking is a very big need with home health. We just don't have enough homemakers, homemakers just are not paid enough, and these old people can not push a vacuum cleaner or a broom, and certainly not a wet mop.*

Participants described that working as a home health aide has certain advantages. Home health aides have more time for each patient and therefore report that they are more able to provide *proper* care. One focus group participant stated: *... when you do home health, you can spend that much more time with them, give them good care, which they really enjoy.* Work schedules are more flexible and relationships with patients are more personal. Home health aides express less emotional stress on the job than those working in nursing homes. They also

need to be better trained and their skills need to be sharper because of the one-on-one nature of the job.

There are disadvantages working in home health care. The one-on-one nature of the job can be problematic when trying to perform certain tasks, especially lifting. Two people may be needed to successfully complete a task without causing injury to the patient or the worker. Unfortunately, in home care, that second set of hands is not available. Pam explains how certain tasks are done even at the risk of injury. *I have been in someone's home and there's been a person who's wheelchair bound, so of course they put on weight, or it might be a man who's tall or whatever. Even with proper practice, you know that you could hurt yourself, but you still do it.* Furthermore, wages for home health aides are often lower than wages for nursing home aides.

Qualities of Competent CNAs

Only the focus group members were asked directly what they think are the qualities that define a *good CNA*. Not coincidentally, the qualities named most often were directly related to why many participants said they became a CNA. Here is a list of the responses given when asked about what qualities make for a good CNA:

- Support
- Patience
- Team player
- Compassion
- Empathy
- Learning how to listen
- Put yourself in their place like when they can't do something, put yourself into their shoes
- A lot of caring and understanding and being there for them
- It takes a very special person
- You have to have a positive, upbeat attitude
- Caring
- Positive attitude where you go into a place and smile, the more you're happier, the more they feel happier
- Get background on who you're taking care of so you can relate well to them

Others mentioned qualities such as having good judgement, organizational skills and communication skills. Some identified important technical skills such as knowledge of body mechanics or infection control procedures. However, the majority of responses centered on interpersonal skills and qualities of empathy and compassion.

Given this symmetry between what attracted many study participants into the field and what constitutes a competent CNA, it appears that the "right" type of people are becoming CNAs. One question this leaves is why don't they stay? The following section discusses several features of CNA work that contribute to turnover. These include features of pre-employment and on the job training, relationships with supervisors, wages and benefits, physical strain and emotional stress.

Turnover

Training. Many CNAs feel their training did not completely prepare them for the type of tasks their jobs required of them. CNAs report that in their pre-employment training they practiced procedures as taught by instructors and manuals. When they started working, however, they found that they were assigned more tasks than they were trained for or they had so many patients to care for that they did not have enough time to do procedures exactly as they were trained. In large part, these problems arise because of the extensive workloads and shortage of staff referred to above. Some respondents felt their clinical training experiences had been *candy coated*; in training there were more people available to help than in *real life*. Tina states: *I think my biggest concern, and I think everybody's concern, was just being short. There were just not enough people to do what you learned in school.* Tina goes on to suggest that the proper procedures are impossible to use because they take more time than aides have for each patient. Co-workers teach new CNAs the shortcuts, suggesting that the shortcut procedure *is how you really do it*. Tina elaborates further:

You can go ahead and plan your day and maybe they can tell you that this should take you three minutes, and this should take you six minutes and then the ending procedure should take you nine. And, so it really should only take you a total of eighteen minutes to do this procedure. Well, that's all fine and well in theory, but if three lights go off and then your resident throws up in the middle of the bed bath or is incontinent again half way through, or your nurse calls you because she's trying to transfer somebody and they've fallen or the resident in the next bed is complaining about something, that they're hungry or...it doesn't take you eighteen minutes, it takes you forty-five. So, that was a frustration. Lack of time to do your job right.

Some participants mentioned an insufficient orientation period. Each patient obviously has different needs and therefore, health aides need to know about individual pieces of equipment and about specific patient care plans. Some participants felt they were not given the

time to properly learn the job. One participant states: *I can't learn 47 patients on just my wing in three days.*

Participants reported that in-service training is frequently only available in distant communities, requiring hours of unpaid travel time. Many also reported that in-service training is offered at inconvenient times. As one respondent said, *...at the hospital there were interesting workshops but they were during my shift or right after. I don't feel like staying another two hours. I've already been there.* At the same time, CNAs are required to attend a certain number of hours of continued education in order to maintain their licenses.

Supervisory Relationships. The work relationships of CNAs are important to their overall job satisfaction, particularly for those in employed in nursing home settings. Participants expressed that their working relationships with nurses and other administrative supervisors affects their job satisfaction and ability to adequately care for their clients. Work relationships with nurses seemed key to job satisfaction, especially since many of these health aides aspire to become nurses themselves. Several of the women interviewed were perturbed that nurses would sit at the nurses station instead of helping out by answering buzzers or lights that signal a patient's need for help or care. Joann said, *... you'd have three girls on the floor and ones to supper, and who's answering the buzzers if one's giving one a shower and the other two are doing whatever else has got to be done. Nurses aren't gonna answer those buzzers.* Tina expressed her concern for patients pulling lights that would not get answered: *Other nurses would sit down at the nurses station and they would, you know, do their chart work or do whatever they had to do, and then those residents, you know, were not being attended to unless they just kept pulling on the light.* She explained that there are times, such as during a sponge bath, when a CNA cannot simply walk away from a patient to answer a light going off. Her frustration with nurses, who would sometimes ignore these lights, is probably another result of the short staffing of CNAs. With more CNAs, there would potentially be more free hands to take care of patient needs.

Another issue that came up frequently in the interviews and focus groups was a perceived lack of respect from nurses and other administrative supervisors. One focus group participant states: *I find major respect from families; we are doing something they can't. I can't tell you enough about the communication we have with families and the compliments and the patients, my biggest thing with respect, and again, it drives me absolutely crazy, is the*

administration. Participants expressed concerns about some nurses' disrespect toward CNAs.

Pam expressed frustration with nurses by saying,

... like RNs, I have seen them, or LPNs mainly, they'll spill water on the floor and they'll look at you and they'll 'say pick that up'...I've had them come and get me to go under a person's bed to get something they had dropped, when they were capable themselves of going and reaching for something they had dropped. They'd call me from the whole other side of the building to do this.

The ways in which nurses treat their assistants may directly affect the job satisfaction of CNAs.

Disrespect by their supervisors adversely affects their attitude about their job. Pam expressed one especially humiliating aspect of her job in working with nurses.

..if a nurse has disempowered someone, you know, and they would call you in just to dispose of the bowel movement. They couldn't do that themselves. It was like, 'no, I've got CNAs to do that, I'm not gonna do that.' It was just plain, that's what we're there for....You have some days you come out of there, you don't respect yourself. You do expect to have to take care of the residents, all that, but you don't expect that the LPN's, RN's, administration treat you like that as well.

Clearly, the responsibilities of a typical CNA are difficult on many different levels. Being asked by a supervisor to do something she could have done herself is disturbing in itself, but given the task at hand, it is probably even more demoralizing for this CNA. More respect from nurses could possibly help to counteract some of more demoralizing aspects of the typical CNA's duties. The above quote also illustrates how the lack of respect from others influences how workers respect themselves. This perceived lack of respect affects workers emotionally. One respondent asserts: *I never had a job that was more battering to the self-esteem than CNA work.*

Building further on this idea of not being respected by administration, one focus group participant describes how CNA's are unable to make simple decisions regarding patients. *Your doing everything and yet, you can't make one decision no matter how long you have been at a place, on what you should do with your resident, if you have somebody who says I don't feel good today and I don't want to shower, you can't make that decision you have to ask the nurse... We are really considered nobody, in a nursing home.*

In addition, respondents emphasize that doing a job well is rarely acknowledged and often their supervisors highlight the negatives. One respondent states this rather vividly:

You can be elbow deep in poop cleaning somebody and have the director of nursing come to you and say, come here, I want to ask you a question. You're covered in feces. Okay, what. And take you to a room and point and say, what's wrong with this picture. Gee, I

don't know. I'm working short, I've got afternoon rounds to do, I've got a person covered in diarrhea, and you're taking me out of that room to show me that the call light's on the floor. Pick the fucking call light up, put it on the bed and then bring it to my attention afterwards. It's asinine.

The above are examples of how certified nursing assistants experience a lack of respect from administration and nursing supervisors on the job. Compounding this, many believe that having the title “CNA” is not respected by the public either. One respondent states: *...many times I don't even tell people what I do. ' I am in nursing' I say, but I don't say ' I am a CNA' . It is embarrassing.* So, several study participants feel that their profession is not respected by society, nor by those they work under. This may be one of the many factors contributing to CNAs leaving the field. It is important to note that not all study participants described the nurses they worked with negatively. Some participants only had positive things to say about nurse supervisors, describing them as informative, helpful, supportive and mentors for CNAs. The problem is that the negative stories and disrespectful relationships were all too common among this sample of health aides.

Wages and Benefits. When participants were asked what would help them feel more respected, one interviewee said: *Pay us better.* Society's lack of respect for the work of CNAs may be partially due to the low wages earned, or perhaps the low wages reflect a general lack of respect for caring for the elderly. Either way, CNAs who are the sole breadwinner in the household find that his or her salary is not enough to make ends meet. Participants claim they can receive better pay outside the industry, particularly in the current strong economy. They find it ironic that people such as themselves who take care of humans in their final years are paid less than people are paid to work with inanimate objects, in restaurants, factories or clothing stores.

There is a wide range in the wages certified nursing assistants earn. The lowest wage reported by participants for work as a CNA was \$5.00 an hour and the highest was \$12.00 an hour. Fifty percent of the interviewees were earning less than \$ 9.00 an hour. The consensus is that the pay needs to be better considering they are taking care of human beings. In any job, benefits are extremely important. Half of those interviewed did not receive health care benefits when working as a CNA.

Physical Injury. Another important issue is that CNAs frequently suffer work-related injuries. Physical injuries occur for a variety of reasons. Injury, most commonly back strain,

occurs when CNAs do not have adequate help lifting or transferring patients. CNAs doing in-home care do not work with a team member to help them. Even though they are trained not to overexert themselves, many home health aides feel obligated to do strenuous tasks to give their clients the care they truly need. In doing so, these CNAs are much more prone to injury. Other injuries occur purely by accident because floors are wet, a patient falls, or a patient will not move in a direction that the CNA needs him or her to move. Some accidents cannot be prevented; however, a greater emphasis on teamwork and overseeing fellow CNAs doing high-risk patient care could potentially cut down the number of injuries.

Study participants report that the physical demands of the job are one reason workers leave the field. Peggy explains:

...the reason they (CNAs) leave is because the work is so hard and it is so damaging to your body. Home health aides and nursing assistants have very high rates of back injury. And they tell you repeatedly it's because you're not lifting properly and you're not doing proper body mechanics. And I don't care what they tell me. I know that I'm lifting properly and I know I'm doing body mechanics but I'm repeatedly bending and moving.

Another interviewee described how the job was extremely damaging physically. When asked why she is no longer at her job as a CNA, she explains:

I think it was just all that wear and tear, but one particular day I was walking somebody and they had an IV pump and another something, and I'm trying to hold on to her, and we're both pushing these pumps. Then all of a sudden she almost passed out on me because [she was] heavily medicated, and I went to catch her and then I pulled it out worse (referring to her back).

Without asking a specific interview question pertaining to physical injury, it was established in 50 percent of the interviews that the interviewee had experienced injury, usually back injury, as a direct result of the work. Several interviewees stated that CNAs commonly take personal vacation time off in order to recover instead of drawing on disability coverage or workers' compensation.

Emotional Stress. Many study participants reported that health aide work was emotionally stressful. They described frequently working under what can be termed double bind conditions--conditions where people are faced with contradictory demands or expectations, so that any action taken will be wrong. For example, one focus group member described: *You might have 5 different people calling for you at a time. You have to decide out of those 5 people, by just walking by them, you have to decide which is the most important--which one needs it the most.*

Another focus group member said at work she has to choose between responding to ...*the person who needs a drink or the person who's gone to the bathroom on the floor*. Every time health aides have to choose between patients' needs is a double bind situation because no matter what they do someone has to wait and possibly suffer some discomfort. A focus group member said, *Sometimes you are torn between either do I don't spend enough time doing whatever, or spend enough time and still have two people that aren't done and say 'Oh well', which do you do? I want to do it the right way*. Another focus group member said: *We have 18 residents that all need to go to the bathroom at the same time. So if you stand there with one person and make sure that they are off the bedpan before you leave the room, you've got nine other people that are so mortified because they have just urinated all over themselves*.

These no-win dilemmas often stem from facilities being understaffed. Consequently, workers feel there is not enough time to care for people properly. Study participants often mentioned a sense of feeling emotionally *torn*. Joann said of working in a nursing home: *...if you know you've got people that sleep through the night, you don't check them because you don't have time and it's neglect on your part, but your torn because you're short*.

In addition to these double bind type situations, where caring, empathic people are forced to choose who gets left unattended or what need does not get met, study participants reported feeling emotionally upset by observations of inadequate patient care. A focus group member stated she was thinking about quitting her current job in a nursing home because of the conditions she had worked under the previous night where the facility was out of clean laundry. She said she was thinking about how one particular resident's life savings was just about used up in order to pay for nursing home bills and that she (the CNA) *could not even give her a clean Johnny or face cloth*. Pam said one of the reasons she quit a job at a nursing home was that she regularly heard a patient being *screamed at* by a nurse and when she reported it nothing was done. Sally said her biggest complaint about the job was: *The patients are not getting the time or the care they need*. Another focus group member said she *...got pretty exasperated by the environment of working conditions, not enough help, the residents don't seem to be getting the kind of care I hoped to see when I got into that profession*.

Another woman talking about inadequate patient care said:

By 8:00 I called my daughter up crying on the phone. I said I can't stand this, I go into every resident's room every morning to 'Oh thank god you are here!' One woman told me 'I haven't been to the toilet since 7:00 this morning' ... I was devastated.

There were several other incidents of patient mistreatment or neglect that were reported by study participants. Those who mentioned witnessing incidents of mistreatment and neglect were understandably disturbed by what they saw. From the interviews, it is clear that understaffing is one important factor contributing to the neglect of patients. These health aides who are often particularly compassionate individuals are exposed to injustice and suffering due to circumstances that are beyond their control, which is a recipe for burn out.

Workers in this study seemed to be emotionally affected not only by their perceptions and observations of deficient patient care but also by their patients' physical pain and loneliness. Tina, who is no longer working as a CNA and has plans to change careers, said *...it was heart wrenching because all they (patients) wanted to do was go home and that was hard*. She described one patient that stood out in her memory from her two years of work in a nursing home: *...he would look at you with these eyes, like please help me and it used to break my heart to take care of him*. Joann said one thing that was hard for her was *...the patients that get dropped off at the front door and the family doesn't show up anymore...parents are abandoned a lot and it's hard to deal with holiday time. It's hard to see that*. Jane said of her patients: *They are alone. I see a lot of depression, I wish I knew a way of making that better*. She went on to say, *People are crying because they are alone and I feel for everybody*. During Jane's interview she had become tearful as she was talking about feeling sorry for patients. Jane has been a health aide for 10 years off and on but said she is currently trying to decide on a new career.

One final issue that frequently came up as a source of emotional strain was coping with death. The death of patients was an emotional stress for workers in this study on a variety of levels. The first relates to workers' personal attachments to patients and the sense of grief and loss a patient's death creates. Kim, a CNA for 5 years, stated *...its so hard because if you've worked in a place for a long time, then you get really close to the residents and watching them die is really sad...you do really miss them when they go*. One focus group member stated, *No matter how hard they tell you not to get attached, your gonna get attached. Unless you have no heart and soul in your body... and there's many times that I've left work and cried all the way to the toll gate*. Another focus group member commented on the lack of sensitivity to health aides' feelings shown by management who don't tell employees of a resident's death but instead, employees learn about it by reading it in the newspaper.

A second source of emotional strain related to patient deaths is the sadness instigated by workers' sympathy for others facing the death of a family member. Participants also talked about how the death of a patient or patients' circumstances in general can trigger emotions based on workers' own past losses. Joann had a young client with a terminal brain tumor who was married and had a four-year old son. She said, *That was dejavu for me...my son was 4 when my husband was dying...and it was just a repeat...I came home the first night I stayed with him and I said 'I just cant do him'. I just cried. I cried the whole night I was there.* Similarly, Beth stated *When I first started (working in a nursing home) I found it real difficult because it can really bring back memories of people you used to know. There's always a little old granny that reminds you of your own.*

Even when the death of a patient did not represent or trigger feelings of personal loss, participants reported feeling troubled by the lack of adequate care given to dying patients or by the fact that people sometimes died completely alone.

Other sources of emotional stress came up in interviews and focus groups. One was related to bearing the responsibility for another person's safety. Examples of this include anxiety about the risk of patients falling off the bed when they are being bathed, or dropped when they are in Hoya lifts. Participants also mentioned anxiety about being the only person around when life-threatening emergencies arise. Another stressor mentioned was dealing with physically combative patients. Finally, participants described a general sense of emotional depletion due to constantly giving to and caring for others.

Based on the challenges and stressors of health aide work described by study participants, it seems that job demands in the current health care system make the work particularly stressful or unpleasant for individuals who are particularly caring and compassionate. (This may in fact describe the majority of individuals who are attracted to the health care field.) It is therefore not surprising that study participants identified high stress levels and burn out as reasons health aides quit jobs or leave the field altogether. A focus group member said, *People do not understand the stress level is so unbearable...it just builds and builds.* Unfortunately, as other study participants said, the workers who really want to do the job right and who care a lot about the patients *burn out faster than the others.*

Recommendations

There is no one factor that determines who will or who will not remain working as a CNA. This report highlights the main challenges of the job that study participants suggest contribute to workers leaving the field. In interviews, participants were directly asked what they thought would improve working conditions and make the occupation of health aide more desirable for potential employees as well as to help retain those already in the field.

The recommendations garnered from participant responses are listed below.

Regarding quality assurance of nursing services:

- Implement or increase unannounced visits by the state for quality assurance.
- Build partnerships with schools (high schools and vocational-technical schools) to provide opportunities for students to explore jobs in health care and to provide low-cost help on site. Students could help with menial labor such as laundry or tidying clients' rooms, freeing up the CNAs while obtaining some work experience for themselves.
- Reduce staff to client ratios (one respondent recommended 1 CNA per 6 clients).
- Allow CNAs more time per client (this applies mainly to nursing homes).
- Work in teams of two CNAs per client.
- Implement a system of recognition for employee quality service to an organization.

Regarding employee compensation:

- Provide on-site (quality) childcare for employees that accommodates weekend shifts in addition to weekday schedules.
- Provide nursing aides with a living wage and benefits.
- Implement "mothers hours" as an option to the regular "three shifts".
- Separate Monday through Friday work schedules from weekend schedules for those who want to just work one or the other (which could help with childcare issues).
- Enhance worker's compensation benefits and expand short and long term disability for CNAs.

Regarding initial training and ongoing staff development:

- Make connections between different kinds of human service jobs so that employees understand how their skills are marketable in other related jobs within health and human services.
- The clinical training as part of the licensure process should be as realistic as possible to best prepare individuals for "real" working conditions.
- Ensure staff orientation that gives new employees ample time to learn the job.
- Keep training opportunities local (within the community).
- Offer in-service training at varied hours to accommodate different shifts.
- Provide staff training and development opportunities for administrators and those who supervise CNAs that address working relationships, conflict resolution, and supervisory issues.
- Develop leadership opportunities for CNAs.
- Provide tuition reimbursement for college courses.

Regarding job organization and career structure:

- Implement a career ladder that recognizes different skill levels of CNAs and offers employees opportunities for advancement within the area of patient care.

Conclusion

A large portion of the stress on the job for these study participants is directly related to the problem of staff shortage. This highlights the importance of all facilities and agencies ensuring they have an adequate number of health aides per patient to ensure quality patient care-- for the patients' sake and also for the retention of compassionate, responsible health aides. There are also other ways facilities, agencies and possibly the state could help reduce the emotional pressures associated with the job, namely by the provision of coping resources. As is done in one hospice agency, support groups could be provided to help workers cope with patient deaths. Facilities could provide other emotional support services as well. In-service training that focuses on the workers' job related emotional pressures or on stress management seems crucial for the retention of compassionate workers. A focus group member said the home care agency she worked for always provided opportunity for *debriefing* when patients died. This should be provided at all agencies and facilities. Greater sensitivity to health care workers' difficulty with patient deaths could start with someone notifying employees when patients die.

A general strategy for better retention is to focus on what CNAs like about their work and to build on the positive personality qualities that were evident among these study participants. The most common reason for entering the field is a desire to help others and work with people. One participant said, *I liked my job on the nights where I felt like I made a difference to somebody and I liked my job on the nights where I felt like they were getting better care than they'd gotten the night before because somebody had not cared. I liked my job on the days where you'd see somebody's eyes light up because I walked into the room....* The opportunity to be helpful in a more personal, less hurried fashion was commonly cited as the bright spot in health aides' workdays.

In general, agency and facility management and health care policy makers should recognize that health aides are not robots, devoid of feeling for the patients they work with. Nor should they be. Unless resources are specifically devoted to addressing the emotional stresses associated with this type of work, paraprofessional caregiving may either become stripped of

compassion and humanity or there will continue to be an inadequate supply of caring, competent health aides. As one interviewee said, *For seven dollars an hour I could go work at a gas station.*

In thinking about strategies for recruitment, it is important to note who is currently providing care. As this study revealed that people who are drawn to the occupation of health aide have qualities of compassion, have often experienced caring for others in their personal lives, and are motivated by a desire to help, recruitment should be marketed toward those who are already in caregiving occupations, have experience with caregiving or who demonstrate such a capacity.

Where to enlist workers is but one issue in the recruitment challenge; recruitment will be facilitated by having a desirable offer to entice individuals to consider the job of CNA a viable employment option. The skill requirements, risk of injury, and overall job expectations should be factored into the wage scale. Providing equitable pay and benefits will go a long way toward recruiting new employees into the field and retaining the ones who are already there, as well as generally increasing respect for the profession.

Policy makers know that changes are required in order to prevent a crisis in the state of New Hampshire. Without intervention, the increasing elderly population combined with a decreasing supply of health aides will exacerbate the disturbing conditions in nursing homes described by study participants. Therefore, it is crucial to listen to what the paraprofessional workers are saying. Conditions in the field are rife with quality assurance and staff development issues. Having to take shortcuts, and watching co-workers treat patients poorly burns out CNAs who tend to be particularly caring people. CNAs require flexible training opportunities, a career ladder, and opportunities for leadership. Furthermore they need to have supervisors who respect health aides and their work and who can administrate effectively.

Appendix 1

Interview Guide

We are conducting a study on health aide's work. As you know, there is a growing shortage of health aides in the state. Policy makers are concerned about how to retain people in these jobs and how to recruit more people into the field. I'd like to ask you some questions about your experiences, and get your views about the job you do.

You and the Work

I usually start by asking how old you are?

How far did you go in school?

What is your family situation like?

Partner or spouse?

Children at home?

How do you work out childcare when you work?

How did you get into this work and become a Certified Nursing Assistant?

How long have you been a CNA?

What kinds of work have you done before becoming a CNA?

What is your work now?

How did you get it?

Organization and Job

Can you tell me more about the place or organization where you work now?

What is your contract, or terms of your employment?

What is your schedule like? What hours and days do you work?

How does that work for you? What would you change if you could?

How many patients do you care for?

What are their circumstances or conditions?

Thinking back on your last day or night of work, could you walk me through your whole shift, starting from the beginning?

What kind of supervision do you have?

What is your relationship like with your supervisor?

Good aspects?

Bad?

What about the people you work with--how are they and how do you get along?

Pay and Benefits

What do you get paid in your current job?

Different for overtime? Do you try to work overtime?

What benefits do you get?

Health insurance?

Vacation or sick time?

Training and Career Development

What kind of training program did you go through once you decided to become a CNA?

How well did that prepare you?

Are there opportunities for advancement where you work?

Does your employer provide ongoing training opportunities?

Are there opportunities for promotion to a higher level of pay or different responsibilities?

Reflection About the Job

How do you feel about your job?

What are the most unpleasant things about your job?

What are the best things?

What do you think would make this a better job, one that more people would stay with?

In your experience, why have people left their jobs as CNAs?