“Saying ‘Thank You’ Wouldn’t Cost Them One Cent”: Voices of Southern CNAs

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Purpose

• The purpose of this qualitative, ethnographic study was to:
  o explore perceptions of negative factors reported by certified nursing assistants (CNAs) working in nursing homes.
Background

- Beginning in 2011, 10,000 baby boomers reach 65 years of age and will do so over the next 19 years (Cohn & Taylor, 2010).

- Many seniors will live beyond 85 years of age when institutional care is more likely due to physical and cognitive disabilities (Browdie, 2010; Frey, 2010; Seavey, 2010-2011).

- Estimates of the cost attributed to the care of this aging population, especially those with dementia, is estimated at approximately $56,000 per case annually, totaling upwards of $215 billion nationally in 2010, of which Medicare paid $11 billion (Hurd et al, 2013).
Background

Research into turnover and retention of CNAs has a long history, yet the annual turnover rate exceeds 70% nationally (Alstadt, 2011; Donoghue, 2010).

With the exponential numbers of seniors anticipated, there is an urgent need to secure a workforce that is well-educated in the care of seniors and committed to remain employed in nursing homes and other senior living facilities.
Review of the Literature

- CNAs have cited the following negative factors in previous studies stretching over 3 decades:
  - Compensation
  - Working Conditions
  - Poor Supervision/Lack of Respect
Research Questions

• 1) What do you like the least about your job?

• 2) What do you find the most difficult about your job?
Methods

• This study was approved by the IRB of University of Arkansas for Medical Sciences.
• One researcher conducted short individual interviews of 17 CNAs.
• Interviews took place in the homes of the individual CNAs or in a private room at the nursing homes where they worked.
• The sample came from 4 nursing homes, (2) located in an urban setting in a southern state and (2) located in rural nursing homes in an adjoining southern state.
Data Analysis

• Content analysis using an iterative process

• Clustering of similar raw data groups evolved 5 negative global factors:
  o Insensitive Supervisors/Administrators; Lack of Respect to CNAs; Heavy Workload; Poor Pay and Benefits; & Inconvenient Scheduling.

• Aggregation of negative factors led to 2 overarching themes:
  o *Culture of Disrespect*
  o *Unsupportive Facility Practices*
Culture of Disrespect

- Disrespect:
  - “Like the registered nurses, they don’t \textit{sic} give you the team work support. Like they, if a patient call for a bedpan, they expect only a CNA to do it. I don’t think \textit{sic} that’s not fair because we all have the same training. …they think they’re above changing a bed pain or a diaper.”

- “But there are some (nurses) that acts if once you are a CNA or aide, they’ll treat you like you are in the dumpster!”
Culture of Disrespect

• Insensitive Supervisors/Administrators

• “I’ve been there 5 years and I know we’ve had like 4 DONs, 4 administrators, and that’s just 5 years. By the time you get used to this person’s way, here come {sic} another one. Then you change….it’s stressful. Administrator, administrator, DON, DON. You just get to the point like {sic} you really don’t know what’s going on. I just bear it, you know…because what else can I do? You know, ‘cause {sic} I work for them”.
Unsupportive Facility Practices

• **Heavy Workload**

• “I’m a restorative aide (RA), we *sic* supposed to have 5 RAs during the week, we work every other weekend and there is only 2 (RAs), but the load of work is the same if you have 4 or 5. We had *sic* hand splints (for contractures), on one floor we had more than 10, on (another floor) we had more than 20, and (another floor) we, I it’s 9 or 8…yet everything should be finished and done with the 8 hours shift!”
Unsupportive Facility Practices

• Poor Pay/Benefits
  “Other places give maybe a $1.50, or a $1.00, or uh, even extra $0.50, but here they don’t pay any differential”.

• “What I like the least...uh, it’s. I don’t think (pay) it’s enough for the work that we do”.

• “I went from a pay cut...I was making $14.00 (per hour) before I started working back here, so it’s not the money to me. I do have to pay my bills...and I know I’m probably worth more. But, sometimes you have to take the good with the bad”.
Unsupportive Facility Practices

• Inconvenient Scheduling

• “I would like, maybe a little more time off. You know, I like 3 days, off 1. And then {sic} come back and work 3 or 4 days, and off 1 out of a weekend. Which I like the way I work, you know but sometimes, you know, you just want a little bit more time off. I get one weekend off a month. I would enjoy another weekend, because I do like to go to church...I do have church activities.
Implications for Practice

• This study provided a human voice to survey data.
  o Mandate supervisory education for nurse managers
  o Recognize tenured/long-term employed individuals
  o Develop mentoring program whereby tenured employees nurture new hires
  o Conduct open forums where staff can provide input during change of administration.
References

