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What is the Caregivers' (Certified Nursing Assistant) Perception of their Role While Caring for a Patient in the Household Model?

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“What is the caregivers’ (certified nursing assistant) perception of their role while caring for a patient in the household model?”

by

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Abstract

This was a mixed design study that assessed the caregivers' perception of their role while caring for patients in the household model. A sample of 12 caregivers currently employed in a long-term care facility operating in the household model was asked to complete a survey and answer 11 questions during a one on one interview. This interview tool allowed the caregivers the opportunity to rate their personal experiences, environment and express their feelings associated with their role as a certified nursing assistant working in a household model. The results indicated that the caregivers enjoyed working in the household environment and they felt strongly that they fit in to the household model.

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Chapter 1

Introduction

Certified nursing assistants are instrumental in providing care to elderly patients in long-term care facilities. Assisting with activities of daily living such as showering, eating, transferring and toileting is a major part of what certified nursing assistants complete on a daily basis. In traditional nursing facilities these tasks are predetermined or scheduled by the nursing team. In the dawn of culture change the resident and the caregiver (certified nursing assistant) have more involvement in the decision making role. In the culture change model, greater control is given to “frontline” workers-the nurse aide who handles so much of the day-to-day care of residents-as well as family members and residents (Haran, 2006).

The roles of direct care workers are clearly defined in traditional long-term care facilities. They are employed in individual departments and complete tasks specific to that area. In culture change facilities the roles of the direct care staff is intermingled. Rather than working in a single department, such as nursing, housekeeping, or food service, staff functions are blended so that all staff members can help residents with their personal care, lead activities, and do cooking and light housekeeping (Haran, 2006).

Creating an environment where the same staff provides care to the same group of patients helps to establish lasting relationships between the resident and the caregiver. This relationship often proves to be beneficial to both, by decreasing the amount of turnover among the caregivers and increasing the amount of familiarity of staff members by residents. Household models are built in small communities to foster relationships

between these two groups of individuals along with the family members. Common to each is the centrality of home as an organizing principle in everyday organizational life, where elders and those who provide the majority of hands-on care are empowered to define for themselves the rhythms and routines of the household, honoring the essential personhood of its inhabitants and sharing in the poignancy of companionship and elder-rich convivium (Angelelli, 2006).

Background

Providing a home away from home for the elderly population has been a challenge since the start of convalescent homes in the early 1900's. Certified nursing assistants are often employed as the direct care providers in these institutions. CNAs, orderlies, and attendants make up 62% of the direct care work force in long-term care facilities (Cherry et al, 2007). Caring for the elderly and disabled can prove to be a very stressful job. As primary caregivers in long-term care, certified nursing assistants (cna's) experience high levels of job stress and extraordinary high turnover rates, resulting in a shortage of personnel at a time when we face an increasing demand for long-term care workers (Gruss, V., McCann, J., Edelman, P., Farrann, C., 2004).

Certified nursing assistants often lack the proper education to provide adequate care to patients. Nurse aide training has not kept pace with nursing home industry needs. Teaching methods are often ineffective. Clinical exposure is too short and unrealistic. In-service training may not be meeting federal requirements (Cherry et al, 2007). Traditional long-term care facilities have routinely operated in a highly regimented fashion, causing the direct care staff to have feelings of dissatisfaction. Low wages, unpleasant work environments, budget and labor constraints, limited career paths, little recognition for a job well done, lack of respect as valued member of the health care team, and poor job image are issues reported in employee satisfaction surveys and exit interviews (Cherry et.al, 2007). In culture change facilities there is a lateral chain of command versus a vertical chain of command in an attempt to eliminate these feelings.

While many nursing homes still do function like impersonal and regimented institutions, over the last decade, a grassroots movement in long-term care known as “culture change” or “resident centered care”, has begun to spread throughout the country (Haran, 2006).

Changing the culture of long-term care facilities not only to benefit the patient but caregiver (certified nursing assistant) as well is vital to this industry.

Theoretical Framework

The theoretical Framework utilized for this study is Jean Watson's Theory of Human Caring (2001). The central thesis of the Theory of Human Caring is that "humans cannot be treated as objects, [and] that humans cannot be separated from self, other, nature, and the larger universe (Fawcett, 2005).

Two of the concepts in Watson's theory will be a focus for this study.

1. Cultivation of sensitivity to self and others-The recognition of feelings lead to self actualization through self acceptance for both the nurse and the patient. As nurses acknowledge their sensitivity and feelings, they become more genuine, authentic, and sensitive to others (Tomey & Alligood, 2006).
2. Development of a Helping-Trust Relationship- The development of a helping-trust relationship between the nurse and the patient is crucial for transpersonal caring. A trusting relationship promotes and accepts the expression of both positive and negative feelings. It involves congruence, empathy, non-possessive warmth, and effective communication. Congruence involves being real, honest, genuine, and authentic. Empathy is the ability to experience and, thereby, understand the other person's perception and feelings and to communicate those understandings. Nonpossessive warmth is demonstrated by a moderate speaking volume, a relaxed, open posture, and facial expressions that are congruent with other communications. Effective communication has cognitive, affective, and behavior response components (Tomey & Alligood, 2006).

The one who is cared for (with expanded aesthetic caring processes) can experience a release of subjective feelings and thoughts that had been longing and wishing to be released or expressed. Thus, both care provider and care receiver are coparticipants in caring; the release can potentiate self healing and harmony in both. The release can also allow the one who is cared for to be the one who cares, through the reflection of the human condition that in turn nourishes the humanness of the care provider (Fawcett, 2005).

Caring is a moral ideal rather than a task-oriented behavior and includes such characteristics as actual caring occasion and the transpersonal caring moment, phenomena that occur when an authentic caring relationship exists between the nurse and the patient (Tomey & Alligood, 2006). Watson's theory of caring is relevant to not only nurse- patient but caregiver-patient relationships.

Purpose and Rationale

The research question is, “What is the caregivers’ (certified nursing assistant) perception of their role while caring for patients in the household model?” The purpose is to examine the experience of caregivers (certified nursing assistants) employed in a long-term care facility operating in the household model. With over 100 facilities operating under this model it is quickly becoming the standard for culture change in long-term care (Kilen & Norton, 2008).

It is important to determine if the perception of the caregiver differs when working in the household model in an attempt to alleviate issues that continue to plague traditional long-term care facilities. One of the more confounding problems facing long-term care facilities is the high rate of turnover of their certified nursing assistants (Fitzpatrick, 2002).

Caregivers often voice feelings of a lack of respect, increased work load, and lack of flexibility, with the implementation of the household model these commonalities should be eliminated. The end result is a better quality of life for people who live in the homes as well as the people who work there (Gale, 2008).

Chapter 2

Review of the Literature

A literature review of Certified Nursing Assistants (CNA's) working in long-term care facilities that are currently operating in the household model was conducted. Most research in this area concerned the movement of culture change in long-term care, no research was found regarding caregivers (CNA's) employed in culture change facilities. The following literature review is arranged in two sections: (1) Research related to culture change and (2) Research related to traditional long-term care facilities.

Culture Change

A study by Tyler and Parker (2011) examined the relationship between teamwork and organizational culture in the long-term care setting. The study consisted of the observation of a total of 20 long-term care facilities in the United States to identify those institutions that exhibit a high –teamwork and a low-team work environment. The sample was then narrowed to the top four high team work facilities and the five lowest team-work facilities. All of the facilities ranged in size from 113-161 beds, and each unit contained 35-45 residents. A total of 55 interviews were conducted 26 in high team work facilities and 29 in low team work facilities.

Interviews of the managerial staff and direct care workers were conducted. The managerial staff focused on the design of nursing jobs, including the number of nurses and nursing assistants employed on each unit, job descriptions for these positions, information about interactions among the staff, and information about formal and informal opportunities for feedback among nurses and nursing assistants, as well as

general information about the size and structure of individual units. Direct care workers were interviewed about their job history, job duties, feedback, and team work. The interviews were analyzed using the constant comparative method with the results showing that there was a difference noted in the organizational cultures of the high team work and the low team work facilities. High amounts of teamwork were associated with positive attitudes among employees regarding their co-workers. This shows that culture change cannot simply be mandated by facility managers and carried out by direct-care workers. Facility managers may need to adjust their own attitudes and behaviors in order to support and sustain the other changes occurring in their facilities. The study concluded that much of the research into culture change in long-term care facilities has focused on surface attributes that can be identified by the casual observer, such as physical environment (e.g., unit based dining) or task organizations (e.g., permanent assignment of direct care staff). However, the goals of the culture change movement lie in improving quality of life for facility residents and quality of work for direct-care workers

A study by Stern, Miller and Allen (2010), analyzed a national sample of 291 United States nursing homes that identified as being “for the most part” or completely culture change (CC) facilities for “one to three years” or “three plus years”. The researchers then ranked 16 practices commonly associated with CC as low, moderately, or highly complex based on the level of agreement needed to actuate the process (number of parties involved) and the certainty of intended outcomes. According to the researchers the “ Culture Change “ movement, also referred to as person-centered or resident-centered care, emerged as an alternative to the traditional nursing home model by advocating a less hierarchical structure and better values workers and personalizes care. The article

further stated that the key principles of culture change include the following: resident-directed care and activities, close relationships among residents, family members, staff, and community; empowerment of staff; management that enables collaborative and decentralized decision making; a systematic process for continuous quality improvement; and living environments that are designed to be homelike rather than institutional. Reported barriers to culture change include inadequate or inappropriate leadership, inadequate resources to implement changes, and barriers related to regulations/regulatory insight and NH size and staff resistance.

The survey focused on three areas of culture change practices: resident-directed care; staff culture and work environment; and alteration of the physical environment to make facilities look and function more like a home. The sample was derived from a comprehensive database of certified nursing facilities obtained from the Centers for Medicare and Medicaid Services (CMS). A stratified sample of 4000 nursing homes was mailed an interview. The total number of responding facilities equaled 1435 (37%), based on inclusion criteria 291 facilities were included in the study.

The results of this study showed a notable finding of low turnover rates, 3% to 24% compared to the national average of 64.4% for CNA's. Facilities which had completely adopted CC was more likely to implement the complex practices (such as resident and staff decisions as who provides hands on care) than the "for the most part" facilities.

The researchers concluded, the success of the less complex practices such as incorporating resident input into daily routines may greatly benefit residents while

leaving staff with clear and consistent roles. Success of less complex practices can lead to greater success of the more complex practices in the future.

A qualitative study by Touhy, Strews and Brown (2005), examined the expressions of caring by nursing home staff which presented five emerging themes with suggestions for creating a model of culture change in nursing homes.

The setting for this study was a 60 bed unit in a 180 bed for profit skilled nursing facility in south Florida. The sample included residents (n=14), family members (n=16), registered nurses (n=8), licensed practical nurses (n=6), nurse aides (n=14), and other staff (n=14).

Five major themes representing caring emerged from the data: (a)Responding to that which matters, responses stated that taking time to do the little things, like providing a push to the dining room, a green banana, a hug, a special blanket when it gets cold, or the giving of a stuffed animal, were of great importance. (b) Caring as a way of expressing spiritual commitment, for many of the staff, it is their spiritual belief led them to long-term care and continues to motivate the special care they give to the elderly. (c) Devotion inspired by love for other, explained by the participants as a deep connection and love between staff and residents, described as caring and doing for other from their heart. (d) Commitment to creating a home environment, almost everyone discussed things we all value in our lives, such as cleanliness, privacy, and good food. But the home-like environment was what they valued most. (e) Coming to know and respect person as person, almost every interview had the underlying theme of respect and a quality of

mutuality in which each person appreciates the other. A lack of respect emerged as a concern from the nursing assistants.

Results of pre- and post- project evaluation included an increase in scores on the Caring Behaviors Inventory, in the areas of listening, treating the person as an individual, spending time, touching to communicate caring, and being hopeful. Additional findings included increased resident and family satisfaction, and a turnover rate that was the lowest in the facility during the 18 months of the study.

Traditional Long Term Care

A study by Culp, Ramey and Karlman (2008) explored how CNA's perceive their work environment. The cross-sectional study used a mailed questionnaire to a random sample of 2,203 CNA's in Iowa maintained in the Direct Care Worker Registry (DCWR). Five hundred eighty-four CNA's from 166 of Iowa's 245 nursing homes participated in the study.

The annual turnover rates for CNA's vary widely, ranging from 32% to 179%, and compelling evidence suggests that a turnover rates are negatively associated with a number of quality outcomes in LTC. The results of the study showed the general physical care provided to residents was a concern. One of the concerns was they "couldn't find someone to help them when a resident fell" (19.4%, n=22) by CNA's who had left their job and (13.5%, n=70) by CNA's currently employed. CNA's who quit their job reported that nurses seldom helped (32.8%, n=22), which was higher than that reported by the currently employed group (33.3%, n=172). Among CNA's who had left their jobs, 31.3%

(n=21) indicated that their input was not used in planning patient care, whereas a higher percentage of currently employed CNA's (44.3%, n=229) indicated the same thing.

In terms of general physical comfort and safety in the work environment, ratings were similar between the currently employed CNA's and those who had left their job.

Currently employed CNA's rated their work environment higher in areas of autonomy, innovation, involvement, and supervisor support than did those who had left their job. According to Culp, Ramey, and Karlman (2008), CNA's who quit their jobs rated their work environment as characteristic of excessive managerial control and task orientation.

CNA's were compared with other worker groups; CNA's in Iowa rated their jobs higher in the areas of work pressure, managerial control, and physical comfort than did the other groups, but lower than did general workers on the subscales of involvement, co-worker cohesion, and supervisor support. CNA's perceived constraints in their work environment related to initiating interventions, as demonstrated by the lower ratings of autonomy and innovation.

A study by Pennington, Scott and Magilvy (2003) examined the experiences of the certified nursing assistants in nursing homes in Colorado. The qualitative study consisted of a convenience sample of 12 CNA's in six Colorado nursing homes and observation of the care provided by them. A total of 11 women and one man participated ranging in age from 22 to 61 years old.

During data analysis the responses of the interviews were coded. The results showed that overall the individuals "loved" their jobs. One out of the 12 participants felt as though she was respected by her superiors. All CNA's suggested special things for the residents

when asked what would you change if you could change anything at the facility. CNA's believed that a special admission requirement should be sought for residents who were psychiatrically impaired. As well as improved communication about the behavior of those residents.

The researchers stated the overriding culture theme, "we love our jobs," encompasses the three domains: attributes of a CNA, working conditions, and the future success of the CNA and the nursing home. Field notes also revealed that the CNA's enjoy time with the residents.

Commitment to their jobs and the resident, their satisfaction with the work, their desire for long-term employment, and their respect for seniors were recurring patterns throughout the interviews with the CNA's. Eighty-three out of 201 codes revealed the personality traits of the good CNA were described as someone with patience and a sensitive attitude. The participants also noted that cleanliness, self-respect, and hard work were required to be a good CNA and coworker. Sixty-one out of 201 codes were designated to work environment which reported positive and negative aspects. The positive (37 out of 201) included praise of the facility and the negative (24 out of 201) included the need for teamwork, job aspects, and mutual respect for the CNA and the work. The future success of Certified Nursing Assistants and the Nursing Home (57 out of 201 codes) revealed results such as "I will retire here", "I will get the resident what they need" and comments on hiring and mentoring were also evident.

The study concluded that issues that are important to CNA’s revolve around basic motivational factors, such as job enrichment opportunities, recognition, responsibility, and sense of achievement.

Chapter 3

Methods and Procedures

The study " What is the caregivers' (certified nursing assistant) perception of their role while caring for patients in the household model?" utilized a mixed design to allow the caregivers to rate their personal experiences and environment as well as an opportunity to express their feelings associated with their role as a certified nursing assistant working in a household model.

Sample

A convenience sample of Caregivers (certified nursing assistants) employed in a long-term care facility in North Carolina operating in the household model was utilized.

Setting

A long-term care facility in Piedmont triad area of North Carolina operating in the household model is the setting for this study. The long-term care section of the facility is composed of six households. The long- term care facility employs 44 licensed nurses and 103 certified nursing assistants and has an average daily census of 125.

Methods

The licensed nursing home administrator at a nursing facility in North Carolina currently operating in the household model was contacted in order to obtain authorization to conduct interviews with the caregivers in their facility.

After permission was granted, the certified nursing assistants were given a packet by the administrator or designee, which included a letter explaining the purpose of the study, the process to be used, and a copy of the informed consent form. Each certified nursing assistant currently employed at the designated nursing facility was given the opportunity to participate in the interviews conducted.

Interview process

A day was scheduled by the nursing facility to facilitate the completion of the interviews with the caregivers by the researcher. Prior to the interview the caregiver was asked to sign a consent form. The consent form explained the purpose of the research including any foreseeable risks, the researchers contact information for any questions about the research as well as letting the caregivers know that the interview was voluntary and they could refuse to participate at any time.

Each caregiver was interviewed individually in a private area. The interviews each lasted approximately 25 minutes.

Ethical Considerations

To ensure that an ethical study is conducted, this study was reviewed and approved by Gardner-Webb University's IRB. (Appendix A) Permission to interview the caregivers at the long-term care facility was obtained from the administrator. Consent to conduct the interviews was obtained from each caregiver. (Appendix B) Permission to use the interview tool was obtained from Karen Pennington, PhD, RN. (Appendix C).

Instrument

A demographic survey was distributed to each participant, requesting information from a total of 13 questions. The survey inquired about the caregivers' gender, marital status, schooling, fringe benefits, previous work experience, salary, and ethnicity. An interview tool was chosen to identify the view points of certified nursing assistants working in the household model. The tool is composed of a demographic sheet and 11 interview questions. The first six questions the answers were based on a likert type scale where one was equal to strongly agree and five was equal to strongly disagree. The remaining five questions required the caregiver to express their feelings concerning work as a caregiver in the household model.

Data Analysis

After conclusion of the interview process, two methods of data analysis were used in this study. Statistical analysis utilizing descriptive statistics and central tendencies for questions one through six were conducted. Content analysis of the narrative responses and common themes were derived from questions 7 through 11. Measures of central tendencies and variability were obtained for the samples age, salary, years of experience and previous salary. Frequencies and percentages were obtained for the samples work experience, ethnicity, type of degree held, gender, marital status, years working as a certified nursing assistant, years working as a CNA in the household model, working full-time or part-time and use of fringe benefits.

Chapter 4

Results

The participants of this study consisted of 12 caregivers employed in a long-term care facility operating in the household model. Eleven of the caregivers were female and one male. Five of the participants were single, four married, two separate and one divorced. With the exception of one, all of the caregivers interviewed had worked full-time as a CNA in the household model at least a year. The location of schooling related to being a certified nursing assistant varied among the participants. Six participants reported completing high school, three completed vocational training following high school, two individuals completed an undergrad degree and one participant did not respond to the question. Whether or not the job offered fringe benefits and if the participants used them was confusing to some as there were responses indicating that although they were not offered fringe benefits were being used. The ethnicity sample included ten African American and two white participants. Table 1 provides the demographic data.

Table 1: Frequency and Percentage of Demographic Data

	Frequency	Percent
Gender		
Male	1	8.3
Female	11	91.7
Marital Status		
Married	4	33.3
Divorced	1	8.3
Single	5	41.7
Widowed	0	0
Separated	2	16.7
Years Employed as CNA		
< 1year	1	8.3
1-5 years	5	41.7
6-10 years	4	33.3
11-15 years	0	0
16-20 years	2	16.7
Over 21 years	0	0
Years employed in household model		
< 1year	1	8.3
1-5 years	6	50
6-10 years	5	41.7
Employed		
FT	10	83.3
PT	1	8.3
No Data	1	8.3
Schooling r/t job		
Community College	2	16.7
Nursing Home Course	4	33.3
Other	4	33.3
No Data	2	16.7

Offered Fringe Benefits		
Yes	7	58.3
No	3	25
No Data	2	16.7
Utilization of Fringe Benefits		
Yes	6	50
No	4	33.3
No Data	2	16.7
Previous Work Experience		
Yes	11	91.7
No	1	8.3
Highest Degree Earned		
H.S. Graduate	6	50
Courses/Vocational Training after H.S.	3	25
Undergraduate	2	16.7
Masters	0	0
No Data	1	8.3
Ethnicity		
White, not Hispanic Origin	2	16.7
Black/African American	10	83.3

The participants of this study ranged in age from 24 and 61 years of age. The mean age was 29.58(SD=21.517). The majority of the participants in the study chose not to reveal information concerning their previous and current salaries. Results of the measures of central tendencies are documented in Table 2.

Table 2: Means and Standard Deviations of Demographic Data

	M	**SD**
Age	29.58	21.51
Salary	8.25	7.01
Years of Experience	7.25	6.06
Previous Salary	11.92	2.89

Questions one through six required numeric answers with one being strongly agree and five being strongly disagree. Reverse coding was utilized in question number five whereas lower means scores were indicative of a more positive perception of barriers to the work provided by the caregivers.

The first survey question asked the caregivers to rate their fit in their current work environment. The mean of the response for the 12 participants was 1.08 (SD=0.289), indicating they felt positive about their fit in their current work environment. This was upheld by the measure of frequency with the majority of the sample (92%) strongly agreeing that they fit into their work environment.

The second survey question asked caregivers to rate if their past work experience prepared them be a caregiver in the household model. The mean of the response for the 12 participants was 3.33 (SD = 1.371), indicating they did not feel positive that their past work experience prepared them to be a caregiver in the household model. This was upheld by the measures of frequency with (8%) somewhat disagreeing and (33%) strongly disagreeing that their previous work experience prepared them to work as a caregiver in the household model.

The third survey question asked caregivers to rate their personal gains working a CNA in the household model. The mean of the response for the 12 participants was 1.17 (SD=0.577), indicating they felt positive about in the household model. This was upheld

by the measure of frequency with the majority of the sample (92%) strongly agreeing that they have personally gained by working as a caregiver in the household model.

The fourth question asked the caregivers to rate the benefits to cna work. The mean of the response for the 12 participants was 2.00 (SD=0.953), indicating that they felt positive that there were benefits to working as a CNA. This was upheld by the measure of frequency with (42%) of the participants strongly agreeing and (17%) somewhat agreeing that there are benefits to their work.

The fifth question asked the caregivers to rate barriers to their work. The mean of the response for the 12 participants was 2.75 (SD=1.13), indicating that caregivers felt that there were no barriers to the work that they do. This was upheld by the measures of frequency (25%) of the participants somewhat agreeing, (25%) strongly disagreeing and (50%) remaining neutral.

The sixth questions asked caregivers to rate if their family, friends and peers felt their work was beneficial. The mean of the response for the 12 participants was 1.83(SD= 1.030), indicating that the caregivers felt positive that that their family, friends, and peers thought their work was beneficial. This was upheld by the measure of frequency with the majority of the participants (50%) strongly agreeing that friends, family and peers think their work is beneficial.

The dominant theme that emerged from the interviews of the 12 caregivers in the household model was “we love the environment of the household model”. The satisfaction with the choices given to the residents and the respect given to the caregivers

by other members of the team were recurring statements throughout the interview process. One of the caregivers commented “nurses are respectful, they hear us out”

While another caregiver stated “Culture change gives choices to the resident’s so it’s not like a production line”.

Another major theme that arouse was “we stay here because of the residents”. The majority of the caregivers stated they continued to do this work because of their love for taking care of the elderly. During the interview one of the caregivers voiced that” coming to take care of the residents in the household model is easy because it feels like a home away from home, not like a job”.

The concept of caring is evident throughout in the two themes that emerged from the interviews. In the household model the caregivers and the residents form relationships in order to achieve the highest level of functioning for the patient while maintain a “home-like” environment. Statements from the caregivers included “The residents are allowed to choose when they get up or have a meal” and “We all order and eat lunch together (the resident’s choose where we order from) and then we do cleaning with the resident’s”. The activities in the household model involve the development of a helping-trust relationship which coincides with Watson’s Theory of Human Caring.

Chapter 5

Discussion

The purpose of this study was to examine the perception of caregivers (certified nursing assistants) employed in a long-term care facility operating in the household model. The results of the study indicated that the caregivers' enjoyed the environment of the household model because it increased the choices offered to the residents and the staff. The caregivers' also felt very strongly that there was a benefit to the service that they provide to the residents of the households. It was the perception of the caregivers' that their peers, family members and friends felt that their work was beneficial. It is the belief of the researcher that the individuals who were close to retirement were doing so because of the drastic changes made to incorporate culture change into the nursing facility.

Limitations

This was a very small convenience sample of caregivers currently employed in the same long-term care facilities operating in the household model. There was a lack of diversity which was a limitation to the study.

Implications for Nursing

Many of the "baby boomer" generation are at the brink of retirement. During each earlier stage of their lives, baby boomers seem to have broken the mold in terms of their aspirations, accomplishments, and lifestyles. There is no reason to expect that this generation will not continue to shatter precedents as large numbers of its members march

into senior hood (Frey, 2010). Traditional long-term care facilities are not expected to meet the expectations of the baby boomer generation, therefore culture change in these facilities have become more prevalent. More information should be included in curriculums concerning care for the generations and the option of long-term care as a profession. Many seniors require care at long-term care facilities and more nurses are needed in the realm of long-term care.

Implications for Further Research

Long- term care facilities have recently embarked on the journey of culture change. It is a challenge to implement culture change in traditional long- term care facilities already in existence because alterations in the environment is a necessity and can be costly. Limited studies are available to discuss the positive effects of the household model on the residents, family members and staff members. Additional studies could be beneficial to determine if working in the household model is directly related to decreased turn-over percentages in long-term care facilities. Additional studies to determine if there is a correlation between the household model and quality indicators from the minimum data set. Further studies could also suggest that blended roles and torn down silos in long term care can be beneficial to the quality of care provided to the resident by the caregiver and the quality of life perceived by the resident.

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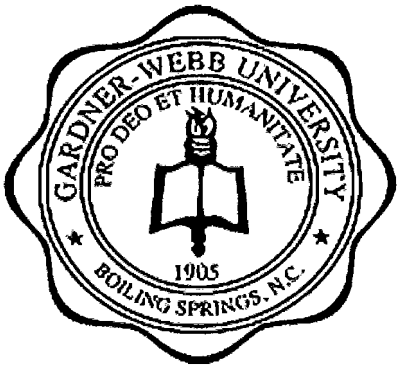

THE INSTITUTIONAL REVIEW BOARD
of
GARDNER-WEBB UNIVERSITY

This is to certify that the research project titled

What is the caregivers' perception of their role while caring for patients in long-term care facilities practicing the household model?

being conducted by __Daniyele L. Feaster_____has received approval by the Gardner-Webb University IRB.

Date 12/13/10

Exempt Research

Signed Cindy Miller
Department/School/Program IRB Representative

Vickie Walker
Department/School/Program IRB Member

Expedited Research

Signed_____
Department/School/Program IRB Representative

_____
Department/School/Program IRB Member

_____
IRB Administrator or Chair or Institutional Officer

Non-Exempt (Full Review)

Signed_____
IRB Administrator

_____
IRB Chair

_____
IRB Institutional Officer

Expiration date 12-13-11

IRB Approval:

_____ **Exempt** _____**Expedited** _____**Non-Exempt (Full Review)**

Revised 09-09

What is the Caregiver's (Certified Nursing Assistants) perception of their role while caring for patients in the household model?

Dear Sir or Madam,

My name is Daniyele Feaster and I am a graduate nursing student at Gardner-Webb University. I am conducting a study of the effects culture change in long term care facilities.

I am writing to you as a caregiver (certified nursing assistant) at (Pennybyrn nursing facility). I wish to conduct and interview about the job attraction and barriers to working in a long term care facility operating in the household model.

The procedure includes one or more of the following: (1) Completion of an interview (2) Follow up contact with the researcher. There are no foreseeable risks involved with participation. The benefits of participation include helping to identify if working in a household model differs from that of traditional long term care facilities. All subjects will be assigned a number for identification purposes. All data collected will be kept strictly confidential.

If you have any questions concerning this study feel free to call me at (980)522-2381. Your participation in this study is voluntary: you are under no obligation to participate. You have the right to withdraw at any time.

I have read the consent form and voluntarily consent to participate in the study.

Caregiver Signature:_____

Date:_____

October 27, 2010

To Whom It May Concern;

I give my permission to Daniyele Feaster to use the Demographic Survey Tool and the Interview Questions Guide in her research of culture change in long term care facilities.

Thank you for inquiring about my dissertation study.

Karen Pennington, PhD, RN
Associate Professor
RN-BSN Coordinator
Regis University
Loretto Heights Department of Nursing
3333 Regis Blvd, G-8
Denver, CO 80221
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Appendix D

Protocol # **Participant code #_____**
Revision Date_3/31/2010_____ **Date_____**
PI Name- Daniyele Feaster

Demographic Survey

Gender: M_____ F_____Age: _____

Marital Status: Married_____Divorced_____Single_____Widowed_____Separated_____
(check one that applies)

Years Employed as CNA:
<1 year ____ 11-15 years____
1-5 years____ 16-20 years____
6-10 years____ over 21 years____
Years Employed in the Household model:
<1 year ____
1-5 years____
6-10 years ____

Full time_____ Part time _____Current Salary per Hour:_____

Schooling related to job:
Community College Course_____
Nursing Home course_____
Other_____

Are you offered fringe benefits at current job? Yes_____No_____
Do you utilize these fringe benefits? Yes_____No_____

Previous Work Experience: Yes___No___**# of Years Previous Work Experience:___**

Title or job description of previous work experience:_____

Previous Work Salary per Hour:_____

Highest Degree Earned:
H.S. graduate_____
Courses/Vocational training after high school _____
Undergraduate_____
Master's level _____

Ethnicity: (optional)
___ American Indian or Alaskan Native ___ Native Hawaiian or Pacific Islander

___ Black or African American ___ Asian
___ Hispanic or Latino ___ White, not Hispanic Origin

Appendix E

Protocol # **Participant code #_____**
Revision Date_3/31/2010_____ **Date_____**
PI Name- Daniyele Feaster

Interview Questions

1. I feel like I "fit in" in this work environment?
   1- Strongly agree 4- Somewhat disagree
   2- Somewhat agree 5- Strongly disagree
   3- Neutral/no opinion

2. My past work experience prepared me to be a Caregiver (CNA) in the household model:
   1- Strongly agree 4- Somewhat disagree
   2- Somewhat agree 5- Strongly disagree
   3- Neutral/ no opinion

3. I have personally gained by working as a caregiver (CNA) in the household model:
   1- Strongly agree 4- Somewhat disagree
   2- Somewhat agree 5- Strongly disagree
   3- Neutral/no opinion

4. There are benefits to this work:

   1- Strongly agree 4- Somewhat disagree
   2- Somewhat agree 5- Strongly disagree
   3- Neutral/no opinion

5. There are barriers to this work:

   1- Strongly agree 4- Somewhat disagree
   2- Somewhat agree 5- Strongly disagree
   3- Neutral/no opinion

6. My friends, family, peers think my work is beneficial:

   1- Strongly agree 4- Somewhat disagree
   2- Somewhat agree 5- Strongly disagree

3- Neutral/no opinion

7. What do you like about this job?

8. What do you not like about this job?

9. What attracted you to this job in the first place?

10. Is the attraction still present?

11. Why do you stay here?

Adapted from literature review and altered for clarity and completeness of participants.